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An Examination of the Application of Three Deep Learning Principles (Active Learning; Bloom's Taxonomy; Neuroscience of Learning) in Counselor Education Masters Level Ethics Courses

Tamara A. Tarver
National Louis University

AN EXAMINATION OF THE APPLICATION OF THREE DEEP LEARNING PRINCIPLES (ACTIVE LEARNING; BLOOM'S TAXONOMY; NEUROSCIENCE OF LEARNING) IN COUNSELOR EDUCATION MASTERS LEVEL ETHICS COURSES

Doctoral Dissertation

Submitted to the Graduate Faculty of

National Louis University, Tampa

College of Counseling

In Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Counselor Education and Supervision

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Dissertation Committee Approval:

Marguerite Chabau, PhD

Digitally signed by Marguerite Chabau, PhD
Date: 2020.06.27 08:55:47 -04'00'

Marguerite Chabau, Ph.D., Chair Date

Dr. Martin Wesley

Digitally signed by Dr. Martin Wesley
Date: 2020.06.27 18:33:50 -04'00'

Martin Wesley, Ph.D., Member Date

Joffrey S. Suprina, PhD, LMHC

Digitally signed by Joffrey S. Suprina, PhD, LMHC
Date: 2020.06.30 08:31:53 -04'00'

Joffrey Suprina, Ph.D., Chair of the Counseling Programs Date

ABSTRACT

Despite the vow to do no harm that clinicians make upon licensure, incidences of ethical violations of varying kinds in the counseling profession occur fairly frequently, regardless of the many inputs of ethical training in the development of a clinician's ethical identity. The purpose of this qualitative phenomenological study was to examine the application of three deep learning principles in the teaching methods used to instill counselor ethical identity in counselor education masters level ethics courses. Three groups of participants were interviewed: Four Counselor Education Faculty, Three Licensed Practicing Mental Health Providers, and One Non-practicing/Practicing Licensed Mental Health Provider but Sanctioned. The key findings revealed the following themes: synthesis through active learning activities, synthesis through Bloom's Taxonomy's cognitive and affective domains, the need for deeper learning of the codes, and the need for deeper awareness of the need for self-care, and recognition of need for consultation, supervision, and personal counseling. The findings of this study demonstrated that although experience with Active Learning and Blooms Taxonomy was reported, deep learning might be gained by integrating neuroscience type learning activities in ethics courses. That approach may strengthen student counselors' ethical formation and prevent them from committing ethical mistakes affecting their personal and professional lives.

DEDICATION

This dissertation is dedicated

to my husband – Tony Tarver

to my children – Melissa (deceased), Timothy, Rachel, Rebecca, and Michael

to my grandchildren – Cole, T.J., Greyson, Garrett, Jayden, Kenzley, and Waylon

to my mother – Judith Painter

to my father (deceased) – Thomas Harris

My love and gratitude for the love and sacrifice you so freely gave me for the countless hours I spent on completing my doctoral degree. I have reached the finish line because of all you provided.

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First and foremost, thank you to my husband, Tony Tarver. Your sacrifice of time, energy, and patience over the past 10 years has been extraordinary. Your love for me is so evident. You are my biggest support! Thank you my dear, I love you immensely.

I am especially grateful for my children – Melissa (deceased), Timothy, Rachel, Rebecca, and Michael as well as my grandchildren – Cole, T.J., Greyson, Garrett, Jayden, Kenzley, and Waylon who love me unconditionally. I could not have accomplished earning my doctorate without you.

Thank you, Mom, – Judith Painter, for your love, support, and always believing the best in me. Your prayers sustained me. Thank you to my brothers and sisters who always believed their eldest sibling could do it! I am blessed by the ethic of hard work a gift passed to me by my father – Thomas Harris. My dedication and perseverance kept me from giving up. And, I am sincerely appreciative of the many friends who have followed my story and continued to pray for me. I am blessed beyond measure.

Thank you Dr. Chabau for taking over as my Chair. I could not have been given a better replacement. You have truly been a blessing to me! The finished accomplishment of this dissertation was a result of your belief in me, encouragement, patience, and support. Your dedication to "pristine" work has helped me grow and excel in producing quality research. Thank you, Dr. Wesley, for your contributions as a committee member to help me finish my dissertation, particularly after Argosy's closure.

I am so very grateful to have pushed forward without giving up! Thank you, Lord, for preparing me for bigger and better accomplishments!

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CHAPTER ONE: THE PROBLEM

Problem Background

Ethical Decision Making

Licensed mental health clinicians, as humans, are fallible and make mistakes, errors in professional judgment, and clinical missteps in their work with clients. These mistakes can have costly consequences for the clinician, such as receiving an ethical complaint. Ethical issues such as boundaries, dual relationships, gift giving/receiving, sexual relationships, to name a few, are areas that can or will bring great harm to the client (American Association for Marriage and Family Therapy, 2015; American Counseling Association, 2014; National Association of Social Workers, 2008; Neukrug, Milliken, & Walden, 2001), and to the clinician (Coy, Lambert, & Miller, 2016). Milliken and Neukrug (2009) emphasized that ethical decision making is crucial in the work of a licensed mental health professional. Herlihy and Corey (2014) asserted, "A critical first step of ethical decision making is the capacity to recognize when one faces a dilemma" (p. 121).

Ethical Standards

Accrediting standards. Furthermore, to assist clinicians with continued growth in ethical awareness and insight regarding his or her ethical development, accrediting bodies such as the Commission Council for Accreditation of Counseling & Related Educational Programs (CACREP), Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and the Council on Social Work Education (CSWE) developed standards of education that include ethical development through specific ethics coursework and integration of ethics in all coursework (CSWE, 2008;

COAMFT, 2015; Council for Accreditation of Counseling and Related Educational Programs, 2016).

Professional standards. In addition to counselor education accreditation standards, professional organizations, such as the American Counseling Association (ACA), the American Association for Marriage and Family Therapy (AAMFT), and the National Association of Social Workers (NASW), have ethical standards in place for the practicing clinician to abide by (AAMFT, 2015; ACA, 2014; & NASW, 2008). Despite all the standards described, ethical violations occur.

Licensing Vetting Process

To protect the welfare of the client, state licensing boards regulate how mental health professionals are vetted as licensed mental health clinicians. In Tennessee, the state in which this Researcher was licensed, once a clinician has met all the licensure requirements and becomes vetted as a licensed clinician, he or she must maintain three credit hours of ethics education yearly (Tennessee Department of Health, Board for Licensed Professional Counselors, Licensed Marital and Family Therapists, and Licensed Clinical Pastoral Therapists, Continuing Education, 2015). Despite the fact that governing and oversight of the licensing process is in the realm of the state regulatory board and that mental health professionals are required to take ethics courses and trainings, ethical issues still arise, and clinicians are disciplined for unethical occurrences. Those unethical behaviors have resulted in clinicians being formally or informally reprimanded, financially fined, and, for the most egregious ethical misconduct, clinicians have permanently lost their license to practice (Tennessee Department of Health, Board for LPC, LMFT, & LCPT, Statutes and Rules, 2015). Any “accusations of

unprofessional conduct, whether substantiated or not, can have wide-ranging consequences on the therapist" (Coy et al., 2016, p. 139). They can be publicly reprimanded and face monetary costs and fees, licensure probation with stipulations, licensure suspension, and permanent licensure revocation.

Problem Statement

Limited Research

Thus far, only limited research has explored the descriptive lived experiences of licensed or previously licensed mental health clinicians disciplined and/or sanctioned by their respective state licensing regulatory board. Two qualitative studies exploring the sanctioning experience of licensed counselors were located (Coy et al., 2016; Warren & Douglas, 2012).

Warren and Douglas. In their study, Warren and Douglas (2012) described a single licensed clinician's experience to include "what happened, specific allegations as communicated from the reporting source to the regulatory board, the sanctioning process and experience, and follow up" (p. 135). The purpose of their study was to increase insight and understanding through the "lived experience of one sanctioned counselor" (p. 141). Warren and Douglas concluded their study with a recommendation of expanding a qualitative study to include multiple clinicians to help with access to various viewpoints and perceptions of the sanctioned counselors.

Coy et al. Coy et al. (2016) conducted a phenomenological study of "10 MFTs who had received formal accusation of unprofessional conduct and went before state licensure boards in three different states" (p. 139). They explored the MFTs' perspective "on how being accused of ethical violations affected professional and personal identities

and how they were (or were not) able to rebuild their lives" (p. 140). Coy et al. discovered "the experience of having formal unprofessional conduct allegations was a life-changing event for all participants" (p. 148).

Ethical Development

While those two studies focused on a phenomenological approach, a great deal remains unknown regarding the phenomenon in which the lived experiences of licensed or formerly licensed clinicians disciplined by their respective state licensing regulatory board were described. Little is known about the ethical development of licensed mental health clinicians beginning with their master's level ethics course. Specifically, regardless of having had an ethics course and required continued ethics education by state regulatory boards, some licensed clinicians commit minor to major ethical breaches.

Although each state in the United States has regulatory boards governing the oversight of licensed clinicians and those entering the licensing process, this qualitative study is intended to examine the teaching experiences of Counselor Educators instilling counseling ethical identity in their counselor education masters level ethics courses through the application of three deep learning principles (Active Learning; Bloom's Taxonomy; and Neuroscience of Learning). This qualitative study explored and described the teaching experiences of Counselor Educators instilling an ethical identity in their counseling students, and the learning experiences of licensed counselors, and sanctioned and non-sanctioned licensed counselors developing an ethical identity. Examining these teaching and learning experiences included how incorporating the learning principles of Active Learning, Blooms Taxonomy, and Neuroscience of learning, counselor education students might be deeply impacted regarding the ethics of

counseling through higher level learning, also known as deep learning, and the formation of neural pathways of learning.

Significance of the Study

Clearly, limited research has been conducted with the specific purpose of exploring and describing a licensed mental health clinician's license sanctioning experience behaviorally, emotionally, and mentally. The qualitative study by Warren and Douglas (2012) provided a case example of a single licensed clinician's sanctioning experience with her state regulatory board. A second qualitative study provided case examples of 10 MFTs who had experienced sanctioning from their prospective state regulatory boards (Coy et al., 2016).

Gap in the Literature

Although no determination can be made regarding the acts of the ethical violations themselves, this qualitative study intended to close a gap in the literature by focusing on the process of learning counseling ethics. The first step in learning the ethics of counseling generally occurs in counselor education students' masters level ethics course. The perspectives of the study participants regarding their experiences in either teaching an ethics course or as a student learning in the ethics course intended to provide rich data to assist in the development of a more effective pedagogical approach in the foundational development of and in instilling a counselor's ethical professional identity. A topic examined in the exploration of the participants' experiences was the learning principles of Active Learning, Blooms Taxonomy, and the Neuroscience of Learning, regarding whether those principles might stimulate stronger and deeper, thus long-lasting,

professional ethics development. The intent, thereby, was to possibly prevent ethical violation(s) in the future.

Incorporating Deep Learning Principles

Activities to stimulate a deeper integration of an ethical professional self, based on deep learning principles, could include a presentation about the real-life experience of other licensed mental health professionals and the harm ethical violations had caused the client and the clinician. Understanding the personal experiences of the disciplined clinicians may also shed light on creating effective ethics training that further strengthens new clinicians' ability to recognize and appropriately respond to an ethical dilemma (Herlihy & Corey, 2014), thereby protecting their personal and professional integrity, and the safety of their clients.

Purpose of the Study

Although there is highly limited research on the lived experiences of licensed mental health clinicians who have been disciplined by their respective state license regulation board, no research has been conducted to date showing how the clinician's ethical course's pedagogical approach influenced their ethical professional identity.

Influence of Pedagogical Approach on Ethical Development

This qualitative research study intended to focus on the teaching methods used to instill counselor ethical identity, and examine the application of three deep learning principles (Active Learning; Bloom's Taxonomy; Neuroscience of Learning) in the foundation of the professional counselor's ethical development. The purpose was that by asking the participant professionals about their experiences in teaching or learning to instill an ethical identity in his/her master's level ethics course, then analyzing the

questionnaire data, a discovery might be made that deeper learning methods integrated within a pedagogical approach may assist in developing a deeper ethical identity, thereby, preventing an ethical infraction. Insight gained by integrating deep learning principles in ethics trainings may assist peers, newly licensed, and student counselors in increased ethical awareness. Achieving a highly developed ethical awareness and the ability to act on that awareness will aid in the prevention of ethical blunders that harm the client and cost the clinician licensing board sanctions that may include reprimand, suspension, monetary fines, and/or loss of the privilege to practice counseling. In addition, and most importantly, the intent was to determine whether the learning approach utilized enhanced the embodiment of ethical codes and the practice of "do no harm" to the client. Insight gained from the study's results are intended to assist counselor educators with the development of a curriculum aimed at addressing a pedagogy that integrates a higher level of learning infused with the principles of Active Learning, Bloom's Taxonomy and the Neuroscience of Learning.

Definition of Terms

Active learning. Students must activate other skills of learning other than just listening. Their engagement in learning must also include reading, writing, discussing, or solving problems. Bonwell and Eison (1991) noted active involvement in learning includes "students engag[ing] in such higher-order thinking tasks as analysis, synthesis, and evaluation. Within this context, strategies promoting active learning are proposed to be defined as instructional activities involving students in doing things and thinking about what they are doing" (p. 2).

Bloom's Taxonomy. Bloom's learning classification is categorized into three domains: cognitive, affective, and psychomotor. According to Bloom, Englehart, Furst, Hill & Krathwohl (1956), "the cognitive domain … includes those objectives which deal with the recall or recognition of knowledge and development of intellectual abilities and skills" (p. 7). On the other hand, in the affective domain, "the objective is to tune the teaching approach toward the learner's emotions … to touch the learner's heart to impact his or her learning" (Weigel & Bonica, 2014, p. 22). Lastly, the third domain is 'the manipulative or motor-skill area" (Bloom et al., 1956, p. 7).

Neuroscience of learning. Watagodakumbura (2017) explained that Educational Neuroscience

> provides us with some useful knowledge about the human brain and how the structures of the brain help human beings in learning. In fact, when we refer to the term "learning," from the perspective of neuroscience, it is essentially about building neural networks of knowledge. Consequently, by making use of the emerging notions and principles of educational neuroscience, educators can improve their pedagogical practices immensely so that enhanced learning towards higher levels of human development can be achieved. (p. 54)

Ethics. Mottley (2012) noted ethics as "right conduct as specified by the specific profession" (p. 1). In this study, this is the definition that was utilized.

Ethical decision-making models. A model of ethical decision making providing "steps for reflection and suggestions for consultative actions before … settl[ing] on a decision about an ethical dilemma" (Jungers & Gregoire, 2016, p. 100).

Ethical codes. Standards "from primary professional associations help practitioners determine behaviors and practices that are in the best interests of the client as well as those that are deemed harmful" (Wheeler & Bertram, 2015, Loc. 844).

Law. "A set of rules, enacted by a legislative body that governs a particular activity within society" (Wheeler & Bertram, 2015, Loc. 404). Laws are also referred to as statutes. These enacted set of rules "derive from elected officials who are members of federal or state (lawmaking bodies)" (Wheeler & Bertram, 2015, Loc. 404).

Licensing standards. Licensing standards: State regulated laws or statutes define the practice of counseling in the practicing state. According to Wheeler and Bertram (2015)

> Every state created a unique professional counselor licensing law, resulting in significant variability across the country. The state-by-state differences are particularly relevant in four important areas: (a) license title; (b) definition of counseling, including the scope of practice (activities professional counselors are permitted to undertake); (c) required graduate education requirements; and (d) post degree supervision prior to independent licensure. (Loc. 446-447).

Morals. Morals: "Principles that guide an individual, sometimes deriving from a religious standard" (Mottley, 2012, p. 7).

Ethical misconduct. Even and Robinson (2013) defined that term "as acts of commission or omission that directly violate the standards of the profession as reflected in various codes of ethics and state licensure laws and regulations" (p. 26).

Sanction. A state licensing disciplinary consequence that may take the form of "permanent revocation of license, permanent denial, surrender, suspension, suspension

with stipulations, reprimand, administrative penalty (fines)" (Wheeler & Bertram, 2015, Loc. 4205).

Values. "Life experiences, worldview, cultural outlook, professional values, societal values (e.g., equality, freedom, justice, achievement, self-actualization), and religious beliefs. Values are also based on knowledge, aesthetics, and morals" (Wheeler & Bertram, 2015, Loc. 323).

Review of the Literature

The review of the literature examined the sanctioning experiences of licensed mental health professionals, and the sanctioning experiences within other licensed professions. As a result of limited research found, an expansive review of literature was conducted by examining sanctioning experiences within the medical profession, as well as literature on the principles of deep learning were explored with the intent of determining their value in teaching and learning professional counseling ethics.

Key Words

The key search words *ethical misconduct, state licensing regulatory boards, mental health clinician sanctioning, mental health clinician discipline, pedagogical approach, ethics course, professional identity, ethics and values formation, and qualitative research* were used on EBSCO HOST and ProQuest Central through the years 2010 - 2019. Research to date demonstrated the need for qualitative research that explores the relationship of the pedagogical approach in the foundational development of licensed mental health professionals and ethical misconduct.

Research Question

The research questions for this study include the following:

1. What are the teaching experiences of Counselor Educators instilling counselor ethical identity in their master's level ethics courses?
2. What are the learning experiences of non-sanctioned and sanctioned licensed mental health professionals developing a counselor ethical identity in their master's level ethics course?

Methodology

According to Hays and Wood (2011), "The sole purpose of phenomenology is to describe the depth and meaning of participants' lived experience." Moreover, the phenomenological researcher "seek[s] to understand the phenomenon through the eyes of those who have direct experience with it" (p. 291). A phenomenological approach was an appropriate and logical fit with this study of exploring the relationship of incorporating deep learning principles in the professional development of a counselor's ethical formation in their master's level ethics course and ethical misconduct. The type of phenomenological approach that fits the epistemological assumption of this study was hermeneutical. Creswell (2007) stated that research guided by the hermeneutical approach "reflect[s] on essential themes, what constitutes the nature of this lived experience … [provides] a written description of the phenomenon, maintaining a strong relation to the topic of inquiry and balancing the parts of the writing to the whole" (p. 58). Thus, "phenomenology is not only a description, but it is also an interpretive process in which the researcher makes an interpretation" (p. 101).

Sample design was criterion-based of four counselor educator faculty, three practicing licensed mental health professionals, and one sanctioned non-practicing or practicing licensed health professionals regarding the pedagogical approach of his/her master's level ethics course. Creswell (2013) indicated a purposeful sample design "will intentionally sample a group of people that can best inform the researcher about the research problem under examination" (p. 169). Participants were non-gender specific and must be or have been a counselor education faculty, is, or has been, licensed and independently practicing mental health clinician over the age of 18.

Ethical Considerations: Research Bias

For researchers conducting studies, awareness of research bias, as well as the power deferential, is essential. Creswell (2013) noted a key validity strategy of identifying the researcher's potential impact on the study included "past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approaches to the study" (p. 275). Identifying and clarifying these issues directly at the beginning of the study assists with the credibility and validity of the research.

Summary

In summary, Chapter One outlined a qualitative method of research with the intent to explore and describe the teaching experiences of Counselor Educators instilling the professional ethical identity in their counseling students, and the learning experiences of licensed clinicians, as well as sanctioned and non-sanctioned licensed clinicians developing their professional ethical identity.

This chapter included the problem, the significance of the study, the purpose of the study, definition of terms, a brief review of the literature, the research questions, and

a brief description of the methodology of the study. The purpose was to explore and describe the teaching experiences of Counselor Educators instilling professional ethical identity in their counseling students, and the learning experiences of licensed clinicians, including sanctioned and non-sanctioned licensed clinicians, in the process of developing his/her professional ethical identity. In the process of describing these teaching and learning experiences, this qualitative study explored specifically applying the learning principles of Active Learning, Bloom's Taxonomy, and Neuroscience of Learning, and ethical violations. Should a connection exist between the pedagogical approach taken in a licensed mental health professional's master's level ethics course, counselor education faculty can utilize deep learning principles in the development of ethics course curriculum. By applying those principles, greater awareness and insight can be infused in the professional ethical development of counselor students, which may increase the prevention of ethical blunders that harm the client and cost the clinician licensing board sanctions.

The gap in literature demonstrated the need for qualitative research that explores the relationship of the pedagogical approach in the foundational development of licensed mental health professionals and ethical misconduct. This study drew from literature limited in qualitative studies that provided sanctioning experiences from licensed practicing or non-practicing clinicians. Additional literature was sought to expand sanctioning experiences of other types of licensed professional, such as physicians. The literature review in this study demonstrated a need to fill the gap and add significant value to the foundation of ethical behavior formation for licensed mental health clinicians.

CHAPTER TWO: REVIEW OF LITERATURE

Intent of the Study

The intent of this qualitative study was to expand upon the somewhat limited research findings on the topics of ethical violations, sanctioning and the ensuing results experienced by clinicians. To make a point about the reality that ethical violations occur, the disciplinary infractions made by multiple clinicians from the backgrounds of Licensed Professional Counselors (LPC), Licensed Marital and Family Therapists (LMFT), and Licensed Clinical Social Workers (LCSW) will be detailed in this chapter. Additionally, the requirements for standards of ethical care and the ethics code imposed by accrediting institutions will be presented for the purpose of depicting the firm boundaries which exist regarding ethics, and that are violated consistently. The lack clearly lies elsewhere, other than in the laws, standards, and policies.

Limited Literature

Although the literature is sparse in presenting studies examining data of mental health clinicians (MHC) sanctioned by their state licensure regulatory board, two qualitative studies analyzed the lived experiences of sanctioned MHCs (Coy et al., 2016; & Warren & Douglas, 2012), three analysis studies of sanctioning patterns of licensed clinical social workers and Certified Rehabilitation Counselors were conducted (Boland-Prom, 2009; Boland-Prom, Johnson, & Gunaganti, 2015; Hartley & Cartwright, 2015), and one counselor liability claims analysis report, provided by the liability insurance companies CNA Financial Corporation (CNA; 2019) and Healthcare Professionals Service Organization (HPSO; 2019), support the data in those studies.

Warren and Douglas

The qualitative study by Warren and Douglas (2012) explored the lived experience of a single sanctioned licensed professional counselor, with the intent of providing insight on and understanding of a difficult situation. Their research uncovered a three stage process the clinician experienced as a result of the sanctioning event. Warren and Douglas described them as the "Intense-Emotional Reactivity Stage, Loss Stage, and Integration Stage" (pp. 137-141). Each represents the experience of the mental health counselor's emotional pain and grief, the loss(es) that occurred as a result of the sanction, and, finally, the ability to make an honest self-assessment to address the reasons for the ethical misstep.

Coy et al.

A phenomenological study conducted by Coy et al. (2016) consisted of interviewing 10 marriage and family therapists (MFTs) regarding their experiences of "facing formal accusations of unprofessional conduct" (p. 140). Their study, too, demonstrated how difficult the sanctioning process is on the personal and professional life of an MHC. Coy et al. discovered five prominent themes beneficial for all clinicians to know regarding disciplinary action by their respective state licensing regulator: (a) situation is life changing; (b) MFT state licensing boards are more punitive than helpful; (c) assistance from others is an essential need; (d) public accusations create stigma; and, (e) clinicians were unprepared to handle the accusations of unethical conduct. Warren and Douglas (2012) detailed their findings of the clinician coming to terms with his or her responsibility through self-examination; Coy et al. (2016) also discovered that clinicians who "rebuil(t) their personal and professional lives after being

accused of unprofessional conduct … were able to move on in a positive manner" (p. 148).

Limitations to Warren and Douglas and Coy et al.'s Studies

Though direct contact with the authors of the two phenomenological studies (Coy et al., 2016; Warren & Douglas, 2012), challenges to obtaining sample participants in their foundational research were uncovered. Communication was initiated due to this researcher's difficulty in obtaining 10 or more sanctioned clinicians for an initial qualitative study on the topic of sanctioned clinicians.

The first contact was made with Dr. Warren. She knew the participant obtained for her study and had already established a relationship (J. Warren, personal communication, October 18, 2018). The second contact was made with Dr. Coy. He discussed his strong feeling that offering compensation for each participant's time was essential to gaining at least 10 of them. He stated if they were going to use approximately an hour of the participant's time then compensation should equal a "therapy hour" out of their schedule. Dr. Coy noted the comparable time compensation was $100.00. With that level of compensation provided, he stated there was no difficulty in obtaining the sample needed for his study (J. Coy, personal communication, October 19, 2018).

Those approaches created limitations and delimitations to both those research studies. While that may be the case, the results of both studies provided useful information on the topic of the effects of sanctioning on clinicians.

Boland-Prom

In 2009, Boland-Prom conducted a descriptive study that "synthesiz[ed] information about certified and licensed social workers sanctioned by state regulatory boards from 1999-2004" regarding a "a national view of social workers' unprofessional practices and the differences at the state level" (pp. 353-354). Information was gathered by accessing the official websites of all the state regulatory boards. Boland-Prom (2009) discovered a large variance between the "number of sanctioned social workers, the types of offenses that warranted board attention, and the sanctions ordered were significantly different across some states" (p. 359). To assist future research, Boland-Prom suggested states provide more detailed information about the unprofessional conduct of social workers.

Boland-Prom and Alvarez

A study by Boland-Prom and Alvarez (2014) analyzed data from public records reported by both state departments of education and licensing boards of 17 states through 2009 – 2011. They sought to answer the questions:

1. What types of unprofessional behaviors result in social workers being sanctioned by their regulatory boards?
2. What types of sanctions do school social workers receive?
3. How do sanctions imposed by these state departments of education differ from those issued by licensing boards? (p. 138)

Boland-Pom and Alvarez discovered the information provided by state regulatory boards and state education departments are incomplete. They noted that "for many states, no data is available; others provided limited data" (p. 142).

Hartley and Cartwright

Hartley and Cartwright (2015) conducted a study that analyzed ethical complaints and violations received during the timeframe of 2006-2013 by the Commission on Rehabilitation Counselor Certification (CRCC). They derived data directly from case archives at the CRCC. Hartley and Cartwright noted little research in the area of reported ethical complaints and violations to the CRCC. Their study concluded that there was a low level of ethical complaints and violations by CRC's.

Licensure Defense Claims

A revealing analysis of professional liability claims, and licensure protection defense claims was provided by the liability insurance companies CNA and HPSO (2019). According to CNA and HPSO

> An action taken against a counselor's license or certification to practice differs from a professional liability claim as it may extend beyond matters of professional negligence to include allegations of a personal, nonclinical nature, such as fraudulent billing, substance abuse, or improper behavior on social media (p. 14).

In their 2019 analysis report, CNA and HPSO noted the following key findings

- 416 average number of license protection incidents over a span of five years.
- Most frequent licensing board complaints included sexual misconduct, failure to maintain minimal professional standards, breach of confidentiality, and reporting to third parties.
- 63.7 percent of paid licensure protection defense claims closed with no action taken by the board (p. 14).

The need for professional liability is ever-present for practicing counselors, as CNA and HPSO (2019) delineated the number and the amount of claims paid in the defense of the insured counselor. Although not all liability and/or defense claims ended in revocation of a licensure, CNA and HPSO noted

> Even complaints resulting in less serious decisions by the licensing board, such as probation, consent agreements, fines, or mandated continuing education may pose significant emotional and professional impact on the counselor. Board investigations are serious matters requiring legal assistance and a significant investment of time and effort on the counselor's part (p. 16).

Expanding Literature Review

Although several studies to date provided an analysis of data from state regulatory boards regarding licensed social workers and one of certified rehabilitation counselors, only the two studies previously described in this chapter detailed the lived experiences of a total of eleven sanctioned mental health clinicians. To address the severe lack of research examining ethical misconduct of mental health clinicians, this literature review was expanded to include disciplinary action in the medical profession, as the phenomenon of ethical breaches in that field contain relevant similarities to the field of counseling.

Sansone and Sansone

Sansone and Sansone (2009) presented a quantitative study focusing on available research "related to sexual boundary violations by physicians" (p. 45). They also reported limited research available in this area. Sansone and Sansone noted locating a total of four studies conducted in the United States regarding the disciplinary actions

imposed by state medical boards/federal agencies" on physicians. When they searched for further empirical data, additional literature was located that primarily focused on anonymous survey studies. In their analysis, Sansone and Sansone compared the data; they discovered a vast discrepancy between the number of "physicians being disciplined by state and federal agencies … and the self-reported rates of physicians sexual contact with their patients" (p. 46). They noted the divide may be larger due to the likelihood that a large number of physicians, fearful of disclosure, declined to participate in their survey studies. Their research showed the difficulty in obtaining an accurate representation of the physicians willing to participate. This difficulty is also representative in the qualitative studies by Warren and Douglas (2012) and Coy et al. (2016). Sansone and Sansone's research implications fit appropriately with the counseling literature findings. They suggested continued awareness and education to assist with promoting appropriate boundaries between physicians and their patients.

Robertson and Long

Another quantitative study conducted by Robertson and Long (2017) found that physicians who made unintentional medical errors experienced a profound negative impact on their mental and emotional well-being similar to Coy et al.'s (2016) findings. The stated objective of their study was "to gather information regarding the adverse effects that medical error may have on health care providers" (p. 403). Although the researchers stated that many errors are noted as unintentionally made by well-meaning providers, those providers experienced shame and a lack of emotional support, regardless of their underlying lack of ill intention.

Similar to the Warren and Douglas (2012) findings in the need for emotional support, Robertson and Long (2017) suggested the need to "directly measure the effect of emotional support" (p. 405). Moreover, Robertson and Long provided a discussion of proposed solutions such as:

1. Support/Counseling
2. Analyzing the mistake/learning from it
3. Discussing mistakes-disclosure and apology
4. Focusing on the system
5. Focus on wellness
6. Culture changes (p. 405)

Ethical Sanctions: State Regulatory Boards

Inclusion of disciplinary infractions in the American Counseling Association Southern Region. There are many and varied disciplinary infractions made by multiple clinicians from the backgrounds of Licensed Professional Counselors (LPC), Licensed Marital and Family Therapists (LMFT), and Licensed Clinical Social Workers (LCSW) within the ACA Southern Region of the United States. That region consists of the following States: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The purpose of including this data that covers several years is to clearly depict the amount and variety of ethical breaches that occur even in a single ACA region, given that little research has been conducted to garner input from those clinicians who committed those violations. Clinicians from this region were disciplined and sanctioned for reasons ranging from minor violations, such as neglecting to obtain the required

number of continuing education units (CEUs), to major violations of the ethical codes and law, such as sex with a client or going into business with a client.

Alabama Board of Examiners in Counseling. According to data made available to the public, the State of Alabama Board of Examiners in Counseling provided the following disciplinary action taken on Licensed Professional Counselors. These statistics provide general information regarding the ethical and/or administrative board violation, and the disciplinary action stipulated (Alabama Board of Examiners in Counseling, 2016).

In 2012 one LPC was cited for misconduct in exploitative relationships with subordinates. The Final Order stipulated the practitioner receive a suspension of year including other conditions.

In 2013 one LPC was cited for misconduct in exploitative relationship with a subordinate resulting in a Final Order stipulating licensure suspension for one year. One LPC was cited as violating the rights of a minor client and violating public responsibility in providing accurate reporting to third parties. Her Final Order stipulates "one year stayed suspension with conditions." The second LPC is noted as violating ethical conduct regarding Client Welfare through her "primary responsibility, counseling plans, Client Rights through improper disclosure to clients" and standards of practice as it relates to "nondiscrimination, dual relationships, and confidentiality in group work." Her Final Order stipulated six-month suspension with condition for reinstatement.

In 2014, there were a total of 5 LPCS in violation of ethical codes and standards of practice, and one clinician in violation of terms of her 2013 consent agreement, which

resulted in a revocation of her license to practice as a professional counselor. In 2015, five clinicians were disciplined for ethical and/or standard of practice violations. In 2016, one clinician was disciplined for ethical and/or standard of practice violations.

Alabama Board of Examiners in Marriage and Family Therapy. From 2012 - 2016 the Alabama Board of Examiners in Marriage and Family Therapy lists one practitioner as "committing fraud and misrepresentation of credentials" (Alabama Board of Examiners in Marriage and Family Therapy in Marriage and Family Therapy, 2016) resulting in a fine of $1250.00.

Alabama State Board of Social Work Examiners. In 2012 one LCSW was reprimanded for unprofessional conduct and imposed "four additional hours of continuing education in addition to the 30 hours required to maintain her license and pay a $250.00 fine to the Board no later than three months from the date the agreement was signed. Further stipulation indicated failure to comply with the terms would result in automatic suspension of her license" (Alabama State Board of Social Work Examiners, 2016).

In 2015, an LCSW was reprimanded for unprofessional conduct. She was ordered to complete six additional hours of continuing education in the area of proper documentation in addition to the 30 hours required to retain her license, with completion set no later than 3 months from the date of the signed agreement. Again, further stipulation indicated failure to comply with the terms would result in automatic suspension of her license.

Arkansas Board of Examiners in Counseling. Arkansas's records of disciplinary actions taken on licensed professional counselors and marriage and family therapists is not readily available. The method in which Arkansas provides the counselor disciplinary action to the public is by way of a search function to simply look up the stated name of the clinician. A roster is provided with a section entitled Disciplinary Action; however, each individual disciplined then needs to be searched for in the database to retrieve the disciplinary action taken (Arkansas Board of Examiners in Counseling, 2016).

Arkansas Social Work Licensing Board. In 2016, seven Licensed Certified Social Workers engaged in unethical conduct resulting in formal licensure discipline. Two LCSW's were disciplined as a result of "unprofessional conduct." Each were given the disciplinary action of a "consent agreement." These consent agreements stipulated each clinician to obtain "6 additional hours of social work continuing education." However, one was given a timeframe of nine months to obtain said additional hours in a face-to-face ethics course. The other was specified the additional continuing hours must be acquired in the area of boundary issues, also face-to-face. Two LCSW's incurred a disciplinary action of licensure suspension as a result of failing to obtain continuing education hours. One LCSW incurred a consent agreement as a result of "neglect[ing] or abandoning … client[s] under her care." According to the public record, the LCSW had "resigned her position without providing notice to her employer and … failed to close and transfer her clients." As a result, the consent order stipulated a requirement "to complete one year of LCSW Supervision and 6 addition hours of continuing education in the area of client abandonment and termination of the therapist-client relationship."

Another clinician "represented herself to be a licensed social worker and engaged in the practice of social work, during a period in which her license was expired and, therefore, she was not licensed." Disciplinary action taken for this offense was a Consent Agreement stipulating the requirement of one year of LCSW Supervision and 12 additional hours of continuing education in the area of client abandonment and termination of the therapist-client relationship. The record indicates this LCSW entered into a Consent to Surrender agreement two months later, and should she reapply for license she will be subject to all the terms of the previous consent agreement stipulations. One LCSW's unethical conduct for "billing individual and group therapy services provided by social work interns" resulted in disciplinary action through a consent order. No other information or stipulations are listed for this consent order (Arkansas Social Work Licensing Board, 2016).

In 2015, only one LCSW was disciplined. Noted in the record is that this clinician made no admission to liability. The complaint alleged the LCSW "failed to keep proper records and documentation of services." The clinician entered into a Consent Order stipulating licensure suspension for two weeks, one-year probation for one year, and the requirement of obtaining 12 additional social work continuing education with at least four hours in the area of ethics. It was further noted the 12 additional ethics hours are in addition to the required continued education hours for renewal.

In 2014, three Licensed Certified Social Workers were disciplined. One LCSW violated his position of trust and dependency by committing acts detrimental to a client … violating client-therapist boundaries … and he failed to maintain confidentiality and safeguard information given by clients. This LCSW's disciplinary action stipulated

licensure revocation. Another LCSW was placed on a one-year probationary period for violating A.C.A. 17-103-305(a) and A.C.A. 17-103-307(f) (24). The third LCSW engaged in a sexual relationship with a former client within two years of terminating the professional relationship. The disciplinary action imposed required licensure revocation, and further stipulated she "may not apply for licensure in Arkansas for 25 years."

In 2013, two LCSW's were disciplined. One was noted as "exploiting clients for personal gain, violating the trust and dependency inherent in the relationship by committing any act detrimental to a client, and generally violating client-therapist boundaries." Because of these violations, the LCSW was required to enter into a two-year probationary period. Additional stipulations included random drug screenings, weekly contact with sponsor, engage in individualized therapy focusing on "addiction, dual relationships, appropriate boundaries and ethics for three months, and weekly LCSW supervision. The second LCSW was disciplined as a result of "negligence in the practice of social work or practicing fraudulently or incompetently." Disciplinary action resulted in licensure revocation.

In 2012, one LCSW was disciplined as a result of permitting, aiding, or abetting an unlicensed person to perform activities requiring a license; failing to keep proper records and documentation of services; and giving or receiving, directly or indirectly, any fee, commission, rebate or other compensation for professional services not actually and personally rendered.

Florida Department of Health: Division of Medical Quality Assurance Search Services.

Licensed marriage & family therapists. According to data made available to the public, the State of Florida Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health provided the following disciplinary action adjudicated against the Licensed Marriage & Family Therapists. These statistics provide general information regarding the ethical and/or administrative board violation, and the disciplinary action stipulated (Florida Department of Health, Division of Medical Quality Assurance Search Services, 2017).

In 2012, one LMFT was cited for misconduct for failure to notify the Florida Board of license of license suspension in another state. The Final Order stipulated the practitioner's license be permanently revoked, and the clinician was assessed a monetary fine.

In 2014, one LMFT was cited for misconduct in committing healthcare fraud. The Final Order stipulated the practitioner's license be permanently revoked, and this individual was assessed a monetary fine.

In 2015, one LMFT was cited for misconduct in committing healthcare fraud. The Final Order stipulated the practitioner's license be permanently revoked, and the clinician was assessed a monetary fine.

In 2016 one LMFT was suspended until obtaining a Professionals Resource Network. The suspension resulted from the clinician's failure to complete a treatment program for impaired professionals and failed to comply, without good cause, with the board's terms monitoring of the treatment contract entered into by the licensee.

In 2017 there were no LMFT's listed with disciplinary actions noted.

Licensed clinical social workers. In 2012 the license of three LCSW's were under suspension. One was charged with felony possession of cocaine, felony possession of morphine, and misdemeanor possession of paraphernalia. The license was to remain suspended current with the duration of Professionals Resource Network (PRN). The second LCSW's suspension was a result of failing to complete requirements as set by the Board's Final Orders indicating the clinician submit proof of completion of two (2) hours of medical error, three (3) hours of professional ethics and boundaries, and twenty-five (25) hours of general continuing education by 5/14/12. This clinician, as of the date of the Final Order, had neither submitted proof nor paid fines or costs. The third LCSW's suspension resulted due to failure to provide two (2) hours of prevention of medical errors, three (3) hours of professional ethics and boundaries and twenty-five (25) hours of general continuing education. This clinician, as of the date of the Final Order, had neither submitted proof nor paid fines or costs (Florida Department of Health: Division of Medical Quality Assurance Search Services, 2017).

In the same year the license of two LCSW's were permanently revoked, and one LCSW voluntarily surrendered their license. One permanent revocation occurred as a result of substance use impairment and failure to comply with recommendations of PRN, the second permanent revocation occurred as a result of Healthcare fraud. The clinician who voluntarily surrendered their license did so in order to avoid further discipline action from the result of alcohol and substance use impairment.

In 2013, the license of one LCSW was suspended. This LCSW's suspension resulted from misconduct relating to a dual relationship in which the client was hired,

after the counseling relationship ended, to work in the clinician's office. Along with the suspension, the LCSW was assessed monetary fines, costs, and additional continuing education requirements. In 2013, there were three LCSW's who voluntarily surrendered their licenses. One LCSW did due to being terminated from the state Medicaid program. A second LCSW voluntarily surrendered due to noncompliance with a previous Board order. A third LCSW did so as a result of a conviction of one count of conspiracy to commit health care fraud, five counts of wire fraud, two counts of health care fraud, and one count of conspiracy to defraud the U.S. and to pay and receive kickbacks in connection with a federal health care benefit program.

In 2014, the license of two LCSW's were suspended. One LCSW incurred indefinite suspension and a monetary fine as a result of sexual misconduct. The Final Order specifies the clinician must demonstrate skill and safety to include evaluation by the Professionals Resource Network (PRN). The record of the second LCSW does not indicate the offense, only that suspension occurred, a monetary fine was imposed, and costs were assessed. According to the Final Order, the monetary fines and costs have yet to be paid.

In 2015, one LCSW was disciplined and received a permanent revocation of their license. This was the result of a violation of a lawful order of the Board previously entered in a disciplinary proceeding.

In 2016, one LCSW received probation for one year and assessed costs, fees, and comply with PRN recommendations. This was a result of the inability to practice clinical social work with reasonable skill and competence due to a diagnosis of Anxiety Disorder, NOS, along with alcohol abuse and/or Benzodiazepine abuse.

In 2016, two LCSW's voluntarily surrendered their license. One LCSW was initially charged with the abandonment of a client to an unlicensed person for counseling and possible filing of false insurance claims. The second LCSW voluntarily surrendered after PRN reported non-compliance when clinician stopped checking in and testing after being cleared to practice.

In 2017, three revocations took place. One LCSW held group sessions in his home, where his children would run in and out of the room. During one group session the clinician posted sexually inappropriate material on Facebook and showed the therapy group and laughed about it. Two other LCSW's revocations occurred as a result of conspiracy to commit health care fraud.

Licensed mental health counselor. Florida's records of disciplinary actions taken on licensed mental health counselors is not readily available. A roster of over 100 records is provided of which a search of each individual's disciplinary record would need to be accessed to ascertain the type of misconduct, and the state regulatory board's disciplinary action (Florida Department of Health: Division of Medical Quality Assurance Search Services, 2017).

Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Information regarding disciplinary action taken against a licensee in the State of Georgia is not readily available. To obtain disciplinary records, one may request the information through a written request, or verify individual licensees through the online database (Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, 2016).

Kentucky Board of Licensure for Marriage and Family Therapists. Information regarding disciplinary action given by the Kentucky Board of Licensure of Marriage and Family Therapist is not readily available (Kentucky Board of Licensure for Marriage and Family Therapists, 2016).

Kentucky Office of Occupations & Professions: Board of Licensed Professional Counselors. Information regarding disciplinary action given by the Kentucky Board of Licensed Professional Counselors is not readily available. When verifying licensee's licensure status, notation of disciplinary action is indicated simply as "yes" or "no." No other details of the offense or sanction are provided (Kentucky Office of Operations & Professions: Board of Licensed Professional Counselors, 2017).

Kentucky Board of Social Work. Information regarding disciplinary action given by the Kentucky Board of Social Work is not readily available (Kentucky Board of Social Work, 2016).

Louisiana Professional Counselors Board of Examiners Licensed Marriage and Family Therapists. According to data made available to the public, the State of Louisiana Professional Counselors Board of Examiners Licensed Marriage and Family Therapists provided the following disciplinary action taken on Licensed Professional Counselors and Marriage and Family Therapists. These statistics provide general information regarding the ethical and/or administrative board violation, and the disciplinary action stipulated (Louisiana Professional Counselors Board of Examiners Licensed Marriage and Family Therapists, 2017).

In 2012, a total of three clinicians were disciplined by the state licensing board. All three were dually licensed as Licensed Professional Counselors (LPC) and Licensed

Marriage and Family Therapists (LMFT). One LPC/LMFT was cited for misconduct for the inability to provide clinical records when requested by the client, and poor documentation. The Final Order stipulated the practitioner complete six CEU's in ethics and clinical documentation, pay costs and fines. Another LPC/LMFT was noted as receiving a felony count of conspiracy to commit health care fraud. In this case, the licensing board ordered the clinician to complete 20 hours of CEU's with six hours in ethics, 10 hours in the subject of billing and practices, the remaining four hours of required CEU's of the clinician's choosing. In addition, the clinician was ordered to pay all costs and fines associated with the investigation. The third clinician was also listed as an LPC with supervisory status. This clinician allowed an employee to perform mental health counseling without being registered or licensed to practice mental health counseling. The state licensing board stipulated the clinician pay all costs and fines associated with the investigation.

In 2013, only one dually licensed LPC/LMFT was cited for misconduct. This clinician was cited for inappropriate boundaries through sexual comments, disclosing personal and inappropriate information about himself to a client during multiple counseling sessions. It was also noted that the clinician inappropriately touched the client in a sexual manner. This clinician's license to practice was permanently revoked, and he was required to pay all costs and fines associated with the investigation.

In 2014, no LPC/LMFTs were cited for misconduct.

In 2015, five LPC's were cited for misconduct with two of the LPC's listed with a designated supervisory status, and one LPC dually licensed as a Licensed Marriage and Family Therapist. One LPC license was summarily suspended pending an administrative

hearing as a result of alleged sexual molestation of a minor child/patient during at least one therapy session. A dually licensed LPC/LMFT was cited for engaging in an inappropriate dual relationship with a client by exploiting the relationship after termination by developing a close personal relationship with the client. The clinician was reprimanded, ordered to obtain six CEU's in ethics, engage in active supervision by a board approved supervisor for six months focusing specifically on dual relationships and healthy contact with clients. The board ordered the clinician to pay all costs and fines associated with the investigation. Two LPC's were cited for misconduct during their registration as a counselor intern. One LPC engaged in the practice of mental health counseling when registered as a Counselor Intern but was not actively supervised by the Board Approved LPC supervisor. This clinician was reprimanded and ordered to pay all investigative costs and fines. The second LPC was cited for practicing mental health counseling prior to being registered as a Counselor Intern with the Board. This clinician was reprimanded and ordered to obtain three CEU's in ethics approved by the Board, and pay all costs and fines associated with the investigation. One LPC with supervisory status was cited for supervising an employee who practiced mental health counseling without being registered as a Counselor with the Board. This clinician was reprimanded and ordered to obtain three CEU's in ethics approved by the Board, and pay all costs and fines associated with the investigation.

In 2016, four LPC's were disciplined for ethical misconduct. Two of the LPC's were listed as designated supervisors, with one having a dual licensed as a LMFT. One LPC was cited for representing herself as a LMFT without being licensed as such in Louisiana. The clinician was reprimanded and ordered to pay costs and fines. Another

LPC was cited for false representation of practicing “counseling psychology” and “addiction psychology,” administered “psychological evaluations” of clients for third party agencies, engaged in unethical behavior by copying a psychological evaluation prepared by another provider, signed her name, and presented it as an official evaluation to a third-party agency. This clinician was reprimanded and ordered to pay all costs and fines. The LPC with a designation of approved supervisor and dually licensed as a LMFT was cited for allowing a supervisee to practice mental health counseling without receiving active supervision from her LPC Board approved supervisor. The clinician was reprimanded, and if choosing to renew supervisor designation, the final order stipulated the clinician must obtain three education hours in supervision approved by the board and, in addition, pay all costs and fines. Another LPC with the designation of supervisor was cited for inappropriate personal and sexual relationships with two clients, failure to keep client information confidential by maintaining therapy and financial records on a home computer accessible by others and making threats to the client once she learned of his intent to file a complaint with the state licensing board. This clinician’s license was revoked, with orders to pay all costs and fines.

In 2017, five LPCs, with two of the LPCs dually licensed as a LMFT were disciplined for ethical misconduct. One LPC’s license was suspended pending an administrative hearing date. The licensee’s competency to provide counseling services was called into questions after she filed two complaints with the police department. Her license remained suspended due to mental impairment. She was ordered to continue treatment with the psychiatric nurse and obtain a mental health evaluation. Another LPC was cited for making assumptions regarding an individual’s mental health despite not

having met with said individual, providing a custody recommendation and evaluation for litigation purposes without first conducting a thorough investigation and meeting with all parties, and for interviewing the children without the parents' knowledge or consent. This clinician received a reprimand, was ordered to obtain eight CEU's by attending board approved courses, and to pay a fine. The license of two LPC's, one dually licensed as a LMFT, were revoked. Both clinicians' misconduct involved inappropriate relationships with minor children. Another dually licensed LPC/LMFT was cited for "alleged criminal conduct." This clinician requested to voluntarily surrender the license. The final order stipulated that prior to reapplication for reinstatement, the clinician must wait two years before eligibility to reapply and is subject to mandatory participation in the Professional Assistance Program at the time of reapplication.

Louisiana State Board of Social Work Examiners. Information regarding disciplinary action given by the Louisiana State Board of Social Work Examiners is not readily available. Data made available to the public includes the names of the clinicians. To determine type of licensure (i.e., licensed or intern), violation, and subsequent violation each consent order must be examined (Louisiana State Board of Social Work Examiners, 2017).

Maryland Board of Examiners Professional Counselors and Therapists. According to data made available to the public, the State of Maryland's Board of Examiners Professional Counselors and Therapists has provided the following disciplinary action taken against Licensed Professional Counselors and Licensed Marriage and Family Therapists. These statistics provide general information regarding

the ethical and/or administrative board violation, and the disciplinary action stipulated (Maryland Board of Examiners Professional Counselors and Therapists, 2017).

In 2012 two Licensed Clinical Professional Counselors (LCPC) were cited for ethical misconduct. One LCPC's license was permanently surrendered for a sexual relationship with a client. The second LCPC was cited for initiating a friendship with a client after serving as the client's family therapist for 10 years. As result, the clinician's license was suspended for 30 days followed by 18 months' probation, a three-semester credit hour course in professional ethics at an accredited college or university, costs and fees. The third LCPC was denied an application for reinstatement of the LCPC license as the clinician was cited for practicing on a lapsed license, making false statements, and misrepresenting himself to an employer as a psychologist with false documents.

In 2013, four LPC's were cited for ethical misconduct. One LPC was cited for falsification of billing records. This clinician was placed on 18 months of supervision for one year, ordered to successfully complete 3-credit graduate level Board approved course from an accredited college or university, and pay all monetary costs of the disciplinary action. The second LPC's license was summarily suspended and the clinician was ordered to surrender to the Board the original clinical professional counselor license for sexual misconduct with a client while providing counseling services. The third LCPC was summarily suspended due to sexual misconduct with two clients, poor boundaries, and dual relationships. Subsequently in 2015, this clinician's license was revoked. The fourth LCPC's license was suspended for delinquent child support.

In 2014, six LCPC's received discipline from the Board of Examiners. Four of the six LCPCs were cited for sexual misconduct or some form of inappropriate boundaries.

Two LCPC's license to practice were permanently surrendered, another was summarily suspended, and another was placed on probation for 18 months. One LCPC's license was revoked for having a previous license revoked in D.C. due to fraudulently obtaining the license through forged documents. This individual was criminally prosecuted in D.C. for various counts of practicing a health occupation without a license. Subsequently the clinician obtained a Maryland license to practice through forged documents. Another clinician's license was suspended for six months and this individual was ordered to receive a comprehensive substance abuse evaluation and follow all recommendations. This was due to the clinician's "major boundary issue" with a client, and substance abuse.

In 2015 three LCPC's were cited for ethical misconduct. One LCPC was disciplined for providing supervision to an unlicensed therapist. This clinician was placed on probation for 12 months and required to successfully complete a 3-credit graduate level Board-approved course from an accredited college or university focused on the professional, legal and ethical responsibility required in supervising a counselor. A second LCPC received permanent revocation to practice for conspiracy to sexually assault a child and sexual exploitation of a child. This previously licensed clinician was also sentenced to 35 years in a federal facility. The third LCPC was cited for inappropriate boundaries, dual relationship, and substance use. This licensed clinician received a licensure suspension for 12 months (stayed) for three years. The order also stipulated the clinician complete an evaluation by a therapist selected by the Board who specializes in substance abuse treatment and was ordered to follow all recommendations; attend AA/NA meetings; complete an Ethics course; obtain supervision for two years

with bi-weekly meetings for the first six months, monthly for the next six months, and the second year quarterly.

In 2016, two LPCs were cited for ethical misconduct. One LPC received a monetary fine, a public reprimand, license probation for two years, and supervision by a board licensed LPC-S at least twice monthly for poor boundaries, and dual relationship.

In 2017, four LPC's were cited for ethical misconduct. One LPC voluntarily surrendered the license to practice for unspecified misconduct. Three LPC's received a public reprimand. Two of three clinicians were cited for inappropriate boundaries, and the third clinician was cited for not maintaining records sufficient to allow for appropriate clinical decisions and appropriate continuation of care.

Maryland Board of Social Work Examiners. In 2012, three Licensed Certified Social Worker – Clinical (LCSW-C) clinicians were cited for ethical misconduct. One LCSW-C received a reprimand and monetary fine for practicing social work without a Maryland license for a period exceeding 24 months. Another LCSW-C was cited for unprofessional treatment of a client (individual/co-parenting couples' therapy). This clinician's license was reprimanded including license suspension for two years with 30 days stayed. The individual was ordered to acquire a Board approved supervisor, participate in an ethics tutorial, attend a Board approved course in complying with HIPAA, and, after two years, may petition the Board for termination of probation. The third LCSW-C was cited for not completing the required number of CEU's as indicated on the renewal form. This clinician received a reprimand and a monetary fine (Maryland Board of Social Work Examiners, 2017).

In 2013, seven LCSW-C's were cited for ethical misconduct. One LCSW-C received a reprimand for failure to complete six of 40 required CEUs. A second LCSW-C received a reprimand and a monetary fine for practicing social work without a license between October 2004 and October 2005. A third LCSW-C's license was summarily suspended for engaging in sexual misconduct with a client. Subsequently, this clinician voluntarily surrendered their license to practice. Another LCSW-C license was revoked for pleading guilty to a felony or crime of moral turpitude. Another LCSW-C license was reprimanded, and the clinician was fined for falsifying renewal documentation that the required 40 hours of CEU's were obtained. An LCSW-C license was revoked for submitting claims for service while the practice to license was suspended, and health care fraud. An LCSW-C license was placed on probation for engaging in dual relationships. Additional terms to the probation included enrolling and successfully completing a Board approved one-on-one ethics tutorial in the field of social work.

In 2014, six LCSW-Cs were cited for ethical misconduct. The following misconduct and sanctions were noted:

- Failure to obtain required number of CEU's: Reprimand and Monetary Fine.
- Sexual relationship with patient (self-reported: Reprimand, 24 months of probation with four months stayed, ethics course with concentration on boundary violations, successful completion of a board approved one-on-one tutorial focusing on the specific facts and issues of the case, completion of all CEU's required for license.
- Arrested and charged with a controlled dangerous substance (history of substance use): The order stipulates the licensee's license to practice was suspended, with

three years' probation, enrollment in a licensed substance abuse aftercare program; provide a written release to all reports and program records and files; participate in individual mental health counseling as recommended by the aftercare program; treatment provider(s) submit written reports to the Board twice annually; attendance at a minimum of three AA meetings weekly and written documentation of attendance on a quarterly basis; first year of probation submit to weekly random urinalysis (UA); second year monthly UA, and third year UA as directed by the Board.

- Unexplained absences from work resulting in failure to provide scheduled client services including failure to make emergency coverage arrangements for client. This clinician appeared to have difficulty following what was being discussed at a weekly peer group meeting, and frequently failed to attend; medical records from November 2011 – May 2012 indicated clinician had a substance abuse problem; had not followed through with the Board's request for a substance abuse evaluation thus receiving the disciplinary action of their license being Summarily Suspended. Subsequently, this clinician voluntarily surrendered their license to practice mental health counseling.
- Substance abuse problem and criminal history; falsified application without noting several convictions: License suspended for a period of one year with 30 days stayed; Board supervised probation for two years; compliance with recommendations of substance abuse treatment and psychiatric or psychological treatment; active participation in AA three times weekly; participation in Board approved outpatient substance abuse program for the duration of the probation

period; Board approved course in anger management; consent order to employer within five days of commencing employment.

- For two years clinician failed to renew license to practice social work in Maryland, never was licensed in the State of Delaware, boundary issues with clients, failure to document patient records properly: Summarily Suspended.

In 2015, eight LCSW-C's were cited for ethical misconduct. The following misconduct and sanctions as noted:

- Wire fraud, aiding and abetting (sentenced to Federal Bureau of Prisons for 33 months): License revoked
- Failure to obtain required CEU's: Reprimanded; monetary fine, automatic audit for next renewal period.
- Failure to obtain required CEU's: Reprimand; monetary fine.
- Poor documentation creating templates with note variation similar among client notes: Reprimanded; 18 months board supervised probation; board approved course in professional ethics.
- Conviction of a crime of which respondent spent 30 days in jail (summary suspension in 2012): Suspended until conditions satisfied – three years supervised probation; ordered to submit to psychological evaluation.
- Failure to obtain required CEU's: Reprimanded; Monetary fine.
- Working while impaired and consuming alcoholic beverages while at work; tested positive for alcohol at work. (Since that time clinician reported she completed a six-month outpatient substance abuse program and has maintained sobriety since 2013): Suspended 30 days, random UA, attend AA meetings three times weekly

and provide documentation, mental health provider and provide written reports; two years supervision by board approved supervisor.

- Failure to obtain required CEU's: Reprimand, Monetary fine $1,000; automatic audit next renewal.

Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists. The public record of disciplinary action provides a summary list of "licensees currently that have been revoked or suspended and are currently under disciplinary action." During the period of 2012 through 2016 one LCSW and two LMFT's are listed as receiving disciplinary action. In 2013, an LMFT practiced on an expired licensed and received a reprimand and fined $1,500.00. In 2014, an LMFT engaged in sexual misconduct and incurred 36 months of probation and a $3,000.00 fine. In 2016 an LCSW received 12-month probationary status for "filing false reports or falsifying records" (Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists, 2016).

Mississippi Board of Examiners for Licensed Professional Counselors. Disciplinary action is not made readily available. To obtain current disciplinary actions anyone may verify licensure status through a search function on the Board's website, or through written request through mail, email, or fax on company form or form found in the forms section. No licensure information will be given over the phone (Mississippi Board of Examiners for Licensed Professional Counselors, 2017).

North Carolina Board of Licensed Professional Counselors. Disciplinary action for professional counselors is not readily available. According to the Board information about disciplinary actions given to a licensee can be found by search for the

licensee on the Licensee Verification page. Once the name of the licensee is located, the licensee's full record may be viewed (North Carolina Board of Licensed Professional Counselors, 2017).

North Carolina Marriage and Family Therapy Licensure Board. Public information regarding disciplinary actions provides the name of the clinician, action date, and decision made. To inquire further, the public is directed to request copies of disciplinary orders by emailing the board. In 2013, two MFT's were disciplined with the result of licensure revocation. In 2015, one MFT was disciplined with the result of licensure revocation (North Carolina Marriage and Family Therapy Licensure Board, 2017).

North Carolina Social Work Certification and Licensure Board. Public information regarding disciplinary actions provided the name of the clinician, action date, and decision made; however, deciphering whether the clinicians listed are independently licensed professionals was difficult. To inquire further regarding the adverse actions taken or to request a copy of the public record information, the public is directed to contact the Board office directly (North Carolina Social Work Certification and Licensure Board, 2017).

State of South Carolina Department of Labor, Licensing and Regulation Before the State Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho Educational Specialists. According to data made available to the public, the State of South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho Educational Specialists provided the following disciplinary action taken on Licensed

Professional Counselors and Licensed Marriage and Family Therapists. These statistics provided general information regarding the ethical and/or administrative board violation, and the disciplinary action stipulated (South Carolina Department of Labor, Licensing and Regulation: The State Board for Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists, 2017).

In 2012, one LMFT and one LPC were cited for ethical misconduct. The LMFT received a public reprimand, civil penalty, plus responsibility for the cost of the investigation regarding administering testing inventories without training. The Board also stipulated the clinician must take a class subject to the Board's approval and submit proof of qualification to administer MCM I, Version III. The LPC received suspension of three years, a civil penalty, and ordered to complete a Board Approved Ethics course for misrepresentation of licensure status.

In 2013, two LPC's were cited for ethical misconduct. One LPC received a public reprimand, a monetary fine, and was ordered to maintain 15 months of twice monthly supervision for refusal to respond to a minor child client's parents request for records. The second LPC received temporary suspension for unspecified conduct.

In 2014, one LPC was cited for ethical misconduct. That LPC received a stayed suspension with probationary status for two years, a monetary fine, and the requirement to complete an ethics course on boundaries for a sexual relationship with a client.

In 2015, two clinicians were cited for ethical misconduct. One clinician with dual licensure as a LMFT and LPC voluntarily surrendered the license to practice for unspecified misconduct. The second clinician, a LPC, received a public reprimand, additional six hours of ethics training, and one year of supervision at one-hour monthly

meetings for releasing confidential information without a release, and conducting court ordered psychological testing for a client without consent given.

In 2016, two LPC's were cited for ethical misconduct. One of them received a monetary fine, a public reprimand, license probation for two years, and supervision by a board licensed LPC-S at least twice monthly for poor boundaries, and dual relationships.

In 2017, four LPC's were cited for ethical misconduct. One LPC voluntarily surrendered the license to practice for unspecified misconduct. Three LPCs received a public reprimand. Two of three clinicians were cited for inappropriate boundaries, and the third clinician was cited for not maintaining records sufficient to allow for appropriate clinical decisions and appropriate continuation of care.

South Carolina State Board of Social Work Examiners. In 2012, no licensed independent clinical social workers with clinical practice (LISW-CP) were disciplined (South Carolina Department of Labor, Licensing and Regulations: The South Carolina Board of Social Work Examiners, 2017).

In 2013, two LISW-CP's were cited for ethical misconduct. One of them was cited for failure to maintain boundaries between full-time grant position and private practice, and failure to maintain updated documentation of patient care in a timely fashion. That clinician received a public reprimand. In addition, the clinician received terms to include a civil penalty, ordered supervision with a LISW-CP approved by the Board for a minimum of two times a month for one year, attend a Board approved ethics course related to creating employment boundaries, and attend a Board approved record keeping and billing course. The second LISW-CP received a public reprimand and ordered to attend a Board approved ethics course for poor boundaries by taking a former

12-year-old patient to lunch and a movie (R rated with permission of mother); a verbal altercation with another colleague in front of others regarding the colleague's sexual relationship with a former patient.

In 2014, three LISW-CP's were cited for ethical misconduct. One of them failed to keep records of treatment of the complainant over a period of fourteen sessions. That clinician received a public reprimand, a civil penalty, was ordered to attend a Board approved course on documentation and receive one-year supervision at a minimum of one time monthly due to the documentation of charts and record keeping. The second clinician received a public reprimand, was ordered to engage in six months of supervision. The third LISW-CP failed to properly disclose a potential conflict of interest, engaged in a dual relationship, dispensed medication to a client, failed to properly and timely terminate a client, and failed to keep adequate patient records for a client. That clinician received a public reprimand, license restricted to scope of practice of a LMSW, license on probation for two years, complete a Board-approved course in ethics and boundaries within one year, and appear before the Board at the end of one year to answer any questions the Board may have regarding practice under the terms of the order.

In 2015, four LISW-CP's were cited for ethical misconduct. One LISW-CP was convicted of 10 counts of Medical Assistance Provider fraud by filing false claims with the South Carolina Medicaid Program. As a result, the clinician received a public reprimand, ordered to complete a Board approved graduate course, assessed a fine, and restricted to the scope of practice of a LMSW. A second LISW-CP engaged in sexual contact with a former client during a period of three years after termination of the

therapeutic relationship. This clinician received a public reprimand, probationary status for three years, a civil penalty, was ordered to attend a Board approved ethics course related to boundaries, and an order to practice only with ongoing, in person supervision with an LISW approved by the Board for two years. A third LISW-CP engaged in a sexual relationship with a client, demonstrating inappropriate boundaries. This clinician received a public reprimand, a civil penalty, two years' probation, was ordered continued care by a licensed profession sending quarterly reports demonstrating fitness to practice and ordered to participate and completed an ASWB approved course or courses on appropriate professional boundaries.

In 2016, no LISW-CP's were cited as incurring ethical misconduct discipline.

In 2017, two LISW-CP's received ethical discipline. One LISW-CP provided therapy to a minor child in which the father indicated he was the legal guardian without providing a copy of the court order custody agreement. As a result, the clinician received a public reprimand, was ordered to pay a monetary fine, and participate in a continuing education class on both child custody and legal issues. The second LISW-CP agreed to voluntarily surrender the license to practice for unspecified ethical misconduct.

Tennessee Department of Health: Health Professionals Boards Disciplinary Actions. In 2012, there were a total of nine licensed mental health professionals disciplined for misconduct: three LPC's, and six LCSW's. One LPC license was suspended due to failure to pay a student loan, one LPC license was reprimanded due to engaging in an inappropriate dual relationship with a client, and one LPC voluntarily surrendered their license due to engaging in "unethical or unprofessional conduct." One LCSW's license was revoked due to misconduct involving sexual activities with current

or former clients, and dual relationship. One LCSW's licensed was reprimanded for engaging in dual relationships, one LCSW was assessed a civil penalty for practicing on an expired license, one LCSW was ordered probation for at least one year, as well as ordered to meet certain terms and conditions for unprofessional or unethical conduct, and two LCSW's were assessed a civil penalty for failure to maintain the required number of CEU's (Tennessee Department of Health: Health Professional Boards Disciplinary Actions, 2017).

In 2013, seven LCSW's were disciplined for misconduct. Five of the LCSW's were cited for failure to maintain the required number of CEU's. Each were assessed a civil penalty and required to submit the deficient number of required CEU's. One LCSW's license was suspended for no less than 60 days, this individual was assessed a civil penalty, and ordered to meet certain terms and conditions. One LCSW was assessed a civil penalty for practicing on an expired license.

In 2014, four licensed mental health professionals were disciplined for misconduct. One LPC and one LMFT were assessed a civil penalty for practicing on an expired license. One LPC's license was revoked for conviction of a felony. Once LCSW's licensed was suspended for no less than six months for engaging in sexual activities with current or former clients and failing to make every effort to avoid dual relationships. This clinician was also ordered to complete an additional 12 hours of CEU's specific to dual relationships/boundary issues, and petition to appear before the Board for removal of the suspension status.

In 2015, 23 mental health professionals were cited for misconduct. Twelve LPCs were assessed a civil penalty for failure to provide the required number of CEUs. Each

was ordered to complete the CEUs lacking and submit proof of completion. One LPC was assessed a civil penalty for practicing on an expired license. Two LPCs were cited for engaging in professional misconduct (not specified). One mental health professional voluntarily retired their license, whereas, the other LPC's license was reprimanded. One LPC's license was suspended with terms due to engaging in a dual relationship with a client. One LMFT was cited for practicing on a lapsed license and assessed a civil penalty. One LMFT was cited for failure to timely renew their license and was assessed a civil penalty. One LMFT failed to properly maintain sufficient CEUs and was assessed a civil penalty and ordered to complete the required number of deficient CEUs. Two LCSWs failed to provide sufficient CEUs and each was assessed a civil penalty. One LCSW was cited for practicing on a lapsed license and assessed a civil penalty.

In 2016, 34 mental health professionals were cited for misconduct. Eleven LPCs were cited for failure to provide sufficient evidence of the required number of CEUs. Each clinician was assessed a civil penalty and ordered to obtain the deficient number of required CEUs. Three LPCs were cited for engaging in professional and unethical misconduct (not specified). Two of the clinicians' licenses were suspended with terms, and the other clinician's license was reprimanded with terms and assessed a civil penalty. One LPC was cited for the inability to avoid harm, abandonment and client neglect, and impairment. This clinician's license was reprimanded with terms and assessed a civil penalty. One LMFT was cited for engaging in multiple relationships and failure to obtain written authorization to release client information. This clinician's license was placed on probation for no less than one year with terms. One LMFT was cited for engaging in professional misconduct, unethical or unprofessional conduct (not specified). This

clinician's license was suspended with terms. One LMFT's license was suspended due to failure to pay a student loan. One LMFT was assessed a civil penalty for practicing on a lapsed license. One LMFT was assessed a civil penalty for failure to timely renew their license. Eight LCSWs were cited for failure to provide evidence of sufficient CEUs. Each clinician was assessed a civil penalty and ordered to provide proof of completion of the deficient number of CEUs. One LCSW was cited for unprofessional or unethical conduct (unspecified). That individual's license was reprimanded with terms. One LCSW was cited for addiction and impairment to the extent of incapacitation in the performance of their professional obligations, and for engaging in dual relationships. This clinician's license was placed on three years' probation and assessed a civil penalty. One LCSW was cited for failure to make every effort to avoid dual relationships with clients and/or relationships that might impair the licensee's independent professional judgment. This clinician's license was placed on probation for three years and was assessed a civil penalty. One LCSW was cited for practicing on a lapsed license and was assessed a civil penalty. One LCSW's license was revoked for sexual misconduct.

In 2017, one clinician, a LCSW, was cited for engaging in sexual activities with current or former clients and failing to make every effort to avoid dual relationships with clients and/or relationships that might impair the licensees. This clinician voluntarily surrendered their license.

Texas State Board of Examiners of Marriage and Family Therapists. In 2012 two Licensed Marriage and Family Therapists engaged in unethical conduct resulting in formal licensure disciple. One LMFT failed to report a conviction and subsequently voluntarily surrendered the license to practice. One LMFT's license was revoked for

engaging in dual relationships, failure to take reasonable precautions to protect minor children from physical and emotional trauma, failure to offer services within professional competency, failure to keep accurate client records and timely respond in writing to a board request regarding client records (Texas Board of Examiners of Marriage and Family Therapists, 2018).

In 2013 three Licensed Marriage and Family Therapists were disciplined by the Texas State Board of Examiners. Two LMFT's voluntarily surrendered the license to practice. One clinician violated confidentiality, and failed to provide accurate records of therapeutic services. Another LMFT engaged in dual relationships and failed to comply with a signed order

In 2014 two LMFT's were ordered one-year suspension of license to practice including an administrative penalty for making fraudulent and misleading claims regarding qualifications, education, and services.

In 2015 one LMFT was cited for failure to maintain appropriate boundaries, sexual misconduct, and exploiting a client. The LMFT voluntarily surrendered their license to practice.

In 2016 two LMFT's were cited for misconduct. One LMFT received one-year probated suspension for engaging in conduct discrediting to the profession, regarding boundaries, and regarding accurate records of therapeutic records. One LMFT received two years of probation/suspension of license to practice for practicing with an expired license.

In 2017 four LMFT's were cited for misconduct. One LMFT voluntarily surrendered their license to practice for unspecified disciplinary action. One LMFT

received probation/suspension until terms met for engaging in dual relationships, and use of illegal drugs. One LMFT received 18 months of probation/suspension of license to practice for failure to maintain professional boundaries, non-therapeutic relationship with client. One LMFT received 18-months of probation/suspension for failure to maintain professional boundaries and non-therapeutic relationship with client. One LMFT received five years of probation/suspension for failure to terminate a professional relationship when that was not beneficial for client, failure to report allegations to the Board, and arrest.

Texas State Board of Examiners of Professional Counselors. In 2012, 27 Licensed Professional Counselors were cited for misconduct. Seven of the LPC's were cited with lack of professional boundaries. One LPC's license was revoked for entering into a dual/sexual relationship with a client, failure to keep accurate client records, failure to maintain client records, and failure to keep board file updated. One LPC was cited for failure to maintain professional boundaries by entering a dual relationship with a client and failure to notify the board of a new address. This LPC voluntarily surrendered their license Another LPC was cited for failure to maintain professional boundaries, and subsequently voluntarily surrendered their license. One LPC received two years' probation/suspension for failure to set and maintain professional boundaries by entering into a dual relationship with client, and failure to provide treatment records to client. One LPC received two years of probation/suspension for failure to set and maintain professional boundaries by entering into a dual relationship with client, engaging in unethical conduct by knowingly over treating client. One LPC received a administrative penalty for failure to maintain professional boundaries by entering into a dual relationship

with a client and borrowing money from the client. One LPC received a reprimand with stipulations for failure to set and maintain professional boundaries by engaging in a dual relationship with a client. One LPC received a two-year probated suspension for failure to set and maintain professional boundaries, dual relationships, failure to cooperate with the board by failure to respond to department investigator, and failure to furnish documents and information requested by the board. One LPC received a reprimand for failure to maintain professional boundaries by entering a dual relationship with a client and borrowing money from the client. One LPC received a reprimand for failure to set and maintain professional boundaries by engaging in unethical conduct that included bartering for services with a client's mother. One LPC received a reprimand for failure to report child abuse of a minor client to CPS. One LPC received two years of probation/suspension with stipulations for engaging in unprofessional conduct by reporting to work under the influence of a controlled substance. One LPC received a reprimand for engaging in false, misleading and deceptive advertising on website, accepted payments from clients as an LPC intern and failure to submit required application to the board. One LPC received one year of probation/suspension for allowing a client to be in counseling sessions with his father without the permission of the client's mother. One LPC received one year of probation/suspension for failure to provide a written statement regarding client treatment records to the department investigator per request. Three LPC's received licensure discipline relating to criminal history. One LPC's license was revoked, one LPC's license received a reprimand, and one LPC's license was temporarily suspended. One LPC received a reprimand for failure to keep accurate client records. One LPC received two years of probation/suspension for

failure to take reasonable steps to facilitate a referral for appropriate care for a client and failure to comply with the Texas Health and Safety Code concerning confidential information by disclosing confidential client information in an email. Two LPC's received a reprimand regarding failure to release treatment records upon request. One LPC received one year of probation suspension for failure to keep client records secure, complete and confidential by taking files home and failure to return files to the office when requested. One LPC received six months probated suspension for practicing while on probation from another state. One LPC received three years of probated suspension for billing services not rendered resulting in conviction of a felony and failure to notify the Board within 30 days of a felony conviction. One LPC received a reprimand for providing supervision as a LPC Supervisor when supervisor status had expired (Texas Board of Examiners of Professional Counselors, 2018).

In 2013, 30 LPC's received discipline sanctions for ethical misconduct. Seven LPC's failed to maintain professional boundaries with one engaging in dual relationship by counseling the office manager's children. Disciplinary sanction given varied among the seven LPC's from reprimand, probation/suspension, to revocation. One of the seven LPC's voluntarily surrendered the license. Fourteen LPC's failed to submit required supervisory forms. Four of the fourteen LPC's also failed to ensure the LPC Intern was in compliance with board rules regarding supervision. Disciplinary action ranged from administrative penalty for 13 of the LPC's and no sanction indicated for one LPC. One LPC received an administrative penalty for failure to maintain appropriate supervisory documentation. One LPC received a reprimand for failure to keep accurate client records. One LPC received two years of probation/suspension for failure to report a case

of abuse. One LPC was cited for failure to report to the Board a previous disciplinary action from another State LPC Board and subsequently voluntarily surrendered the license to practice. One LPC's license was revoked relating to a criminal history. One LPC received six months of probation, a jurisprudence exam, and a 10-page report for failure to respond to the Board regarding violation of Board rules. One LPC received six months of probation with stipulations for failure to release confidential treatment records to the father of a client after the father of the client submitted a written request. One LPC received a reprimand for failure to report the abuse of a minor child.

In 2014, 17 LPC's received disciplinary sanctions for ethical misconduct. Four LPC's were cited for boundary related misconduct to include dual relationship and specifically indicating sexual misconduct. Two of the LPC's voluntarily surrender their license to practice, one LPC's license was under emergency suspension, and one LPC received a probated suspension of 12 months. Five LPC's received administrative penalties for failure to complete supervisor agreement. Five LPC's were cited for engaging in unethical and unprofessional conduct with one failing to respond to the Board regarding a complaint filed, and another failing to report to the Board change of name, address and phone number. Two of the five LPC's received one-year probation/suspension, two of the five LPC's received reprimands, and one LPC's license was revoked. One LPC received an administrative penalty and reprimand for failure to respond to the Board regarding a complaint. One LPC received one year probation/suspension for failure to keep accurate client records, failure to terminate a therapeutic relationship, and failure to comply with a health and safety code. One LPC's

license was revoked for failure to maintain accurate client records, and failure to report to the Board an arrest and conviction.

In 2015, 14 LPC's received disciplinary sanctions for ethical misconduct. Six LPC's engaged in unprofessional boundaries, entering in dual or sexual relationships with clients or student, exchanging monies with a client, or by failing to notify the board within 30 days of arrest for a 3rd degree felony offense of deadly conduct. Two of the five LPC's voluntarily surrendered their license, three of the five LPC's received three years of license probation/ suspension, and one LPC received 2 years of probation/suspension. One LPC was cited for failure to refer a client and subsequently voluntarily surrendered their license. One LPC received one year of probation/suspension including an administrative penalty for misleading, false, or deceptive advertising or marketing. One LPC received a reprimand for failure to release records appropriate in timely manner. One LPC voluntarily surrendered their license in relation to criminal history/conviction. One LPC Voluntarily surrendered their license from a failure to report abuse or neglect. One LPC voluntarily surrendered their license from misconduct related to billing, confidentiality, and not reporting to the Board. One LPC received an administrative penalty for failure to submit required supervisor agreement forms to the department. One LPC received five years of probation/suspension for fraudulent billing, and failure to report arrest.

In 2016, 15 LPC's received disciplinary sanctions for ethical misconduct. Seven LPC's failed to maintain professional boundaries by engaging in dual relationships and sexual misconduct. Three of the six LPC's received one-year probation/suspension, two LPC's received two years' probation/suspension, and two LPC's voluntarily surrendered

their license. One LPC received a reprimand for failure to update personal information with the Board. One LPC was cited for drug and alcohol use and subsequently voluntarily retired their license. One LPC received a reprimand for failure to report an arrest. Two LPC's received two years' probation for failure to comply with a Board order. One LPC received one-year probation/suspension for breach of confidentiality. One LPC received a reprimand for failure to provide mental health records to parents, and failure to maintain client confidentiality. One LPD received a revocation of license to practice for failure to update personal information with the Board, failure to report a criminal conviction, and receiving a criminal conviction.

In 2017, six LPC's received disciplinary sanctions for ethical misconduct. One LPC received one-year probation/suspension for failure to set and maintain professional boundaries, failure to keep accurate records, and failure to take reasonable steps to facilitate client transfer to appropriate care. One LPC received one-year probation/suspension for breach of client confidentiality. One LPC received two-years' probation/suspension for medical fraud and criminal behavior. One LPC received three-years' probation/suspension for dual relationship with client for personal gain. One LPC voluntarily surrendered their license in lieu of unspecified disciplinary action. One LPC was cited for failure to maintain professional boundaries, sexual misconduct, drug/alcohol use, and failure to cooperate with the Board investigation. The LPC subsequently voluntarily surrendered their license to practice.

Texas State Board of Social Worker Examiners.. In 2012, six LCSW's received disciplinary sanctions from ethical misconduct. One LCSW received two-years' probated suspension for holding counseling sessions while under the influence of alcohol,

and failure to properly secure confidential client files stored in the office. Four LCSW's were cited for failure to maintain professional boundaries either by sexual conduct or inappropriate relationship with a client. Three of the four LCSWs voluntarily surrendered their license to practice, and one of the four LCSWs received six-month suspension and two and half years of probated suspension. One LCSW was cited for misconducted related to criminal history. The LCSW subsequently voluntarily surrendered their license to practice (Texas State Board of Social Worker Examiners, 2018).

In 2013, two LCSWs received disciplinary sanctions from ethical misconduct. One LCSW received one-year probation suspension for failure to respond to, and provide information to a patient regarding a request for patient records. One LCSW received one-year probated suspension for failure to comply with a Board-Ordered action, and failure to maintain and provide Board Supervision records for clients.

In 2014, one LCSW received a disciplinary sanction for ethical misconduct. This clinician was cited for fraudulent billing to clients and received one-year probated suspension.

In 2015, one LCSW received a disciplinary sanction for ethical misconduct. This clinician was cited for failure to comply with a Board Order, billing inappropriately, being convicted of Medicaid fraud, and failing to report arrest to the Board in timely manner. Subsequently, the clinician voluntarily surrendered their license to practice.

In 2016, two LCSWs received disciplinary sanctions for ethical misconduct. One LCSW received probated suspension of three years for misconduct related to licensure qualifications. One LCSW was cited for misconduct related to client records/record

keeping, and failure to provide records at patient requests. This clinician subsequently voluntarily surrendered their license to practice.

In 2017, nine LCSWs received disciplinary sanctions for ethical misconduct. Three LCSWs received probated suspension of one year and revocation of Board Supervisor status related to conduct with licensees and the Board, and failure to comply with the Board Supervisor process. One LCSW received probated suspension of one year for inappropriate relationships with clients citing the clinician's sexual misconduct. One LCSW received a reprimand for failure to keep and maintain records and failure to provide complete client files. One LCSW received five years of probated suspension for failure to maintain records for required duration, improper billing, failure to report criminal case, failure to update personal information with the Board, violation of social works practice, criminal indictment, and failure to respond to Board's request. One LCSW received two-year suspension of licensure for misconduct related to Code of Conduct, improper billing, and improper advertising and announcements.

Virginia Department of Health Professions: Virginia Board of Counseling. Information regarding disciplinary action given by Virginia Department of Health Professions is limited. The licensed mental health professionals listed as disciplined indicated the type of board sanction received, but not the specific violation (Virginia Department of Health Professions: Virginia Board of Counseling, 2018).

Virginia Department of Health Professions: Board of Social Work. Information regarding disciplinary action given by the Virginia Department of Health Professions for Social Work is limited. The list contains no indication regarding what level of licensure the disciplined clinician has. The list of disciplined clinicians indicated

the type of board sanction, and no specific violation (Virginia Department of Health Professions: Board of Social Work, 2018).

West Virginia Board of Examiners in Counseling. Information regarding state statutes and/or ethics violations are not made readily available. To obtain detailed verification of a licensee a written request may be submitted to the Board (West Virginia Board of Examiners in Counseling, 2018).

West Virginia Board of Examiners in Social Work. Between 2012 and 2017 only one independently licensed social worker (LISW) was disciplined for ethical misconduct. This clinician, in 2016, violated privacy, confidentiality, and informed consent issues. The licensee received a reprimand, was assessed monetary fees, and ordered to complete CEUs in the area of privacy, confidentiality, and informed consent (West Virginia Board of Examiners in Social Work, 2018).

A smaller percentage of ethical violations found on individual state's licensing regulatory boards falls under the Standard IV Responsibility to Students and Supervisees, Standard V Research and Publication, Standard VI Technology-Assisted Professional Services, Standard VII Professional Evaluations, Standard VIII Financial Arrangements, and Standard IX Advertising.

The listings of violations are limited to the southeast region of the ACA membership, a small section of the 50 states, and that number could be extrapolated out considerably if the records of all the states were examined. Thus, ethical violations are a continuous, serious problem in the field of counseling. The preceding data indicates a gap between learning ethics, adhering to ethical standards imposed by various state regulatory boards, and the allegation of ethical violations.

State Regulatory Licensing Laws

Kress, O'Neill, Protivnak, and Stargell (2015) noted the following on the topic of the ways in which states provide protection for the public, with regards to counseling services, through the establishment and enforcement of ethical standards. All licensees are expected to meet those standards: "Licensed counselors are required to adhere to standard that include ethics-related laws. Counselors who violate state laws are subject to formal discipline that may result in license revocation or suspension" (p. 109).

Ethical Standard of Care

Ethical decision making. Without ethical client care, harm to the client, as well as the clinician, comes at a great price, as Warren and Douglas (2012) and Coy et al. (2016) presented as a result of their research. Ethical decision-making should guide the Licensed Professional Counselor, Licensed Marital and Family Therapist, and Licensed Clinical Social Worker in preserving quality client care. The question then is, "What defines ethical client care?"

Professional association standards. To ensure fidelity to do no harm, professional associations have instituted standards of ethical practice. Brennan (2013) asserted all mental health clinicians' actions when working with clients are guided by the core ethical principles of autonomy, beneficence, fidelity, justice, and non-maleficence. The discussion that follows presents the American Association of Marriage and Family Therapy (AAMFT; 2015) standards of care and the moral principles that underlie them.

Moral Principles

The core ethical principles of autonomy, beneficence, fidelity, justice, and non-maleficence must guide any action the mental health clinician takes with a client

(Brennan, 2013). Moreover Brennan (2013) stated that, "derived from the field of medical ethics, these principles underlie the ethics codes and can guide mental health clinicians when a situation arises for which a code does not provide a clear answer" (p. 246).

Autonomy. According to Corey, Schneider, Corey, and Callanan (2015), "respect for autonomy entails acknowledging the right of another to choose and act in accordance with his or her wishes, and the professional behaves in a way that enables this right of another person" (p. 17). The principle of autonomy promotes "respect[ing] client autonomy unless the client is at risk of harming self or others" (Brennan, 2013, p. 246). Thus, the mental health clinician serves the client by ensuring his or her "personal values and opinions" do not endanger the client's process of personal goal setting.

Beneficence. The principle of beneficence is a "moral obligation to act for the benefit of others, or doing good. Beneficence can be viewed as an inclusive principle involving elements of restraining from inflicting harm and removing evil (nonmaleficence)" (Freeman, 2011, p. 52). In respecting clients' autonomy, beneficence "requires always working in the best interest of the client" (Brennan, 2013, p. 246). For example, Corey et al. (2015) provided the illustration of the "possible consequences of a therapist encouraging a Vietnamese client to behave more assertively toward his father. The reality of this situation may be that the father would refuse to speak again to a son who confronted him" (p. 18).

Fidelity. The principle of fidelity is based on the faithful fulfillment of one's obligations and responsibilities. This would include providing the services based on the

"devotion of one's duty" (Freeman, 2011, p. 56). Mental health clinicians have the obligation to keep the commitments they made to clients.

Justice. Justice can be described as "as rules for fair play and determine the way in which the various types of justice (i.e., distributive, procedural, retributive) are carried out" (Freeman, 2011, p. 55). This also means "hav[ing] a responsibility to provide appropriate services to all clients. Everyone, regardless of age, sex, race, ethnicity, disability, socioeconomic status, cultural background, religion, sexual orientation, is entitled to equal access to mental health services" (Corey et al., 2015, p. 18).

Nonmaleficence. First and foremost, this principle underlies the statement, "above all (or first) Do No Harm" (Freeman, 2011, p. 54). Clinicians "refrain from actions that risk hurting clients … [and] … to minimize risks for exploitation and practices that cause harm or have the potential to result in harm" (Corey et al., 2015, p. 17).

AAMFT Standards of Care

Francis and Dugger (2014) noted a code of ethics helps to ensure the primacy of client welfare by articulating a profession's collective set of values and communicating standards of practice for all members of that profession. The 2001 *AAMFT Code of Ethics* was revised in 2012, and most recently in 2015. The changes in the 2015 version reflect new standards, aspirational features, and includes "meaningful changes to even some of the Code's longstanding elements, such as the expanded – and now permanent – prohibition of sexual relationships with former clients and members of their family systems" (Caldwell, 2015, loc 93-99 of 2273). Divided into nine principles, the *AAMFT*

Code of Ethics (2015) "is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation" (AAMFT, Binding expectations section, para. 1). For MFTs there is no excuse for ignorance of the code, for the obligation belongs squarely on the clinician to familiarize oneself with and internalize those standards of care and the applicability to the professional services provided; thus, a lack of knowing or understanding is no defense against ethical misconduct. The *AAMFT Code of Ethics* (2015) is utilized in the following discussion on Ethical Codes, and will focus on a clinician's care of clients, the crux of where much of the licensed mental health counselors' ethical misconduct complaints fall.

Standard I. First and foremost, Standard I of the *AAMFT Code of Ethics* (2015) addresses MFT's responsibility to clients: "Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance and make reasonable efforts to find appropriate balance between conflicting goals within the family system" (para. 1). The 13 sub-standards that follow underscore the foundation of building a solid and respectful client/therapist relationship. The individual/family needs the assurance that his or her needs are of primary importance. Daneshpour and Jackson (2015) noted, "By providing clients with information about our responsibilities to them also shapes their expectations of therapy and empowers them to make informed decisions about the services they receive" (Chapter 1, Standard 1: Responsibilities to Clients section, para. 1).

Sub-standard 1.1. The foundational building block of a solid client/therapist relationship begins with a MFTs non-discriminatory bias toward any family or individual

seeking professional services. Any discrimination based on "race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status" (Standard 1.1 section) could warrant an ethical complaint. This requires, on the part of the MFT, fortitude with self-awareness and insight into one's own biases or tendency for such.

Sub-standard 1.2. Building on a non-discriminatory relationship, the MFT provides the client(s) with informed consent. In doing so, the MFT gives the client accurate and clear information and expectations, thereby creating a trusting atmosphere. When providing a clear and understandable informed consent, the MFT (and all clinicians) must consider the following factors in the client's assent to consent: language use, capacity to consent, consent given without coercion, documenting the consent, and legal ability to obtain consent due to age or mental capacity (Standard 1.2).

Sub-standards 1.3 –1.5. A blurring of boundaries and professional impairment are further delineated through the sub standards of Multiple Relationships (Standard 1.3), Sexual Intimacy with Current* Clients and Others (Standard 1.4), and Sexual Intimacy with Former Clients and Others (AAMFT, 2015; Standard 1.5). In these sets of ethical codes, the MFT is aware "of their influential positions … and avoid exploiting the trust and dependency of such persons" (Standard 1.3 Multiple Relationships). Thus, all sexual intimacy with current and former clients is strictly prohibited.

Sub-standard 1.6. Addressed in the middle of Standard 1: Responsibility to Clients is Standard 1.6 Reports of Unethical Conduct. It is essential that the MFT "comply with applicable laws regarding the reporting of alleged unethical conduct" (para.

1). This notes the necessity to consider legal applicability in the reporting of unethical conduct.

Sub-standards 1.7 – 1.8. Honoring the client's individual autonomy with undue influence means the MFT must be aware and insightful of ways this type of ethical dilemma manifests. Standard 1.7 "Abuse of the Therapeutic Relationship" dictates the MFT must not abuse their power in therapeutic relationships. Standard 1.8 "Client Autonomy in Decision Making" clearly informs the MFT of the crucially important aspect of respecting the client's decisions. Rather than telling the client what the MFT may see as beneficial for him or her, the MFT collaborates with the client in making an individual choice according to his or best interest.

Sub-standard 1.9. With regard to the therapeutic relationship between the MFT and the clients, Standard 1.9 outlines the necessity of maintaining the therapeutic relationship for the benefit for the client. In other words, the therapeutic relationship should only continue with the benefit of the client in mind.

Sub-standard 1.10. Caring for the best interest of the client is demonstrated through appropriate referrals. Standard 1.10 demonstrates the MFT's duty in assisting individuals and/or families in obtaining additional services "if the therapist is unable or unwilling for appropriate reasons, to provide professional help."

Sub-standard 1.11. The appropriate care for the client's wellbeing is being mindful of abandonment or neglect of the client in treatment without ensuring the clients receive proper arrangements for the continuation of treatment (Standard 1.11).

Sub-standard 1.12. The entirety of the therapeutic client relationship is guarded and respected. As such, the MFT must obtain written permission from clients for any type of recording or observation from others (Standard 1.12).

Sub-standard 1.13. Standard 1.13 outlines the parameters of the MFT's relationships with Third Parties. In other words, should a MFT services a client, a person or entity, "at the request by a third party (e.g., private contractor, insurance company, and etc.), clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality" (p. 3).

Many of the records of the licensed clinicians noted as disciplined through the State Licensing Regulatory Boards in the ACA Southern Region contained ethical violations encompassing harm in lack of responsibility of clients (Standard I). Another area of ethical violations encompassed egregious errors in judgment of confidentiality, detailed in Standard II.

Standard II.

Sub-standard 2.1. When clients (individuals, couples, families) seek the services of a licensed clinicians, disclosure of confidentiality must be made. That includes "possible limitations of the clients' right to confidentiality" (p. 3). This act of transparency would also encompass the clinician's responsibility in explaining when confidentiality "information may be requested and when disclosure of confidential information may be legally required" (Standard 2.1, p. 3).

Sub-standards 2.2 – 2.7. The principle of confidentiality also applies to proper written authorization to release client information (Standard 2.2), client access to records (Standard 2.3), confidentiality in non-clinical activities (Standard 2.4), protection of

records (Standard 2.5), preparation for practice changes (Standard 2.6), and confidentiality in consultations (Standard 2.7). Many clinicians were cited with ethical violations relating to areas of confidentiality. For example, one clinician had maintained her client records on a home computer to which others in the household had access. Ensuring protection of confidentiality and following the proper guidelines in disclosure creates and maintains a foundation of trust and ease in developing a strong therapeutic relationship.

Standard III. Sub-standards 3.1 – 3.12. The principle of professional competence and integrity (Standard 3) is another area that has placed clinicians in ethical violation. Professional competence and integrity include maintenance of competency (Standard 3.1), knowledge of regulatory standards (Standard 3.2), seek assistance (Standard 3.3), conflicts of interest (Standard 3.4), maintenance of records (Standard 3.5), development of new skills (Standard 3.6), harassment (Standard 3.7), exploitation (Standard 3.8), gifts (Standard 3.9), scope of competence (Standard 3.10), public statements (Standard 3.11), and professional misconduct (Standard 3.12).

Ethical Training

Encompassed in the foundation of ethical standards is the ethical training counselors submit themselves to as they journey toward becoming licensed mental health providers. Lambie, Ieva, and Ohrt (2012) asserted "training in ethical practice is an integral component for … counselors-in-training" (p. 1). National accrediting associations such as the Commission of American Marriage and Family Therapy Education (COMAFTE), the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and the National Association of Social Worker

Education (NSWE), specify how ethics training is integrated in the coursework in the development of a mental health clinician. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) identified "students who are preparing to work as clinical mental health counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health counseling context" (2016, p. 29). Professional knowledge, skills, and practices include the foundation of knowledge indicating "understand[ing] ethical and legal considerations specifically related to the practice of clinical mental health counseling" (p. 29).

CACREP Accreditation Requirements

Counseling education programs. Although CACREP accredited mental health counselor programs are tasked in providing the core component of ethical training, "those who supervise and train [counselors] must continue to ensure that they are competently trained, demonstrate adequate understanding of ethical guidelines, and are relatively free of observable psychological and interpersonal issues negatively affecting their ability to provide services" (Rust, Raskin, & Hill, 2013, p. 30). Furthermore, those researchers stated, "counseling education programs have a responsibility to ensure that students who graduate from their programs are adequately trained, demonstrate adequate understanding of ethical guidelines, and are relatively free from observable psychological and interpersonal dysfunction" (p. 38). Moreover, Lloyd-Hazlett and Foster (2017) noted "beyond the simple transmission of knowledge of ethical codes, counselor educators hold a chief responsibility to promote the development of an internalized professional

counselor identity that will enable students to uphold professional ethical commitments to society" (p. 91).

Ethical competence. Wall (2010) believed that the foundational qualities necessary for performing the duties of the counseling profession are character and fitness. Moreover, Wall continued:

> Competence comes through appropriate instruction, supervision, and eventual consultation. It requires self-reflection and honest self-assessment, which is a lifelong endeavor. Competency should never be taken for granted. Competency is to be continually strived for, but never fully realized. Fitness requires continual assessment of one's emotional, physical, and spiritual wellbeing. This includes the effects of eventual clinical practice and the risks of compassion fatigue or burnout. (p. 8)

Continued and on-going education to instill ethical conduct in the area of competency and integrity keeps the clinician abreast of best practices and functioning in a capacity that protects the integrity of the clinician's practice and the provides the most effective treatment for the client. Many ethical violations have occurred as a result of professional impairment such as alcohol and/or drug use, and other areas of professional misconduct.

Ethical practice. Lloyd-Hazlett and Foster (2017) aptly noted "ethical behavior entails more than compliance with externally imposed responsibilities. Instead, one must integrate ethical behavior into his or her identity" (p. 91). Such information provides the opening and incentive for counselor educators to include active learning activities in proposed ethics courses to increase prospective clinicians' deep learning through

curriculum infused with principles from learning modalities such as Active Learning, Bloom's Taxonomy, and the Neuroscience of Learning.

Qualitative research presenting the ethical, moral, and value dimensions of ethical practice provides various perspectives, thereby, enlightening a novice clinician with a continued foundational ethical practicality, and seasoned clinicians with continued awareness that personal growth ethically is persistent and ongoing. This chapter builds upon the foundational ethical ACA standard of client welfare (ACA, A.1.a., 2014). That standard emphasizes "the primary responsibility of counselors is to respect the dignity and promote the welfare of clients" (A.1.a., 2014). Protecting the welfare of the client develops further through the embodiment of ethics trainings, ethical standards of care through professional organization codes, and state regulatory licensing laws. Clearly there is a gap between the existence of the known standards, codes, and laws of ethics, and clinicians knowing those foundational requirements of ethical care and the practice of their behaving ethically.

Although the ethical development of student counselors begins with exposure to an ethics course, their professional development continues through a series of preparatory steps for professional licensure such as completing an internship and practicum, obtaining clinical supervision with accumulating clinical hours per licensing requirements. During the tenure of training, counseling students are taught to utilize ethical decision-making models. Once the student counselor becomes professionally licensed through his or her state regulatory board, they are required to maintain continuing education of ethical training. Neukrug and Milliken (2011) highlighted the importance of ongoing ethics training throughout a counselor's career. To strengthen the foundation of a student

counselor's ethical decision making, to the point that Lloyd-Hazlett and Foster (2017) indicated was essential, which is the embodiment of ethics, the entry point is the method in which the ethics course is taught.

One such way to teach counselor education students is through personal stories of those who have journeyed through disciplinary action. A physician evaluation study (Cooper, Hatfield, & Yeomans, 2019) supported the concept of deep learning for counselors detailed in this proposed research, as those researchers found that disseminating knowledge through storytelling had a profound effect on student physician learning. They sought to explore various means of teaching safety by "disseminating experiential insights from cases of medical error to undergraduates in a 'storytelling' format" (p. 119). Their primary objective was to evaluate to what extent the "storytelling" had on the learning outcome of students. Cooper et al., (2019) used the audio recording of three junior doctors who had detailed their journey in their medical error experience along with a short reflection. Animated videos accompanied the audio recordings. Cooper et al. discovered confirmative results that student learners responded positively to the deep learning opportunity presented via personal stories of medical errors. Those results of actively engaging students in the learning process are promising. According to Weigel and Bonica (2014), Bloom's Taxonomy (1956), combined with Bonwell and Eison's (1991) active learning model, provide a method of deep learning to effectively engage students in a higher level of thinking and retention. The application of those two-primary pedagogical approaches to teaching, coupled with the newest learning concept of the neuroscience of learning may assist in ethics training of mental health clinicians.

Deep Learning Methods

Active Learning

To further develop stronger learning through "attention, comprehension, and retention" (Weigel & Bonica, 2014, p. 22), Weigel and Bonica (2014) chose to include Bonwell and Eison's (1991) definition of active learning. Bonwell and Eison (1991) noted their analysis of the literature suggested

> that students must do more than just listen: They must read, write, discuss, or be engaged in solving problems. Most important, to be actively involved, students must engage in such higher-order thinking tasks as analysis, synthesis, and evaluation. Within this context, it is proposed that strategies promoting active learning be defined as instructional activities involving students in doing things and thinking about what they are doing. (p. 2)

Thus, active learning can be accomplished through multiple means of engaging educational activities rather than lecture-based teaching. These active learning approaches can be "problem-solving exercises, informal small groups, simulations, case studies, role playing, and other activities, all of which require students to apply what they are learning' (Bonwell & Eison, p. 3).

Bloom's Taxonomy

Bloom and his colleagues developed a classification of learning that is recognized as Bloom's Taxonomy of Learning (Bloom, et al., 1956), which remains a valid tool for higher level thinking and retention to this day in the field of education. For example, Dong (2014) indicated

> Most students are not aware of different levels of learning, and once they are exposed to Bloom's taxonomy, students are better prepared to check their learning levels. They then understand what their instructor means when s/he mentions "higher-order thinking." (p. 59)

Bloom's learning classification is categorized into three domains: cognitive, affective, and psychomotor. According to Bloom et al. (1956) "the cognitive domain … includes those objectives which deal with the recall or recognition of knowledge and development of intellectual abilities and skills" (p. 7). On the other hand, in the affective domain, "the objective is to tune the teaching approach toward the learner's emotions … to touch the learner's heart to impact his or her learning" (Weigel & Bonica, 2014, p. 22). Lastly, the third domain is 'the manipulative or motor-skill area" (Bloom et al., 1956, p. 7). Weigel and Bonica (2014) noted that, through their continued exploration and expansion of Bloom's Taxonomy, they intended "to develop a theory of learning that would cross all spectrums of education from those of the simplest learning to those of the most complex (p. 22).

Neuroscience of Learning

Another pedagogical approach to deep learning applies concepts and principles of neuroscience with the integration of Bloom's Taxonomy (Bloom, et al., 1956). Watagodakumbura (2017) explained

> Educational neuroscience is a field that has attracted the interest of educational professionals more elaborately in the past. It provides us with some useful knowledge about the human brain and how the structures of the brain help human beings in learning. In fact, when we refer to the term "learning," from the

> perspective of neuroscience, it is essentially about building neural networks of knowledge. Consequently, by making use of the emerging notions and principles of educational neuroscience, educators can improve their pedagogical practices immensely so that enhanced learning towards higher levels of human development can be achieved. (p. 54)

Understanding the processes and structure of the brain may help educators develop ethics courses that enhance learning and building stronger "neural networks" of knowledge on the topic of the foundational ethical principle "do no harm." Watagodakumbura (2017) noted "when we refer to the term 'learning,' from the perspective of neuroscience, it is essentially about building neural networks of knowledge" (p. 54).

Suggested Application to Teaching Ethics

Applying the pedagogical methods of Bloom's Taxonomy, Active Learning, and the Neuroscience of Learning provides the ability to engage counseling students in more effective learning, particularly in the area of ethics training. According to Weigel and Bonica (2014) the most effective method of teaching students to learn and retain material has been noted as, rather than including traditional methods of teaching, such as an instructor "standing at a podium in front of the class before the students, imparting the wisdom of the collective years of their education and experience" (p. 21), more up to date deep learning approaches be utilized. Weigel and Bonica sought ways to engage students more effectively. In order to accomplish that, they incorporated both Bloom's Taxonomy and Active Learning in their development of two games in a Business Administration

course. By doing so, Weigel and Bonica discovered significant improvement in learning engagement and information retention.

According to Watagodakumbura (2017), "when carrying out the curriculum, we need to develop a culture within the classroom or teaching-learning environment to intrinsically motivate the learners for learning" (p. 63). As a part of the curriculum design, the inclusion of an assessment of learning will enhance the educators' knowledge of the students' learning. According to Watagodakumbura "these assessments are required to essentially test the level of learners' engagement in higher order learning … These are the levels described at the high end-of Bloom's Taxonomy" (p. 64).

In incorporating multiple learning activities with the goal of engaging students in ethics courses, Corey, Corey, and Callanan (2005) "believe in the practice of teaching students the process of making ethical decisions from the very beginning of their training program" (p. 194). A crucial part of developing and infusing an ethical sense of practice is indicated by Corey et al. as

> rather than rely on lectures, we do our best to involve students in identifying and examining basic ethical principles present in a variety of ethical dilemmas. Toward the goal of increasing student involvement, we do a great deal of role playing and dramatizing vignettes. Frequently, we assume the role of devil's advocate and challenge students to come up with reasons for whatever position they might assume. We ask students to share their concerns about general and specific issues in the assigned readings. As much as possible, we attempt to facilitate interaction and discussion in the classroom. (p. 195)

Additionally, Corey et al. (2005) promoted the use of vignettes, role play, and guest speakers in their teaching objectives. Their method of teaching to achieve deep learning incorporated both Blooms' taxonomy and active learning.

The intent of this research study was, by including a listing of ethical violations in the southeast region of the ACA members, various ethical codes, standards and requirements, coupled with effective learning methods through Bloom's Taxonomy, Active Learning, and Neuroscience of Learning, valuable active, or deep, learning can be integrated in the effective development of an ethics course and curriculum. According to the various literature detailed in this review, integrating this type of learning experience in ethics classes and trainings may provide increased ethical client care.

Summary

The list of disciplined clinicians in the ACA southern region indicates that despite the requirements for successfully completing ethics courses and the rules, regulations, and laws, ethical and legal violations still occur, despite the fact each of the individuals described had participated in at least one ethics course, completed ethics CEU's as required by their licensing board, and committed to upholding the command to do no harm. Although misconduct occurs, a vast majority of violations are misjudgments, while some are deliberate unlawful acts. As noted from the State Regulatory Boards, the misconduct ranged from issues such as failure to obtain the required number of CEUs, poor boundaries with clients, sex relationships with clients and minor to extreme violations of the law.

Pedagogical Approach

Corey et al. (2005) noted, "we believe that the faculty of any program in the helping professions play a major role in modeling an ethical sense. Ways in which faculty members teach their courses and relate to and supervise students have a significant impact" (p. 193). The pedagogical approach counselor education faculty utilize in teaching ethics courses can provide a way for students to embody ethical behavior, rather than just mere compliance (Lloyd-Hazlett & Foster, 2017). Embodiment of sound ethical behavior continues beyond the classroom. As Wall (2010) noted, ethical competence requires ongoing instruction, including self-awareness and candid self-appraisal. This research is based on the premise that the real-life experiences of clinicians who were disciplined by their state regulatory board along with the inclusion of the principles and practices of deep learning in the curriculum of an ethics course, can have a significant impact on the development of a clinician's ethical compass. The intent of this study was to protect clients, and to protect the personal and professional integrity of clinicians by increasing awareness of and preventing ethical blunders that lead to disciplinary action.

The counseling profession lacks qualitative data demonstrating the relationship between the principles of deep learning and the embodiment of ethical behavior. This study proposes a qualitative method of research to explore that relationship, thereby providing significant value to the counseling profession. By giving a voice to the counseling educator faculty who taught a master's level ethics course, licensed clinicians who received a master's level ethics course, and sanctioned practicing or non-practicing mental clinicians who received a master's level ethics course, the discovery of the impact

of the method in which the ethics course was taught and instilled the clinician's professional ethical identity may exist.

Study Method

The third chapter explains, in detail, the various aspects of the study. The methodology is qualitative, with an interview questionnaire being the data collection method. The eight participants consisted of four faculty who had taught an ethics course, three clinicians who are currently in practice, and one clinician who was sanctioned and is not currently in practice.

CHAPTER THREE: METHODOLGY

Purpose

The purpose of this study was to explore and describe two types of experiences: First, the teaching experiences of Counselor Educators instilling professional ethical development in their master's level ethics course; and second, the learning experiences of licensed mental health clinicians, practicing or non-practicing sanctioned and non-sanctioned licensed mental health clinicians forming and instilling an ethical professional identity within their master's level ethics course. Despite the many inputs of ethical training in the development of a clinician's ethical identity, ethical violations still exist. The presentation of ethical violations listed by individual state regulatory boards within the southeast region of the ACA, and deep learning principles and the rationale for utilizing them in teaching ethics in master's level counseling courses was fully examined and presented in the literature review. Bloomberg and Volpe (2016) described the qualitative researcher as a storyteller who "tell[s] a story that should be vivid and interesting while also accurate and credible" (p. 207). The story detailed in this research study is intended to portray an explicit description of the "people, and their words and actions … so that readers can experience the situation as real in a similar way to the researcher and experience the world of the participants" (p. 207). This chapter provides a description of the qualitative research project to include the following: (a) Research Questions, (b) Subjects, (c) Instrumentation, (d) Process, (e) Methodological Assumptions, and (f) Data Processing and Analysis.

Research Design

Research questions. Two research questions were chosen for this study with the overarching purpose to draw on a descriptive experience provided by each participant. The research questions were as follows:

1. What are the teaching experiences of Counselor Educators instilling counselor ethical identity in their master's level ethics courses?
2. What are the learning experiences of non-sanctioned and sanctioned licensed mental health professionals developing a counselor ethical identity in their master's level ethics course?

Phenomenological approach. A phenomenological method of study guided this qualitative research project. This study intended to focus on the pedagogical approach taken in the ethical training of counselor education students, and the relationship this training has on the foundation of their professional ethical development. According to Gray, Grove, and Sutherland (2017) "qualitative researchers are motivated by the desire to know more about a phenomenon, a social process, or a culture from the perspectives of the people who are experiencing the phenomenon" (Location 11316 of 35120).

A phenomenological approach fits well with the study of exploring and describing the teaching experience of Counselor Educators instilling the development of an ethical professional identity in their counseling students. The phenomenological approach also fits well with this study for the descriptive learning experience of licensed mental health clinicians, as well as practicing/non-practicing sanctioned and non-sanctioned licensed mental health clinicians and the impact their learning experience had on their professional ethical identity. The qualitative design is similar to "an intricate fabric composed of

minute threads, many colors, different textures, and various blends of material" (Creswell, 2013, p. 65). Moreover, qualitative research is the study of research problems through the lens of human meaning. In other words, individuals and groups attribute meanings to a problem (Creswell, 2013).

Epistemological assumption. The epistemological assumption for this study, which is hermeneutical, fits well with the phenomenological approach utilized in this study. From the perspective of van Manen (1990), hermeneutical phenomenology is a description of how one orients a lived experience, and how one interprets the "texts of life" (p. 4). Moreover, research guided by the hermeneutical approach examines key themes and what meaning is attributed to a particular lived experience, thereby providing a descriptive account of the phenomena (Creswell, 2013).

Subjects

After receiving permission from the Institutional Review Board (IRB), research was criterion based through an interview conducted through a questionnaire format. Those sampled were four counselor educator faculty, three practicing licensed mental health professionals, and one sanctioned non-practicing or practicing licensed health professional regarding their experience of teaching and/or learning in his/her master's level ethics course. Participants were intended to be non-gender specific, must be or have been a counselor education faculty, is or had been licensed and independently practicing mental health clinician, and sanctioned practicing or non-practicing licensed mental health clinicians. Creswell (2013) asserted as many as 10 participants should be chosen for in-depth phenomenological study. Furthermore, individuals who chose to participate

in the study should have each experienced the phenomena at the focus of the study.

Sampling Technique

Probability and non-probability sampling. According to Merriam and Tisdell (2016), the basic sampling techniques were probability and non-probability. Because probability sampling seeks to generalize study findings to the general population, "non-probabilistic sampling is the method of choice for most qualitative research" (p. 96). Reliable and valid research hinges on the type of sampling method utilized; therefore, non-probabilistic sampling will be the method applied in this study. Being purposeful in sampling assists the researcher with being effectively informed "about the research problem under examination" (p. 169).

Convenience sampling. In addition, when choosing the sample of four Counselor Educators, a method of convenience sampling was utilized. According to Merriam and Tisdell (2016) "convenience sampling is just what is implied by the term – you select a sample based on time, money, location, availability of sites or respondents, and so on" (p. 97). Based on the method of convenience sampling, four of the Counselor Educators were chosen through the Counselor Education and Supervision NETwork – Listserv (CESNET-L).

Snowball or chain sampling. When choosing three non-sanctioned licensed mental health professionals, a form of purposeful sampling identified as "snowball, chain, or network sampling" was utilized (p. 98). According to Creswell (2013), snowball or chain strategy of sampling "identifies cases of interest from people who know people who know what cases are information-rich" (p. 180). Primary participants for this sample population was chosen through a professional peer referral base. When the

primary participants were interviewed, each was asked to refer other participants.

Random selection. Choosing three sanctioned practicing or non-practicing licensed mental health professionals followed random selection through the names of the sanctioned counselors provided from the state regulatory boards with the ACA southeast region. Although only names are provided by the state regulatory boards, contact information was collected through alternative means such as an internet search.

Instrumentation: Questionnaire

The questionnaire format for generating interview data was utilized in this research. Because there are three different groups of participants, three different questionnaires were utilized, all focused on the same goal of garnering information regarding deep learning in their master's level ethics courses (Appendices B, C and D). The opening question followed the advice of Storti (2002), who stated that researchers inform their participants to "Please describe …" 'Share all our thoughts, feelings, and perceptions surrounding this experience until we have nothing further to add'" (pp. 40-41).

Additionally, when the questionnaires for this qualitative study were designed, the intention for the questions was to reflect the concepts that are the foundation of both the research questions and the theoretic framework of this study. Moreover, Hennink, Hutter and Bailey (2012) further detailed the process of refining the interview questions:

> It is important to check the coherence between the research questions and conceptual framework of the study and the questions on the interview guide to ensure that the interview questions are a valid operationalization of the concepts (e.g., from the design cycle; p. 117).

Those researchers continued that a useful qualitative questionnaire will "produce new ideas and new concepts of which the researcher was not aware before the interviews were conducted and that were not included in the conceptual framework of the study" (p. 119).

Letter of Consent

When a prospective participant was contacted, the study was described in full detail. Permission was sought to provide the participant with the letter of consent (Appendix A). Once consent was obtained, the participants were sent a research questionnaire relevant to their qualification to participate. (Appendices B, C and D).

Confidentiality and Privacy

To ensure confidentiality, participants were described using only pseudonyms and no identifying information about location or education was included. In addition, their privacy was ensured; all data acquired from the research participants was kept on an encrypted, password protected hard drive along with a backup copy on a secondary encrypted, password protected hard drive. All items containing confidential information was kept in a locked cabinet inside a locked room and retained for three years. At that time, any records will be destroyed.

Validity and Credibility

A viable qualitative study that is valid and credible includes interview questions (Appendices B, C and D) derived from embedded concepts within the research question(s). The strength of the study depends also on the position of the research, the reflexivity, or researcher's voice, as well as the integrity with which it was conducted.

Further validity and credibility of the study develops as a result of the researcher's reflexivity or the "researcher's voice," in other words, how does the researcher position him or herself in a study? Reflexivity is a researcher's ability to inform his or her audience about themselves (Creswell, 2013). Merriam and Tisdell (2016) noted the importance the researcher has in owning the effects that his or her "positionality and insider/outsider stances" (p. 64) during the study may have on the research outcomes. The researcher comes to be known through the questions asked in the questionnaire, his or her interpretation of data obtained through the interview process, and the final synthesized product produced for readers. Merriam and Tisdell additionally stated that how the researcher handles reflexivity "in a report is part of what also contributes to making critical research critical" (p. 64).

Confidentiality throughout the research process must continue to be paramount to the interviewees, such as anonymity. Anonymity for the participants in this study was accomplished by using pseudonyms and/or gender neutral pronouns, withholding the name and location of any school in which he/she taught or graduated from, the State in which the clinician practiced, and any sanction the sanctioned practicing or non-practicing clinician received.

This study intended to follow the basic premise for conducting valid and reliable research presented many years ago by Howe and Eisenhardt (1990), which is that the study should have value in both adding knowledge to the field and in improving practice and, as vitally, in ensuring the ethics of the study by protecting the confidentiality and vulnerability of all participants.

Methodological Assumptions, Limitations, and Delimitations

Methodological Assumptions

This research was based on a phenomenological approach of "depict[ing] the essence or basic structure of experiences" (Mirram & Tisdell, 2016, p. 26). The intent was to explore and describe the teaching experience of Counselor Educators instilling the development an ethical professional identity in their counseling students utilizing three deep learning principles (Active Learning; Bloom's Taxonomy; Neuroscience of Learning). This study examined and described the learning experiences of licensed clinicians, practicing/non-practicing licensed sanction and non-sanctioned clinicians as they began to form, then instill, an ethical professional identity in their master's level ethics course through the experience of three deep learning principles (Active Learning; Bloom's Taxonomy; Neuroscience of Learning). By exploring and describing these teaching and learning experiences, the inclusion of deep learning principles within a master's level ethics course may have a greater impact on counselor ethical professional development, in essence, giving the opportunity for the participants' voices to add to the knowledge of teaching and learning ethics.

Limitations

Throughout a research study, addressing the limitations, and carefully considering the ways to account for and minimize any limitations is essential (Bloomberg & Volpe, 2016). One such limitation relates to this researcher's potential bias in interpreting the data. Bloomberg and Volpe (2016) noted, "because analysis ultimately rests with thinking and choices of the researcher, qualitative studies in general are limited by researcher subjectivity" (p. 177). Thus, the limitation regarding this researcher's

potential bias was based on personal experience of colleagues who exercised poor judgment or unethical decision making, and have experienced discipline from their state regulatory board.

Delimitations

Data was collected via a questionnaire with the intent of exploring the teaching experiences of Counselor Educators instilling ethical professional development in their counselor education student's master's level ethics course. Via the questionnaire, data was also collected with the intent of exploring how licensed clinicians, practicing/non-practicing sanctioned or non-sanctioned licensed clinician's experience learning and developing their ethical professional self. Additionally, how those principles of deep learning affect the professional ethical development of a counselor education faculty's experience teaching the topic, the licensed practicing counselor applying ethical behaviors, and sanctioned non-practicing or practicing licensed counselor applying ethical behaviors are to be examined. However, with data collected via a questionnaire, the opportunity to visually observe the participants' non-verbal communication limits the process of obtaining a full picture of the effect of the teaching and learning experience of the counselor education ethics course.

Data Processing and Analysis

Data Processing

When data collection ended, the data generated was organized to assist with analysis to gain an understanding of the entire database. Through the lens of the data collected "detailed descriptions, develop[ed] themes or dimensions, and provide[ed] an interpretation" will be developed (Creswell, 2013, p. 206).

Themes

In the search for themes, Bernard and Ryan (2010) noted the following eight observational techniques (pp. 56 – 63):

1. Repetitions
2. Indigenous Typologies or Categories
3. Metaphors and Analogies
4. Transitions
5. Similarities and Differences
6. Linguistic Connectors
7. Missing Data
8. Theory Related Material

Other techniques, termed "manipulative or ways to process texts" (pp. 63 – 67), included the following:

1. Cutting and Sorting
2. Word Lists and Key-Words-in-Context
3. Word Co-occurrence
4. Metacoding

According to Bernard and Ryan (2010) not all of those techniques must be utilized. That approach means determining how to effectively approach a specific project with personal skill and time limitations is a required step in the analysis process. They suggest the importance of examining the data for repetitions, similarities, and differences, as well as the application of cutting and sorting. In addition to coding, the steps of

classifying and evaluating the data by searching for similarities and organizing the data through categories and themes is essential (Creswell, 2013).

Summary

In summary, Chapter Three outlined a qualitative research methodology based on a phenomenological approach by collecting data via a questionnaire exploring the correlating relationship between the pedagogical approach of applying the learning principles of Active Learning, Blooms Taxonomy, and Neuroscience of Learning in a counselor education student's master's level ethics course. The focus was how using these deep learning principles affects the counselor education faculty's experience teaching the topic, the licensed practicing counselor's application of ethical behaviors, and sanctioned non-practicing or practicing licensed counselor application of ethical behaviors.

The chapter included a description of the research design, the research questions, subjects, process, methodological assumptions, limitations, delimitations, and data processing and analysis. The descriptive written answers of the participants has the potential to add to the ethical formation and development of counseling students. By exploring and describing participant teaching and learning experiences the addition of deeper learning methods via the application of Active Learning, Blooms Taxonomy, and Neural Science of Learning may assist with increased embodiment of ethical principles and guidelines; thus, narrowing the gap of embodiment of an ethical professional self and clinician ethical misconduct. The intention of the study is to thus prevent newly licensed mental health clinicians from experiencing the same, or a similar, fate of sanctioned licensed clinicians.

Chapter Four contains a detailed description of the data collection process. The next chapter provides each participant's descriptive experience teaching a master's level ethics course or learning experience within their master's level ethics course. The participant's descriptive experiences presented were based on the definitions of Active Learning, Blooms Taxonomy, and Neuroscience of Learning.

CHAPTER FOUR: DATA ANALYSIS AND RESULTS

Restatement of the Purpose

Studies presenting data on the topic of mental health clinicians (MHC) sanctioned by their state licensing board are scant. To date there are two qualitative studies that specifically explored the lived experiences of licensed counselors who had been sanctioned by their state regulatory licensing board (Coy, et., 2016; Warren & Douglas, 2012). In addition to the qualitative studies, three analysis studies were conducted on the topic of sanctioning patterns in the work of licensed clinical social workers and certified rehabilitation counselors (Boland-Prom, 2009; Boland-Prom et al., 2015; & Hartley & Cartwright, 2015). One other study, a counselor liability claims analysis report, provided by the liability insurance companies CNA Financial Corporation (CNA) and Healthcare Professionals Service Organization (CNA & HPSO; 2019), support the data in those earlier three studies.

Given the findings of the few past research studies on the topic of lived experiences of sanctioned mental health clinicians and sanctioning patterns of licensed clinical social workers and certified rehabilitation counselors, this researcher was curious to understand how sanctioned clinicians, who had spent a great deal of time to go through the education and training to become licensed clinicians, find themselves in an ethical place that endangers their license to practice. Therefore, the purpose of this study was to explore and describe two types of experiences: (a) the teaching experiences of counselor educator faculty instilling professional ethical development in their counseling students through their master's level ethics course; and (b) the learning experiences of practicing licensed mental health clinicians, and practicing or non-practicing sanctioned licensed

mental health clinicians who formed and instilled an ethical professional identity within their master's level ethics course.

Despite the many inputs of ethical training in the development of a clinician's ethical identity, ethical violations still exist. The presentation of ethical violations listed by individual state regulatory boards within the southeast region of the ACA, and deep learning principles and the rationale for utilizing them in teaching ethics in master's level counseling courses, were fully examined and presented in the literature review. The research questions asked, and the participants' answers presented in this study were intended to discover what role the pedagogical approach in the teaching/learning experience of a master's level counseling ethics course. This chapter provides a description of the qualitative research project to include the following: (a) Survey Questions, (b) Subjects, (c) Instrumentation, (d) Process, (e) Methodological Assumptions, and (f) Data Processing and Analysis.

Results Presented by Interview Questions

The data was gathered from four counselor educator faculty, three practicing licensed mental health providers, and one non-practicing or practicing sanctioned mental health provider. The name and location of each research participant's identity is confidential; therefore, to preserve anonymity, the participants' names are reflected by abbreviated initials followed by a number. The counselor educator faculty were queried regarding their pedagogical approach in teaching master level ethics education to counseling students. The practicing licensed mental health providers as well as non-practicing or practicing sanctioned mental health provider, were queried regarding the

pedagogical approach of his/her ethics course during their master's level counseling program of study.

Obtaining Sanctioned Non-Practicing or Practicing Licensed Mental Health Professionals

Obtaining the appropriate number of sanctioned non-practicing or practicing licensed mental health professionals to participate in this type of study proved difficult. The search for sanctioned counselors took place by obtaining names from the various state licensing boards within the Southern Region of the ACA. Not all of the states readily provided the names of those individuals, and the states that did only provided the name and the statute or ethical infraction. Once an individual's name was located, a search for contact information (i.e., phone and/or email) began by way of the internet. Contact information that was located often was erroneous or outdated. A website with a paid subscription, Spokeo, was utilized to assist with the search for sanctioned individuals. When an individual was found and contact made, an informed consent was sent. Many responded indicating their desire to participate yet failed to follow through with returning the consent form despite follow-up communications. Approximately 75 potential sanctioned participants were contacted either by phone, email, or both. The prospective participants were told of the value of their input and were assured confidentiality and anonymity. Additionally, an offer of a $15.00 gift card for their participation was included as an incentive. However, none of those motivators were sufficient to garner the desired five non-practicing or practicing licensed but sanctioned mental health provider participants for this study.

Though direct contact with the authors of the two phenomenological studies (Coy et al., 2016; Warren & Douglas, 2012), challenges to obtaining sample participants in their foundational research were uncovered. Communication was initiated due to the difficulty in obtaining 10 or more sanctioned clinicians for an initial qualitative study on the topic of the sanctioning experiences of licensed mental health clinicians during the timeframe of 2018-2019.

The first contact was made with Dr. Warren. She knew the participant obtained for her study and had already established a relationship (J. Warren, personal communication, October 18, 2018). The second contact was made with Dr. Coy. He discussed his strong feeling that offering compensation for each participant's time was essential to gaining at least 10 of them. He stated if they were going to use approximately an hour of the participant's time then compensation should equal a "therapy hour" out of their schedule. Dr. Coy noted the comparable time compensation was $100.00. With that level of compensation provided, he stated there was no difficulty in obtaining the sample needed for his study (J. Coy, personal communication, October 19, 2018).

Those approaches created limitations and delimitations to both those research studies. While that may be the case, the results of both studies provided useful information on the topic of the professional and personal effects of sanctioning on clinicians. In the case of this study, the choice was made to provide an incentive of an offer of a "gift card," rather than "purchasing' prospective participants' time. The gift card was offered to all participants in each participant group in this study.

Each participant group in this study was chosen to explore the experience of counselor educator faculty teaching a master's level ethics course, the experience of practicing mental health provider's learning experience within their master's level ethics course, and finally the experience of practicing/non-practicing but sanctioned mental health providers' experience of their master's level ethics course. Through these experiences, the intention was to discover what piece of the counselor's master's ethics course may have affected the trajectory of a counselor finding him/herself either avoiding or being a participant in a sanctioning event. Each participant group, counselor educator faculty, practicing licensing mental health providers, and practicing or non-practicing but sanctioned mental health providers presented their experiences in teaching a master's level ethics course, or experiences learning within their master's level ethic course. All participants were provided the definitions relevant to the concept of deep learning, based on the following definitions:

Active Learning: Students must activate other skills of learning other than just listening. Their engagement in learning must also include reading, writing, discussing, or solving problems. Bonwell and Eison (1991) noted active involvement in learning includes "students engag[ing] in such higher-order thinking tasks as analysis, synthesis, and evaluation. Within this context, strategies promoting active learning are proposed to be defined as instructional activities involving students in doing things and thinking about what they are doing" (p. 2).

Blooms Taxonomy: Bloom's learning classification is categorized into three domains: cognitive, affective, and psychomotor. According to Bloom et al. (1956) "the cognitive domain … includes those objectives which deal with the recall or recognition

of knowledge and development of intellectual abilities and skills" (p.7). On the other hand, in the affective domain, "the objective is to tune the teaching approach toward the learner's emotions … to touch the learner's heart to impact his or her learning" (Weigel & Bonica, 2014, p. 22). Lastly, the third domain is 'the manipulative or motor-skill area" (Bloom et al., 1956, p. 7).

Neuroscience of Learning: Watagodakumbura (2017) explained

> Educational neuroscience is a field that has attracted the interest of educational professionals more elaborately in the past. It provides us with some useful knowledge about the human brain and how the structures of the brain help human beings in learning. In fact, when we refer to the term "learning," from the perspective of neuroscience, it is essentially about building neural networks of knowledge. Consequently, by making use of the emerging notions and principles of educational neuroscience, educators can improve their pedagogical practices immensely so that enhanced learning towards higher levels of human development can be achieved. (p. 54)

Counselor Educator Faculty

The data collected from the counselor educator faculty centered on the following interview questions: (a) Describe your experience with teaching a master's level ethics course, specifically the teaching methods you have used in instilling an ethical professional identity with your students? (b) Using the definitions (Active Learning, Blooms Taxonomy, and Neuroscience), describe how you have incorporated any one, or any part of one or all of the learning principles in your ethic's course. (c) If you used any one, or any part of one or all of the learning principles defined (Active Learning,

Blooms Taxonomy, and Neuroscience), please describe any observation you noticed in your students' learning responses when you incorporated them in your course curriculum. (d) In your experience of teaching an ethics course, what could have been a factor in a student's inability to embody adherence to the ethical code or the ethical treatment of his/her client(s)?

Question 1: Description of teaching methods. Each of the four-counselor educator faculty described using active learning and/or the affective domain of Blooms Taxonomy in their teaching methodology. No mention was made of the neuroscience of learning. To synthesize the learning material Counselor Educator Faculty 1 (CEF1) described how they used the ACA Code of ethics.

CEF1 noted:

> I have them … read each code and then come up with a catch phrase that encapsulates the particular code. For instance, code A.9.a Screening Clients says, 'Screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience'. One student used … the catchphrase: 'Stick to the meaning of the screening.'

Another Counselor Educator (CEF2) noted:

> I strive to create as much active learning in my classroom as possible. I include journaling, role-plays, discussion (both large and small group), and case studies. It is very important to me that, both in class and in any assignments, students are actually able to articulate and apply the concepts they are learning.

CEF2 expressed the importance and how "imperative" it is "that students take in information, make it their own, and then be able to apply it to clinical situations."

The third Counselor Educator (CEF3) described their experiencing in teaching "various teaching methods to help facilitate ethical reflection in my students." CEF3 noted using:

> Lecture, small and large group discussion, course assignment, experiential exercise, and case studies. In constructing my syllabus and assignments, I try to focus on fostering ethical reflection and competency in my students through three main course assignments … [to include]
>
> 1. Interviewing a licensed mental health counselor who is independently licensed to practice. The students are given guided questions to help structure the interview. Included in the interview are questions about the type of ethical issues the professional counselor faces in their work with clients and students.
> 2. Ethical Case Analysis. For this assignment students are all given a fictional case study involving an ethical dilemma. The students are required to then select an Ethical Decision-Making Model (EDM) and apply each step of the EDM to the case study. On the first day of class, I give students a handout of traditional Ethical Decision-Making models. I also given them a copy of a [personally developed] Relational Ethical Decision-Making Model that was published in my ethics textbook. Students may choose whichever model they prefer, and they can even incorporate steps from more than one model into their analysis papers. The Ethical Case Analysis paper also includes a

multicultural component and how culture and diversity impacts context and ethical decision making.

3. Complete an Informed Consent Form. For the purpose of this assignment, I have them create the form and they are permitted to use fictitious credentials and assume that they have graduated with their master's degree in mental health counseling. Usually the Informed Consent Form is no longer than 3-4 pages and includes items such as: confidentiality, use of social media/technology, informed consent, professional education and training, theoretical orientation, record keeping, just to name some examples.

CEF3 noted additional activities to include:

various case studies that we use and discuss in both large groups and small groups during the semester. I also do an in-class exercise to teach the core ethical principles: autonomy, beneficence, nonmaleficence, veracity, justice, and fidelity. I have each of the ethical principles printed individually on a slip of paper. Students are put into small groups and as a team, they have to put the ethical principles in order from most important (at the top), to the least important (at the bottom). In reality, all the ethical principles are important, but this forced choice exercise helps develop their critical thinking skills and debate/discuss with their peers why each of the ethical principles plays a role in ethical decision-making.

CEF4 noted:

My experience teaching ethics at the master's level might be different than others as I teach primarily through distance education classes. At first it was difficult to instill that ethical professional identify when I cannot see the student

sitting across from me, so my problem has been how do I role model that, assess their sense of identity development through self- awareness and then build on their confidence. I have found that for the ethics course, I need to start off building a relationship early on so that they can trust me enough to be able to take risks. What I mean is that there is often no black or white answer in ethics, and some want to just buy the textbook answer to the multiple-choice questions and move on. But to get a good grade in my ethics courses, and to fully develop an ethical identify, the student needs to reflect and respond where they are at on things…and sometimes that doesn't go along with what I say, or what a classmate says. I need to be able to build their confidence soon enough in the term for them to trust the legality of ethics AND to explore all angles of a situation (which might go against my view as the professor but warrants a discussion on outcome). Whereas for other counseling courses I have taught (internship, professional counseling, school counseling, etc.) role modeling the therapeutic relationship is just as important with the students, but I do it in a different manner.

In order to further develop my students' ethical identify, my teaching methods include using social media (following state guidelines and advocacy work), movie clips (13 reasons why, etc.), discussion forums, live lectures, Zoom ™discussions through special guests (approved by university, includes School Resource Officer and veteran counselor), short essay questions, a no fail jurisprudence exam, power point presentations, encouragement through assessment (including data-driven curriculum based on if they are getting the

information or not weekly), and reflection, reflection, reflection. Oh, and I have found if I put out a detailed explanation of upcoming assignment and expectations, students feel more confident in their identity as they know what is expected of them daily and may be more "apt to coloring outside the lines" as I like to tell them.

Question 2: Describe how you incorporate any one, or any part of one, or all of the learning principles in your ethics course. CE1 noted incorporating "active learning" through the use of "the catchphrase exercise.

CE2 noted:

Especially in an ethics course it is so vital to engage both students' cognitive AND affective reactions to the material. Ethical decision making involves fully understanding and harnessing the power of both your head and your heart. Using active learning such as case study discussions, journals, and role-plays can facilitate student self-awareness and help them wrestle with both the challenging cognitive and affective aspects of the field of applied ethics. I also find it important to have students viscerally practice how they might ask questions, write an informed consent, or process making a report regarding safety. Having them "go through the motions" of this process helps them take ownership of and apply the content in their own unique style. It also reduces anxiety around having to perform a high-stakes clinical action.

CE3 noted:

I incorporate both active learning in my ethics course, as well as aspects of Bloom's Taxonomy. My teaching philosophy is constructivism, so I also used students' own lived experiences as teaching tools in my ethics course. For example, some students may share their own experiences in therapy and counseling and how their therapist/counselor engages in ethical practice. Students may share how their counselor discussed confidentiality with them as clients and how that compares to what we discuss in class. Sometimes, students realize their counselors or therapists may not have always practiced aspirational ethics and students critically examine potential mistakes that their counselors may have made, or ways they identified that their counselors in fact acted ethically and reflectively. Reading, writing, and discussing are critical components of my ethics course. Certainly, students read the textbooks and articles and bring questions to each class. They also read the ACA Code of Ethics (2014) and utilize ethical decision-making models. Students also write not only their major course assignments (papers), but also take notes each week. I also utilize a teaching tool called The One Minute Paper. While I don't use it every week in order for students not to become bored with the exercise, I use it often in the course at the very last few minutes of class. The One Minute Paper has three components: (a) What is one thing you took away from today's class? (b) What is one way your brain is hurting about ethics or one question that you still have about ethics? And (c) Any feedback for me about the course. These papers are anonymous, and I then bring some of the questions and feedback up into next week's class. A major learning component in the ethics course is through discussion. Students discuss in

both large groups and small groups. I try to mix students up throughout the semester, so they are not just talking to their neighbor sitting next to them. Students also learn that studying and reflecting on ethics means embracing the gray. On the first day of class I give each student a small piece of ribbon. The ribbon has one black stripe, one white stripe, and one gray stripe. I ask the students on that first day what the ribbon has to do with ethics class. Eventually, a student will share that ethics is not about black and white, but about embracing the gray and that is exactly the point of me passing out the ribbons. I encourage them to use it as a visual reminder of what I want them to take away from my ethics course.

CEF4 noted:

ACTIVE LEARNING, I feel like students, specifically for ethics, need to process through all active levels of learning. Including the ability to respond in self-reflection, whether that is through a discussion, response to a short essay test question, or a podcast on the most updated state guidelines (which I usually just have them take notes on, and then reflect what new things they learned, not high on Bloom's taxonomy until the ethical dilemma case project due at the end of the term). I have found that some students entering ethics just want to please me by answering all the questions correctly or doing all their assignments, but ethics is not that way and there might not be one right answer given an ethical dilemma.

Bloom's Taxonomy: I use the higher level of Bloom's taxonomy for the 3 short essay questions at the end of the students midterm and final exams (after the 35

multiple choice questions). I purposefully ask them basic lower level questions for the beginning of the term, and then for the Ethical Case Studies Project at the end of the term, they are required to choose 10 ethical dilemmas situations (out of 25) and determine multiple factors all using judgement and synthesis levels.

Question 3: Observations of student's learning responses. CE1 noted:

Ethics can be a pretty dry area to teach but using the catchphrase exercise generated excitement and enjoyment in the students and we have a lot of fun as students share their phrases. And they are definitely gaining a deeper understanding of the codes as well as being motivated to read the code of ethics.

CE2 noted:

Students take more ownership of the material when asked to engage with it verbally, in-writing, and or in a role play. Students have reported in their evaluations that this forced self-reflection and engagement enhanced their learning of the content. Students typically perform well in my ethics course.

CE3 noted:

Regarding Bloom's taxonomy, specifically cognitive and affective domains, I see this evidenced in student's ethical case analysis papers. Oftentimes, after students get their graded papers back, we will discuss the ethical dilemma and what decision they made about the scenario. The case scenario typically involves a client who is a Native American woman and local artist who gifts her counselor a necklace she made. At her art shows, she sells that type of necklace for about $150, but gifts it to her counselor for all the support the counselor has provided her after her divorce and through her struggles with depression. In the case

scenario, students learn that the client explains to the counselor the spiritual significance of why she chose certain beads for the necklace. Using an ethical decision-making model, students have to go through each step and figure out whether or not they will keep or decline the gift of the necklace. Students often comment that when first presented with the fictitious dilemma, they initially made a decision from an affective domain, however, using an ethical decision-making model helped ground them in the cognitive domain, weighing each step and consulting the code of ethics and consulting with a supervisor. Some students even admit that their final decision about what to do was very different than their initial reaction to the dilemma and how they thought they would respond. So, in this assignment, students grapple with balancing both the cognitive and affective learning domains.

CEF4 noted:

Over the years, I have added course content to my ethics class that involved multiple outlets and have found better scores across the board on their ethics dilemma case project. Initially it was like I had to pull out the ethical development and self-awareness in them, but with weekly feedback, more higher-level discussions, multiple technology (including YouTube video content, podcasts, etc.). Overall super positive!

Question 4: Factors in student's inability to embody adherence to ethical code or treatment of his/her client(s). CE1 noted:

A couple of things come to mind. First, some students do not spend enough time really studying what the code of ethics involves and consequently do not fully

understand the code well enough and make errors due to lack of knowledge or lack of understanding. The second thing that comes to mind is taking shortcuts. I also use a variety of case studies to help the students use their critical thinking skills and once in a while they will try to complete the exercise quickly, and rather than searching through the Code of Ethics for every code that is applicable, they will find one or two and leave it at that. However, sometimes there are nuances in the code that may affect your perception of the problem and these need to be studied as well.

CE2 noted:

For me this most often comes down to personality and/or interpersonal issues, and often there are clear read flags about a student's inability to be cognitively flexible and/or manage their emotions appropriately. Cognitive flexibility, distress tolerance, and emotion management skills are central to effectively apply bracketing concepts and avoiding values impositions and boundary crossings. Most often, it is not that students do not understand the information, it is that they lack the self- awareness, cognitive flexibility, and/or emotional management skills to apply the information correctly.

CE3 noted:

Some students do struggle with the ethics class, because they approach ethics as a set of rules to follow so that you don't get in trouble. Throughout the course, I see students struggle with this notion. They learn that following and adhering to a code of ethics is more than just following the rules, it is about forming a way of

thinking and reflecting using an ethical lens. Over time, they focus less on rigid rules and more about embracing the gray and ambiguity that often comes with ethical decision-making. Most students do become more nimble at recognizing that culture and context often have an impact on ethical decisions counselors make. Students also especially struggle with value-based conflicts between themselves and future clients. For example, in class I pose a dilemma of a couple coming in for counseling. The male in the relationship is conservative and believes in the male being the head of the household. His wife also adheres to the notion of her husband being head of the household. In the scenario, we discuss from a feminist ethical lens it may be challenging to work with a client coming from a patriarchal perspective, but we then refer back to the ACA Code of Ethics which states that counselors do not impose their own values onto clients of the therapeutic relationship. In the class I try to teach students how to honor their personal values without imposing them onto clients. Some struggle with this but overall, by the end of the course, students understand why this is important. We also examine this through the Ward v. Wilbanks case which involves a counseling student who was terminated from her program for refusing to work with a gay client.

CEF4 noted:

I have found that students mostly want to figure out what they need to get an A, and some just don't understand in ethics you can't force your way with extra credit to the correct answer. It's something that sure you need to study the ACA and ASCA ethical guidelines, state/federal laws and regulations and know them,

but also be able to self-reflect on where they are as a student, counselor and a graduate. The students that don't listen or respond to my feedback in their initial coursework, don't communicate with me as a professional and their professor, and don't elaborate on their thoughts throughout the term … don't find their way towards the embodiment of a true ethical identity. They may pass my class, know the laws, but aren't reflective enough to truly grasp the importance of ethical justice. I often will make minor reservations notes in gatekeeping records for the university or address it with the student (which if I don't see the ethical development over the term it won't be the first time, I may have addressed it before). Often I have found it may reflect on where the student is in the process of their master's journey. For example, if a student hasn't taken the theoretical foundations course, they might have more difficulty with that piece of self-awareness. Or someone who is just beginning doesn't understand that development of a counselor takes time, self-reflection, practice and not just answering multiple choice questions.

Practicing Licensed Mental Health Provider

The data collected about the practicing licensed mental health provider (PLMHP) centered on the following survey questions:

1. What was your minimum grade for your ethics course?
2. If your grade was below an "A," what changes in the learning approach would you suggest that may have helped you achieve a higher grade?
3. Using the definitions provided above, what, if any, learning principles were used in your ethics course? Please provide examples you can think of.

4. What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e. group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate.
5. What part of your ethics course impacted you the most in the development of your ethical identity as a licensed professional? Please elaborate.
6. Does your state licensing regulatory board require additional ethics training? If yes, please elaborate. If no, please explain what your state licensing regulatory board requires to ensure ethical compliance.

Question 1: What was your minimum grade for your ethics course? All three PLMHP's noted they received a letter grade of "A" for their Master's level ethics course. However, PLMHP2 noted the lowest grade she received on an assignment in the course was, she thought, "70."

Question 2: If your grade was below an "A," what changes in the learning approach would you suggest that may have helped you achieve a higher grade? This is was non-applicable for PLMHP1 and PLMHP3. However, PLMHP2 noted she had earned an overall "A" in the course "and was happy with the class so I wouldn't change anything."

Question 3: Using the definitions . . . what, if any, learning principles were used in your ethics course? Please provide examples you can think of. PLMHP1 noted:

> my ethics course occurred approximately 30 years ago. She indicated she remembered mostly that "active learning" was incorporated in her learning experience.

PLMHP2 noted:

I would say everything except psychomotor was used unless that includes us getting together to discuss ethical issues during class time. We would spend time debating things and talking about different perspectives along with there are some situations in which there really is no cut and dry answer that works every time.

PLMHP3 noted:

my ethics course occurred approximately 40 years ago. She indicated she could only remember activities such as "reading, class discussion, and case studies."

Question 4: What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e., group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate. PLMHP1 noted:

Group discussion, problem solving, case examples and hypothetical scenarios often comparing/contrasting Legal and Ethical concerns.

PLMHP2 noted:

Group discussions, problem solving, and approved counselor stories were all used. I cannot remember exact examples at the moment but all three of those were used.

PLMHP3 noted:

Group discussion, problem solving, role play, case studies, and examples from the students and professors.

Question 5: What part of your ethics course impacted you the most in the development of your ethical identity as a licensed professional? Please elaborate. PLMHP1 noted:

> Understanding KY Law and where there is and is not "wiggle room" to incorporate Ethical decisions sometimes decided upon utilizing my own values and morals. For example, my belief is that ultimately, I am the one who has to lie down at night with the decision and actions I made. I refuse to be afraid to do what I believe is right and best for the client. However, with that said, I fully recognize the importance of keeping malpractice insurance.

PLMHP2 noted:

> Probably learning to accept that there isn't always a cut and dry 'right' ethical answer, sometimes the answer truly is 'it depends.'

PLMHP3 noted:

> I felt the case studies and actual situations describing real life dilemmas that would challenge obvious/clear cut solutions.

Question 6: Does your state licensing regulatory board require additional ethics training? If yes, please elaborate. If no, please explain what your state licensing regulatory board requires to ensure ethical compliance. PLMHP1 noted:

> Yes. Kentucky Marriage and Family Licensure Board requires Ethics training for initial licensure and at least 3 hours annually of continuing education for licensure renewal.

PLMHP2 noted:

> No. My state board does not require continuing education on ethics.

Being curious, the state's requirements were researched. In reality, there are annual requirements. According to this PLMHP's licensing board, they require ten (10) clock hours of education during each calendar year with three (3) clock hours of the two (2) clock hour requirement shall pertain to the following subjects: (i) professional ethics, and/or (ii) "State" Code … Official Compilation, Rules and Regulations of the "State."

PLMHP3 noted

Yes. My licensing board requires 6 hours of Ethics training yearly.

Non-Practicing or Practicing Licensed Mental Health Provider but Sanctioned

The data collected about the non-practicing or practicing licensed mental health provider (NPLMHP) but sanctioned centered on the following interview questions:

1. What was your minimum grade for your ethics course?
2. If your grade was below an "A," what changes in the learning approach would you suggest that may have helped you achieve a higher grade?
3. Using the definitions provided above, what, if any, learning principles were used in your ethics course? Please provide examples you can think of.
4. What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e., group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate.
5. What part of your ethics course impacted you the most in the development of your ethical identity as a licensed professional? Please elaborate.
6. Do you believe your ethics training was adequate? Please elaborate.
7. Does your state licensing regulatory board require additional ethics training? If yes, please elaborate. If no, please explain what your state licensing regulatory

board requires to ensure ethical compliance.

8. What are your thoughts regarding your ethical violation – at what point did you fall short? Please elaborate.

Question 1: What was your minimum grade for your ethics course? NP/PLMHP1 reported receiving a minimum grade of "A.

Question 2: If your grade was below an "A," what changes in the learning approach would you suggest that may have helped you achieve a higher grade? NP/PLMHP1 this question was left blank as it was inapplicable.

Question 3: Using the definitions . . . what, if any, learning principles were used in your ethics course? Please provide examples you can think of. What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e., group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate. NP/PLMHP1 noted:

> All principles mentioned about were utilized in my ethics course. Bloom['s sic] Taxonomy, Neuroscience, and active knowledge. We were required to make fact sheets about important concepts in Ethics, for example HIPAA, Competency and Informed Consent. A requirement of the course was to provide case law to synthesize the applications of law as a result from the Belmont Report, Mandatory Reporting, and the use of human subjects in research. That approach led students to utilize all domains of Bloom's taxonomy and active learning. Synthesizing and summarizing information to provide fact sheets about HIPAA, Competency requirements, and Informed consent were discussed with real life situations encountered by the students in their practice. The ACA Code of Ethics served to

guide how students would apply ethical principles in accordance with state and federal laws.

Question 4: What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e., group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate. NP/PLMHP1 noted:

> I completed my master's program in 2008. From what I recall, case studies were utilized to apply the principles in the ACA Code of Ethics and case law that set federal precedents in counseling were discussed.

Question 5: What part of your ethics course impacted you the most in the development of your ethical identity as a licensed professional? Please elaborate. NP/PLMHP1 noted:

> Learning about the ACA Code of Ethics, applications, relevant stated laws in which the counselor is licensed, and federal law all impacted me. The most important takeaway from my Ethics courses is the importance of case consultation and supervision to constantly monitor oneself, through self-awareness, and ability to act in accordance with the course of action that other counselors would take, give the same situation. I feel that consulting with multiple colleagues in situations where ethical standards are unclear, or gray is the most helpful.

Question 6: Do you believe our ethics training was adequate? Please elaborate. NP/PLMHP1 noted:

I believe my ethics training in my Ph.D. program was adequate. I believe that in my master's program, the main focus on case studies and the ACA Code of Ethics did not promote application to the ambiguity often encountered in the field.

Question 7: Does your state licensing regulatory board require additional ethics training? If no, please explain what your state licensing regulatory board requires to ensure ethical compliance. NP/PLMHP1 noted indicated "No." The participant further explained:

I find that the state regulatory board is reactive to ensure compliance rather than proactive. The board investigates complaints and issues settlements or decrees to keep a license after a violation has occurred but does very little to promote ongoing education regarding ethical considerations in counseling.

Question 8: What are your thoughts regarding your ethical violation – at what point did you fall short? Please elaborate. NP/PLMHP1 noted:

My ethical violations were as follows: The respondent violated KRS 335.540(1)(a) and KRS 335.540 (1)(h) by violating 21 U.S.C. 841(a)(1) and 21 U.S.C. 846 by engaging in a dishonest or corrupt act by being convicted of conspiring with others to distribute heroin.

KRS 335.540 Standards of conduct -- Disciplinary sanctions -- Reinstatement. (1) The board may refuse to issue a credential, or may suspend, revoke, impose probationary conditions upon, impose an administrative fine, or issue a written reprimand or admonishment if the credential holder has: (a) Committed a dishonest or corrupt act, if in accordance with KRS Chapter 335B. If the act is a crime, conviction in a criminal proceeding shall not be a condition precedent to

disciplinary action. Upon conviction of the crime, the judgment and sentence are presumptive evidence at the ensuing disciplinary hearing of the guilt of the credential holder or applicant. Conviction includes all instances in which a plea of no contest is the basis of the conviction; (b) Misrepresented or concealed a material fact in obtaining or reinstating a credential; (c) Committed any unfair, false, misleading, or deceptive act or practice; (d) Been incompetent or negligent in the activities he has undertaken within his or her practice; (e) Violated any state statute or administrative regulation promulgated pursuant to KRS 335.500 to 335.599; (f) Failed to comply with an order issued by the board or an assurance of voluntary compliance; (g) Violated the code of ethics; or (h) Violated any applicable provisions of federal or state law, if in accordance with KRS Chapter 335B.

I fell short due to being addicted to heroin and suffering from mental health concerns. I feel that at that point in my life, struggling with depression, anxiety, and addiction, I failed to take into consideration the consequences of my actions and how they affected the well-being of myself, my family and children, and my clients. I began my practice as an LPCA in 7/2012. At this time, I had attempted sobriety but did have several relapses. I did not successfully recover until 1/1/2013.

My addiction to opiates and heroin began after my graduate school program (2008), in late 2010. I had chosen not to pursue a career as a counselor in 2008 due to an unhealthy marriage and suffering from depression and anxiety. The divorce from my husband was final in 4/2009 and this led to a period of

worsening depression and adjustment concerns. I lost my job around the same time the divorce was finalized and gained employment as an Activity Director in a nursing home as I did not feel I was emotionally prepared to become a counselor. After 12 months in this position, I was promoted to the Administrator of the Nursing Home. I started using prescription opiates to self-medicate somewhere between October - December of 2010. I lost employment in 12/2011 due to my addiction to opiate pain pills, which escalated to a heroin addiction. I attempted to recover and suffered many relapses from 03/2012 through 01/2013, although I was recovering through the use of suboxone during this time.

I believe the lack of personal counseling to address trauma was the key failure on my part with my struggles. The lack of attention to my well-being and self-care was a significant factor in my struggles with addiction. Perhaps the failure was not in lack of adequate knowledge of Ethics but more of a lack of a requirement for treating my mental health concerns during my master's program (gatekeeping) and the divorce. I have experienced many traumas throughout my life that were unresolved. The Master's program that I attended spoke little of self-care practices and did not require personal counseling for students. I view my ethical violations as more of a lack of self-care, the participation in personal counseling to resolve personal trauma and promote coping skills, life-stressors, and lack of gatekeeping the primary concerns leading to my ethical violations. The lack of adherence to ethical standards was secondary to the core issue of not addressing my mental health concerns and lack of healthy coping strategies and boundaries in my personal life. I feel that my mental instability prevented me from engaging in

healthy decision making/adherence to ethical standards and lack of professional identity as a counselor. My addiction and mental health concerns impaired my judgement and insight.

Summary of Data Analysis

Theme of Synthesis through Active Learning

All four of the Counselor Educator Faculty noted their desire to incorporate a deeper learning of an ethical identity and, therefore, utilized methods of active learning such as discussion, role, play, written assignments. Each educator indicated that students often wanted to rush through the assignment for the "grade." The course "grade" is an important point to note, as the letter grade of "A" does not ensure the counseling student has internalized or embodied the ability to "ethically" practice as a counselor.

When reviewing the data of the three LPMHC, each one reported active learning type activities were a part of their ethics course. To really grasp the depth of the codes, requires students to take their time and reflect not only how the codes apply to a given ethical situation, but also how internally the ethical situation affects them personally. For example, what feelings, thoughts, and reactions are the counselor aware of as they are faced with ethical dilemmas.

Theme of Synthesis Through Bloom's Taxonomy

All four of the Counselor Educator Faculty noted their attempt to engage students' affective and cognitive domain as identified in Bloom's Taxonomy. Those activities varied among Counselor Educator Faculty.

The unsanctioned LPMHC's appeared unable to identify principles of Bloom's Taxonomy in their master's level ethics course, but were clearly able to readily identify

principles of active learning such as “debating things and talking about different perspectives along with there are some situations in which there really is no cut and dry answer that works every time” (PLMHP2), or “reading, class discussion, and case studies. However, the sanctioned NP/LPMHP1 noted an in-depth account of learning activities that incorporated Active Learning, Blooms Taxonomy, and Neuroscience. She indicated

> We were required to make fact sheets about important concepts in Ethics, for example HIPAA, Competency and Informed Consent, A requirement of the course was to provide case law to synthesize the applications of law as a result from the Belmont Report, Mandatory Reporting, and the use of Human subjects in research. This required students to all domains of Blooms Taxonomy and Active Learning. Synthesizing and summarizing information to provide fact sheets about HIPAA, Competency requirements, and Informed Consent were discussed with real life situations encountered by the students in their practice. The ACA Code of Ethics served to guide how students would apply ethical principles in accordance with state and federal laws.

Two counselors indicated their ethics class was 30-40 years ago. One counselor reported her master’s level ethics course occurred in approximately 2012, and the non-practicing or practicing but sanctioned mental health provider stated her master’s level ethics course occurred in 2008.

Theme of Need for Deeper Understanding of the Codes

There appeared to be an overarching desire for Counselor Educators to facilitate a deeper understanding of ethics to assist students with a foundational development of an ethical identity. For example, several Counselor Educator Faculty noted that students:

1. Seemed to spend insufficient time on the assignments
2. Seemed to lack a full understanding of the code
3. Appeared to take shortcuts to quickly complete those assignments, rather than searching through the code of ethics for every code that might be applicable

Theme of Excellent Grades

Themes of grades for ethics course: Each counselor recorded their highest score as an A. These participants recorded A's but were unable to identify specific activities that highlighted the development of their ethical identity.

Theme of Learning More Than Ethical Codes

Great insight is gleaned from NP/PLMHP1's disciplinary experience. NP/PLMHP1 noted clearly all the components of Active Learning, Blooms Taxonomy, and Neuroscience of Learning activities were integrated in their ethics course. What this participant noted was key in ethical sensitivity and integration as a counseling professional, regarding case consultation and supervision. The essence of ethical development must be a heightened self-awareness. NP/PLMHP1 reported her experiences that led to her addiction. She noted with keen self-awareness how her addiction and mental health concerns impacted her ability to consider the consequences of her actions. The participant noted the key components lacking in strengthening her ethical decision making were: "lack of personal counseling to address trauma", "the lack

of my well-being and self-care," and "lack of a requirement for treating my mental health concerns during my Master's program (gatekeeping) and the divorce."

Another finding is on the topic of how the state regulatory boards receives, investigates, and handles reports of ethical violations. NP/PLMHP1 noted experiencing the "regulatory board as reactive to ensure compliance rather than proactive." The participant discussed that during this downward spiral of addiction, depression and anxiety, the ability to act ethically and professionally was clouded. This specific area of self-awareness was also mentioned by CEF4 and NP/PLMHP1.

Summary

The data analysis clearly illustrates how each participant group responded to the survey questions. Their answers flesh out the research questions:

1. What are the teaching experiences of Counselor Educators instilling counselor ethical identity in their master's level ethics courses?, and
2. What are the learning experiences of non-sanctioned and sanctioned licensed mental health professionals developing a counselor ethical identity in their master's level ethics course? The key findings in the study were separated into the following themes: synthesis through active learning activities, synthesis through Bloom's Taxonomy's cognitive and affective domains, the need for deeper learning of the codes, and the need for deeper awareness of the need for self-care, recognition of need for consultation, supervision, and personal counseling.

Those themes illustrate the complexity of teaching ethics, practicing ethically, and also illuminate how possibly incorporating neuroscience learning techniques may

increase a deeper level of synthesis and understanding which will be elaborated in Chapter Five. Furthermore, the final chapter will present a discussion of this qualitative research, the study's conclusions, implications for practice, and recommendations for further research.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Discussion

The purpose of this study was to provide an in-depth examination of the application of three deep learning principles (Active Learning; Bloom's Taxonomy; Neuroscience of Learning) in counselor education masters level ethics courses and instilling the foundation of the professional counselor's ethical development. The purpose was, that by asking the participant professionals about their experiences in teaching or learning the three deep learning principles of Active Learning, Bloom's Taxonomy, and/or Neuroscience of Learning, a greater understanding would be gleaned into the development of a counselor professional's ethical identity in his/her masters level ethics course. Then by utilizing the questionnaire format for generating interview data, a discovery might be made that deeper learning principles need to be incorporated in curriculum development to assist in forming a counselor's ethical identity, thereby contributing to the prevention of an ethical violation. Insight gained by integrating deep learning principles in ethics trainings may assist peers, newly licensed, and student counselors in increased ethical awareness.

Achieving a highly developed ethical awareness and the ability to act on that awareness will aid in the prevention of ethical blunders that harm the client and cost the clinician licensing board sanctions that may include reprimand, suspension, monetary fines, and/or loss of the privilege to practice counseling. In addition, and most importantly, the intent is to determine whether the learning approach utilized enhanced the embodiment of ethical codes and the practice of "do no harm" to the client. Insight gained from the study's results are intended to assist counselor educators with the

development of a curriculum aimed at addressing a pedagogy that integrates a higher level of learning infused with the principles of Active Learning, Bloom's Taxonomy and the Neuroscience of Learning

Literature is sparse in presenting qualitative research examining the lived experience of mental health clinicians (MHC) sanctioned by their state licensure regulatory board (Coy et al., 2016; Warren & Douglas, 2012). Expanding on the two research studies on that specific topic, this phenomenological study sought to include multiple clinicians from the disciplinary backgrounds of LPC, LMFT, and LCSW within the ACA Southern Region of the United States. Data from the respective licensing boards within the southern region showed clinicians were disciplined and sanctioned for a variety of reasons, from minor violations such as neglecting to obtain the required number of continuing education units (CEU's) to major violations of the law, such as sex with a client or going into business with a client.

To create an in-depth study of the teaching methods and learning experiences in a master's level ethics course, the plan was for data gathering and analysis through the format of a questionnaire to interview participants. Four counseling educator faculty, and three practicing licensed mental health providers were secured. When attempting to secure five potential sanctioned non-practicing/practicing mental health providers, 75 potential participants were emailed and phoned. Those efforts proved difficult and ineffective. At the end of the attempts to obtain the sanctioned participants, only one non-practicing or practicing but sanctioned licensed mental health provider agreed and committed to providing their experiences with teaching methods and learning. Through the participants' experience of the pedagogical approach in their masters level ethics

course and experiences learning in those courses, lessons can be learned and utilized in order to prevent other clinicians from experiencing the same, or a similar, fate.

The interview instrument was based on concepts derived from Active Learning, Bloom's Taxonomy, and Neuroscience of Learning. The questions were developed to elicit in-depth information regarding the Counselor Educator Faculty's pedagogical approach in teaching counseling students in a master's level ethics course, and the perceived experiences practicing licensed mental health providers and non-practicing or practicing sanctioned mental health providers had in their master's level ethics course.

An in-depth account of the participants' experiencing teaching and learning utilizing Active Learning, Bloom's Taxonomy, or Neuroscience of learning was presented. Analysis of the data discovered themes of synthesis through active learning, synthesis through Bloom's Taxonomy, the need for deeper understanding of the codes, excellent grades, and learning more than ethical codes. The themes illustrate the need for students to develop deeper learning and embodiment of being an ethical practitioner. Although the mental health provider's received A's, the counselor educator faculty participants indicate A's are not always indicative of ensuring a counseling student will become an ethical practitioner.

Conclusion

Given the challenges in obtaining faculty, non-sanctioned, and sanctioned counselors, a recommendation is made for researchers seeking participants for further research may experience success in obtaining participant sampling through increased compensation, as long as awareness of the limitations of paying for participation is acknowledged and mitigated.

Recommendations for Practice

The idea and motivation for this research was birthed as a result of having firsthand experience seeing unethical practice take place in the practice of a licensed mental health clinician. I witnessed the effect unethical conduct had on the client and the professional standing of the clinician in the community. For example, I once worked closely with a licensed clinician who continued to display inappropriate boundaries with male clients. I sought supervision, consulted peer supervision, and consulted with an attorney on the responsibility and course of action I needed to take after a client expressed his concern regarding what he perceived to be inappropriate boundaries. I was instructed to inform the client to contact the clinician's licensing board should he want to file a complaint. That client was hesitant to file a complaint because he did not want to harm the clinician. Unfortunately, the harm was to the client who was unsure of himself and whether what he was perceiving was right or wrong. That clinician eventually was reported to the licensing board and action taken toward the clinician's license is unknown.

Results of this study indicate the need to educate and prepare students and new clinicians that ethical violations do occur and sanctioning by one's licensing board will happen as a result of conduct in conflict with professional standards of the profession. Additionally, as sanctioning can and most likely result in mental, physical, and emotional distress, utilizing real life stories in educating on the topics of ethics could be meaningful. There are ways to assist students in learning to both mitigate licensing violations and manage themselves, in order to avoid ethical and/or legal issues.

By providing the experiences of counselor educator faculty teaching master level counseling students in an ethics course, and providing the learning experiences in masters level ethics courses of practicing licensed mental health providers as well as a non-practicing/practicing sanctioned licensed mental health provider, the intent of the study was to spur change in the way ethical courses are organized and presented. Corey et al., (2005) cited using multiple ways of teaching ethics such as reading, reflection papers, role-playing, and guest speakers. Warren, Zavaschi, Covello, & Zakaria (2012) noted "using creative teaching strategies in counselor education enhances deep learning" (p. 189). A learning strategy those authors utilized was requiring students "to express their knowledge acquisition and personal understanding of ethics through an ethics book mark activity" (p. 192). One way to transform the organization and presentation process is by providing real life experiences in the classroom as they may have a lasting impact on the heart and intellect of the future licensed clinician. For example, a powerful learning experience could be gleaned if an actual counselor who violated the profession's ethics were videoed. To maintain anonymity, voices can be masked, and faces can be masked. Actual circumstances, presented by those who committed the violations provide more powerful messages than animation or simulation can. My hope is that by understanding real life experiences of ethical misconduct and the consequences experienced by the licensed professionals' ethical blunders that harm the client and cost the clinician penalties may be prevented.

Study Online Versus in Person Ethics Course Outcomes

CEF4 indicated they teach primarily through distance learning. CEF4 stated, "Whereas for other counseling courses I have taught (internship, professional counseling,

school counseling, etc.) role modeling the therapeutic relationship is just as important with the students, but I do it in a different manner." Haddock, Cannon and Grey (2020) indicated "while social interaction is a routine part of face-to-face learning, the online environment requires intentional effort to promote interaction between learners and faculty" (p. 94). The question arises: How effective is an online master's level ethics course versus an in-person course if the faculty is unable to fully see their students? CEF4 noted, that although they are unable to "see" the student the problem was "how" to role model an ethical professional identity. The answer for this participant was to begin with "build[ing] a relationship early on so that they can trust me enough to be able to take risks." In CEF4's class there needed to be more "reflection and response" other than just "textbook answer(s) to multiple choice questions." This participant noted the inclusion of multiple methods of learning such as

> social media (following state guidelines and advocacy work), movie clips (13 Reasons Why, etc.), discussion forums, live lectures, Zoom discussions through special guests (approved by the university, includes School Resource Officer and veteran counselor), short essay questions, a no fail jurisprudence exam, power point presentation, encouragement through assessment (including data-driven curriculum based on if they are getting the information or not weekly), and reflection, reflection, reflection.

Corey et al., (2005) noted that activities such as "role playing, and dramatizing vignettes" increases student involvement (p. 195).

Use of Neuroscience of Learning Activities in the Classroom

Overall, Active Learning and Bloom's Taxonomy principles of learning were integral parts of the Counselor Educator Faculty's approach to learning. Practicing Licensed Mental Health Providers noted their recall of active learning approaches; however, little is said of what exactly those activities were or examples of what they were. The use of neuroscience activities was not mentioned by any of the participants. This leads to the question: Would Neuroscience learning based activities assist with deeper learning?

Amran, Rahman, Surat, and Bakar (2019) noted the complexity between neuroscience and education is worth seeking "comprehensive efforts … because result of this knowledge network is able to give great impact in improving more teaching and learning practices in the classroom" (p. 349). Embracing neuroscience in the educational process includes understanding the processes through which the brain learns. Watagodakumbura (2017) stated, "Educational neuroscience … provides us with some useful knowledge about the human brain and how the structures of the brain help human beings in learning" (p. 54). Amran et al. (2019) "believe that that the understanding of brain and mind is the key to help teachers and learners in improving learning process" (p. 345). For example, Watagodakumbura (2015) explained, "The brain begins learning as soon as it is placed in any novel environment. Simple novelty is enough to trigger attention and learning including significant evoked potentials that sweep through the entire cortex" (p. 195). Understanding how the process of the brain in learning can help create a "fun learning environment [to] boost up students' emotion to learn and change their negative perceptions of teacher's teaching style hence stimulate their performance memory" (p. 349).

A recommendation emanating from the findings of this study is that a neuroscience method of learning might include an assignment that would affect both the emotions and the heart of the counseling student. To internalize and embody ethical understanding cognitively and emotionally regarding the impact of an ethical violation, the student would be instructed to research the licensing board disciplinary action list and locate a disciplined counselor willing to be interviewed by the student or interview a licensing board investigator or board member. A reflection paper would be required, asking the student to incorporate the following elements: the ethical violation, sanction, the self-reflection by the sanctioned clinician, as well as the student's personal self-awareness of thoughts, feelings, and insights.

Another recommendation is to include an addition to the state regulatory licensing boards recommended sanctions. For example, a sanctioning disciplinary action may be that the individual(s) must volunteer for a video recording session to teach upcoming counselors. Again, anonymity would have to be guaranteed; however, words and emotions coming directly from the sanctioned individual would be powerful.

Self-Awareness and Reflection

CEF2 noted, "Most often, it is not that student fails to understand the information, it is that they lack the self-awareness, cognitive flexibility, and/or emotional management skills to apply the information correctly." Self-awareness is key in mitigating ethical misconduct. Although Active Learning and learning activities based on Bloom's Taxonomy were present in all the participants' classrooms, there were activities that specifically addressed self-awareness of student's personal issues or unresolved issues that may interfere with counselor/client boundaries. Ethical Decision Models were

discussed as tools to facilitate ethical decisions particular in “gray” areas. However, the need to address personal counseling was not addressed until NP/PLMHC1 noted how she believed a lack of awareness of her “core issue of not addressing my mental health concerns, lack of healthy coping strategies, and unhealthy boundaries in my personal life” are what led to break in ethical impairment as a counselor. According to Zapolsky (2020) European accrediting bodies for counselors require “students and faculty’s involvement in personal therapy ... CACREP does not recognize this aspect as a necessary element of counseling training” (p. 164). Interestingly, Zapolsky (2020) found that although CACREP has no current requirement for “personal therapy during training process” it was required in the past (p. 168). A key component to enhancing ethical practice may be ensuring that all graduate student counselors enter a period of counseling as a way to expand self-awareness, as well as gatekeeping in the profession.

Recommendations for Research

When reporting each ACA southern region state’s disciplinary data, what is clear by the long list is that ethical misconduct occurs. Unfortunately, the data utilized in this study only represented the ACA’s southern region, rather than all regions in the United States, which means there are many, many more clinicians who have been ethically disciplined. Four recommendations are presented in the hope of decreasing ethical misconduct in the counseling profession.

First, although this study sought to include a sample of five non-practicing or practicing licensed mental health providers but sanctioned, after many individuals stated they would, only one finally committed to participate. The recommendation of another qualitative study, with more participants, would either support or negate the sanctioned

provider's experience. That proposed study would also serve to provide experiences for use in ethics courses, or, perhaps even to use as the contents for an ethics course text.

Second, the experience in my graduate study ethics course was that the topic was well presented. However, examples of ethical situations were given through video case scenarios, utilizing actors to play the roles. I believe having "real life" accounts of ethical missteps and sanctioning experiences would have a lasting impact on a student's learning experience. We tend to learn from what has occurred, rather than from what hypothetically may occur. As a result, a recommendation is made for a quantitative study to be conducted measuring the efficacy of an ethics course providing "real life" accounts versus presenting simply ethical scenarios, whether animated or acted, and the effect each type of course had on student's future ethical practice as a licensed clinician.

Third, this study revealed that NP/PLMHP1 experienced a lack of self-awareness. She also noted she experienced a stressful time in her life and

> fell short due to being addicted to heroin and suffering from mental health concerns … struggling with depression, anxiety, and addiction, I failed to take into consideration the consequences of my actions … I believe the lack of personal counseling to address trauma was the key failure on my part with my struggles."

Poor self-care and lack of self-awareness were critical factors that appeared to be influential in the clinician falling into a situation that was identified as an ethical violation.

A future quantitative study identifying the corresponding factors leading to ethical violations such as addiction, mental health, trauma, poor boundaries, etc. may assist

clinicians' development and maintenance of self-awareness and the ability of a counselor to mitigate the types of ethical dilemmas that arise in day to day practice.

Finally, this study's findings regarding the difficulty experienced in the process of sanctioning correspond with the findings indicated by Warren and Douglas (2012) and Coy et al. (2016). NP/PLMHP1 indicated her "regulatory board is reactive to ensure compliance rather than proactive. The board investigates complaints and issues settlements or decrees to keep a license after a violation has occurred but does very little to promote ongoing education regarding ethical considerations in counseling." A future qualitative study examining the sanctioning process from a state licensing board member's perspective may yield solutions to improve the ways in which the process of sanctioning takes place with licensed clinicians.

Summary

Licensed mental health clinicians make errors in professional judgment; they are human, therefore, they make mistakes of thought, word, and deed. If sanctioned, licensed clinicians can be publicly reprimanded and face monetary costs and fees, licensure probation with stipulations, licensure suspension, and permanent licensure revocation.

Limited research has been conducted with the specific purpose of exploring and describing the teaching experience of counselor educator faculty utilizing Active Learning, Blooms Taxonomy, and Neuroscience of Learning in a master's level ethics course. This study sought to close the gap in the literature in learning the process that assists clinicians with the embodiment of ethical behavior within their master's level ethics course. By asking participant professionals about their experiences teaching or learning to instill an ethical identity, then analyzing the questionnaire interview data, a

discovery was made that, although experience with Active Learning and Blooms Taxonomy was reported, integrating neuroscience type learning activities in ethics courses may strengthen student counselors ethical formation and prevent them from committing ethical mistakes in their own professional lives.

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APPENDICES

APPENDIX A

Informed Consent

Appendix A

Informed Consent

Dear Prospective Participant:

My name is Tamara A. Tarver, a Licensed Marital and Family Therapist, and I am a doctoral student in the College of Counseling, Psychology and Social Sciences at National Louis University-Tampa, working on my dissertation. This study is a requirement to fulfill my degree and will not be used for decision-making by any organization. This study is for research purposes only.

You are cordially invited to volunteer your participation in my dissertation research. The purpose of this study is intended to focus on the pedagogical approach taken in the ethical training of counselor education students, and the relationship this training has on the foundation of their professional ethical development.

What Will Be Involved If You Participate?

Your participation in this study is completely voluntary. If you participate in this research, you will be asked to complete and/or participate in the following:

Data collection will take place by way of a survey questionnaire. Each question will be either a closed or open-ended question. If the question is closed ended, you will be asked to elaborate in detail your experience.

How Long Will This Study Take?

The research will be conducted between November 10, 2019 and January 10, 2020. You will be asked to participate during this timeframe.

What If You Change Your Mind About Participating?

You can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether to participate or to discontinue participating will not jeopardize your future relations with National Louis University - Tampa. You can do so without fear of penalty or negative consequences of any kind.

How Will Your Information Be Treated?

The information you provide for this research will be treated confidentially, and all data (written and recorded) will be kept securely. Written documentations will be stored in a locked file cabinet, accessible only by me, in my home. Recorded data and transcribed data will be stored on my personal password protected laptop, which is accessible only by me, then transferred to the locked cabinet after the research is completed. Results of the research will be reported as summary data only, and no individually identifiable information will be presented. In the event your information is quoted in the written results, I will use participant codes to maintain your confidentiality. All information obtained will be held with the strictest confidentiality.

You will be asked to refrain from placing your name or any other identifying information on any research form or protocols to further ensure confidentiality is maintained at all times. All recorded information will be stored securely for three years, as per National Louis University - Tampa requirements. At the end of the three years, all recorded data and other information will be deleted, and all written data will be shredded.

What Are the Benefits in This Study?

A benefit for your participation in the study is the contribution you provide with your experience. For the professional audience, the potential benefit of this research will

provide additional knowledge to the literature on the development of an effective pedagogical approach to an ethical training course. It is hoped your shared experience will assist other professionals in their ethical decision making.

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting Tamara A. Tarver at: Email: seviervillebh@gmail.com.

Additionally, should you have specific concerns or questions, you may contact the Dissertation Chair, Dr. Marguerite Chabau at National Louis University-Tampa, by email mchabau@nl.edu.

I have read and understand the information explaining the purpose of this research and my rights and responsibilities as a participant. My signature below designates my consent to voluntarily participate in this research, according to the terms and conditions outlined above.

Participant's Signature: _____ Date: _____

Print Name: _____

APPENDIX B

Research Instrument

Counselor Education Faculty

Appendix B

Research Instrument

Counselor Educator Faculty

Please answer the questions based on the following definitions:

Active Learning: Students must activate other skills of learning other than just listening. Their engagement in learning must also include reading, writing, discussing, or solving problems. Bonwell and Eison (1991) noted active involvement in learning includes "students engag[ing] in such higher-order thinking tasks as analysis, synthesis, and evaluation. Within this context, strategies promoting active learning are proposed to be defined as instructional activities involving students in doing things and thinking about what they are doing" (p. 2).

Blooms Taxonomy: Bloom's learning classification is categorized into three domains: cognitive, affective, and psychomotor. According to Bloom et al. (1956) "the cognitive domain … includes those objectives which deal with the recall or recognition of knowledge and development of intellectual abilities and skills" (p.7). On the other hand, in the affective domain, "the objective is to tune the teaching approach toward the learner's emotions … to touch the learner's heart to impact his or her learning" (Weigel & Bonica, 2014, p. 22). Lastly, the third domain is 'the manipulative or motor-skill area" (Bloom et al., 1956, p. 7).

Neuroscience of Learning: Watagodakumbura (2017) explained

> Educational neuroscience is a field that has attracted the interest of educational professionals more elaborately in the past. It provides us with some useful knowledge about the human brain and how the structures of the brain help

> human beings in learning. In fact, when we refer to the term "learning," from the perspective of neuroscience, it is essentially about building neural networks of knowledge. Consequently, by making use of the emerging notions and principles of educational neuroscience, educators can improve their pedagogical practices immensely so that enhanced learning towards higher levels of human development can be achieved. (p. 54)

1. Describe your experience with teaching a master's level ethics course, specifically the teaching methods you have used in instilling an ethical professional identity with your students? Please elaborate: _____

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2. Using the definitions above, describe how you have incorporated any one, or any part of one or all of the learning principles in your ethic's course._____

3. If you used any one, or any part of one or all of the learning principles defined above, please describe any observation you noticed in your students' learning responses when you incorporated them in your course curriculum. _____

4. In your experience of teaching an ethic's course, what could have been a factor in a student's inability to embody adherence to the ethical code or the ethical treatment of his/her client(s)? _____

APPENDIX C

Research Instrument

Practicing Licensed Mental Health Provider

Appendix C

Research Instrument

Practicing Licensed Mental Health Provider

Please answer the questions based on the following definitions:

Active Learning: Students must activate other skills of learning other than just listening. Their engagement in learning must also include reading, writing, discussing, or solving problems. Bonwell and Eison (1991) noted active involvement in learning includes "students engag[ing] in such higher-order thinking tasks as analysis, synthesis, and evaluation. Within this context, strategies promoting active learning are proposed to be defined as instructional activities involving students in doing things and thinking about what they are doing" (p. 2).

Blooms Taxonomy: Bloom's learning classification is categorized into three domains: cognitive, affective, and psychomotor. According to Bloom et al. (1956) "the cognitive domain … includes those objectives which deal with the recall or recognition of knowledge and development of intellectual abilities and skills" (p.7). On the other hand, in the affective domain, "the objective is to tune the teaching approach toward the learner's emotions … to touch the learner's heart to impact his or her learning" (Weigel & Bonica, 2014, p. 22). Lastly, the third domain is 'the manipulative or motor-skill area" (Bloom et al., 1956, p. 7).

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> Educational neuroscience is a field that has attracted the interest of educational professionals more elaborately in the past. It provides us with some useful knowledge about the human brain and how the structures of the brain help

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1. What was your minimum grade for your ethics course? _____.
2. If your grade was below an "A," what changes in the learning approach would you suggest that may have helped you achieve a higher grade? _____

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3. Using the definitions provided above, what, if any, learning principles were used in your ethics course? Please provide any examples you can think of. _____

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4. What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e. group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate. _____

5. What part of your ethics course impacted you the most in the development of your ethical identity as a licensed professional? Please elaborate. _____

6. Does your state licensing regulatory board require additional ethics training?

___ Yes ___ No

If yes, please elaborate. _____

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If no, please explain what your state licensing regulatory board requires to ensure ethical compliance._____

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APPENDIX D

Research Instrument

Non-Practicing or Practicing Licensed Mental Health Provider but Sanctioned

Appendix D

Research Instrument

Non-Practicing or Practicing Licensed Mental Health Provider but Sanctioned

Please answer the questions based on the following definitions:

Active Learning: Students must activate other skills of learning other than just listening. Their engagement in learning must also include reading, writing, discussing, or solving problems. Bonwell and Eison (1991) noted active involvement in learning includes "students engag[ing] in such higher-order thinking tasks as analysis, synthesis, and evaluation. Within this context, strategies promoting active learning are proposed to be defined as instructional activities involving students in doing things and thinking about what they are doing" (p. 2).

Blooms Taxonomy: Bloom's learning classification is categorized into three domains: cognitive, affective, and psychomotor. According to Bloom et al. (1956) "the cognitive domain … includes those objectives which deal with the recall or recognition of knowledge and development of intellectual abilities and skills" (p.7). On the other hand, in the affective domain, "the objective is to tune the teaching approach toward the learner's emotions … to touch the learner's heart to impact his or her learning" (Weigel & Bonica, 2014, p. 22). Lastly, the third domain is 'the manipulative or motor-skill area" (Bloom et al., 1956, p. 7).

Neuroscience of Learning: Watagodakumbura (2017) explained

> Educational neuroscience is a field that has attracted the interest of educational professionals more elaborately in the past. It provides us with some useful knowledge about the human brain and how the structures of the brain help

> human beings in learning. In fact, when we refer to the term "learning," from the perspective of neuroscience, it is essentially about building neural networks of knowledge. Consequently, by making use of the emerging notions and principles of educational neuroscience, educators can improve their pedagogical practices immensely so that enhanced learning towards higher levels of human development can be achieved. (p. 54)

1. What was your minimum grade for your ethics course? _____.
2. If your grade was below an "A," what changes in the learning approach would you suggest that may have helped you achieve a higher grade? _____

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3. Using the definitions provided above, what, if any, learning principles were used in your ethics course? Please provide any examples you can think of. _____

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4. What methods of learning were incorporated in your master's level ethics course to instill your ethical professional identity (i.e. group discussion, problem solving, role play, and/or sanctioned counselor stories used)? Please elaborate. _____

5. What part of your ethics course impacted you the most in the development of your ethical identity as a licensed professional? Please elaborate. _____

6. Do you believe your ethics training was adequate? Please elaborate. _____

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7. Does your state licensing regulatory board require additional ethics training?

___ Yes ___ No

If yes, please elaborate. _____

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If no, please explain what your state licensing regulatory board requires to ensure ethical compliance. _____

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8. What are your thoughts regarding your ethical violation – at what point did you fall short? Please elaborate. _____

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APPENDIX E

National Louis University IRB Approval Letter

Appendix E

National Louis University IRB Approval Letter

Office of the Provost
122 South Michigan Avenue
Chicago, Illinois 60603-6162
www.nl.edu
P/F 312.261.3729

February 10, 2020

Tamara A. Tarver
395 Pine Avenue, Unit C
Carlsbad, CA 92008

Dear Tamara A. Traver:

The Institutional Review Board (IRB) has received your application for amendment of your research study "THE TEACHING EXPERIENCES OF COUNSELOR EDUCATIORS AND THE LEARNING EXPERIENCES OF SANCTIONED AND NON-SANCTIONED LICENSED MENTAL HEALTH COUNSELORS IN A MASTER'S LEVEL ETHICS COURSE: WHAT RELATIONSHIP EXISTS BETWEEN PEDAGOGICAL APPROACH AND ETHICAL MISCONDUCT?". The amendment is approved.

IRB: ER00689

Please note that the approval for your study is for one year, from November 22, 2019 to November 22, 2020. As you carry out your research, you must report any adverse events or reactions to the IRB.

At the end of your approved year, please inform the IRB in writing of the status of the study (i.e. complete, continuing). During this time, if your study changes in ways that impact human participants differently or more significantly than indicated in the current application, please submit a Change of Research Study form to the IRB, which may be found on NLU's IRB website.

Please also ensure that your Human Subjects Research (HSR) certification stays active throughout any amendments to your research period.

All good wishes for the successful completion of your research.

Sincerely,

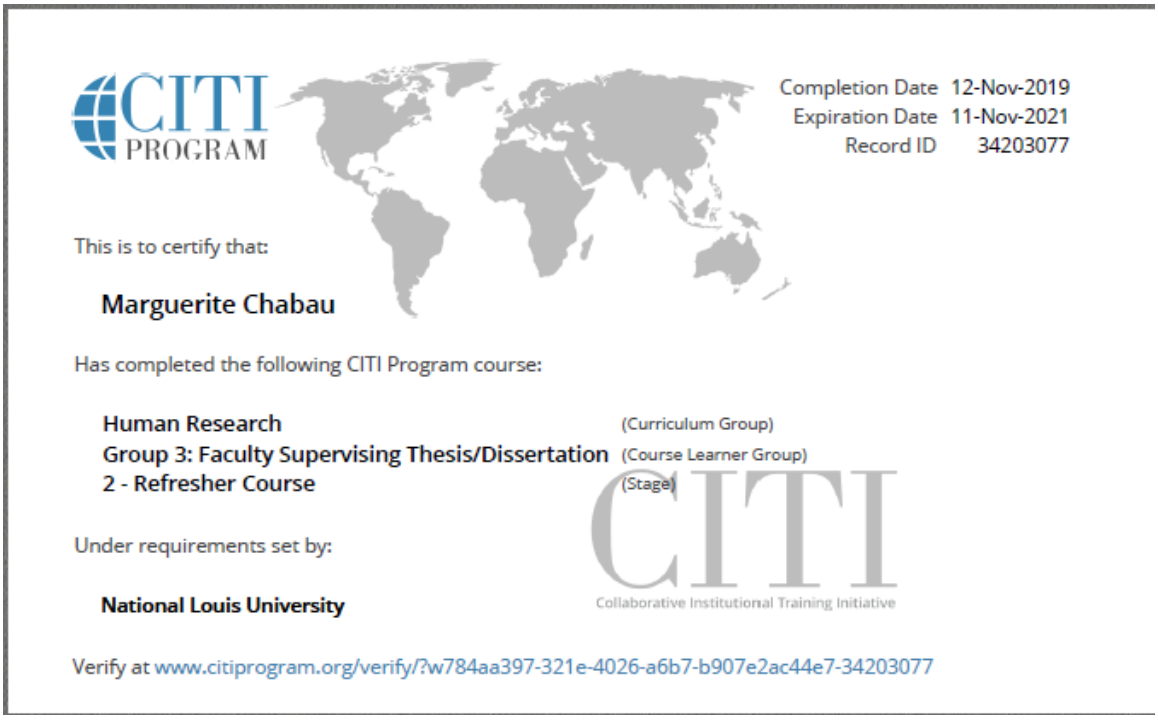
Shaunti Knauth, Ph.D.
Chair, IRB

APPENDIX F

Dr. Marguerite Chabau, CITI Certificate

Appendix F

Dr. Marguerite Chabau, CITI Certificate



CITI PROGRAM

Completion Date 12-Nov-2019
Expiration Date 11-Nov-2021
Record ID 34203077

This is to certify that:

Marguerite Chabau

Has completed the following CITI Program course:

Human Research (Curriculum Group)
Group 3: Faculty Supervising Thesis/Dissertation (Course Learner Group)
2 - Refresher Course (Stage)

CITI
Collaborative Institutional Training Initiative

Under requirements set by:

National Louis University

Verify at www.citiprogram.org/verify/?w784aa397-321e-4026-a6b7-b907e2ac44e7-34203077

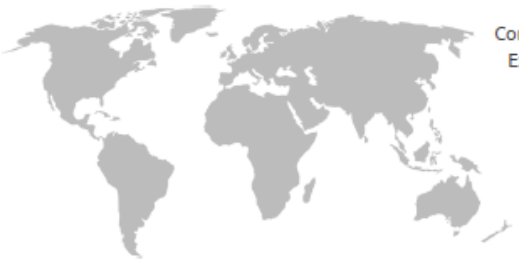
APPENDIX G

Tamara A. Tarver, CITI Certificate

Appendix G

Tamara Tarver, CITI Certificate

CITI PROGRAM



Completion Date 13-May-2020
Expiration Date 13-May-2022
Record ID 36585991

This is to certify that:

Tamara Tarver

Has completed the following CITI Program course:

Not valid for renewal of certification through CME. Do not use for TransCelerate mutual recognition (see Completion Report).

Human Research (Curriculum Group)
Group 1: Students (Course Learner Group)
2 - Refresher Course (Stage)

Under requirements set by:

National Louis University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wee415064-fb04-4141-bd9e-fd44e67aee92-36585991