Introductory Remarks on the *IJR* Special Issue, *Responsibility in Counselor Training and Practice*

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We are excited to introduce a special issue of the *International Journal on Responsibility*. Responsibility in counseling and psychotherapy encompasses a wide variety of topics and issues, ranging from specific situations with specific clients to the broadest discussions of ethical duties owed by counselors and psychotherapists to society. As counselors and counselor educators, we (Chad Luke and Fred Redekop) focus this special issue on the twin topics of counselor training and clinical practice. As the articles in this special issue demonstrate, the question of responsibility is found at the core of counseling ethics. Counselors and educators of counselors continually ask themselves: What responsibility do I have to ensure that I am doing good for my client? Am I taking care to respect their autonomy? Am I as a counselor educator ensuring that my students recognize that they will hold professional responsibility toward their future clients and am I helping them to grow in this sense of responsibility?

We are happy that the articles cover a range of roles in the profession from practice to training. Practice includes topics such as soliciting client feedback on therapy, coercion in therapeutic encounters, and ending the therapeutic relationship well. These in-practice roles and tasks carry weighty responsibility for counselors. Likewise, the dimension of training of counselors may carry additional weight of responsibility, as training precedes practice. Three articles address a range of roles and responsibilities in preparing counselors-in-training (CITs) to enact their duty. These include actively engaging CITs in ways that illuminate their specific and general responsibilities in the profession, developing majority-status CITs' understanding of their broader responsibility to society in becoming allies for underrepresented and marginalized groups, and identifying those students who are unsuitable to enter the profession and taking steps to remediate or divert from the profession. We briefly summarize the contributions, in preparation for a reading of the articles themselves.

Zach Budesa, in *Feedback-Informed-Treatment: A Deliberate Approach to Responsible Practice*, tackles one of the most necessary developments in clinical practice: the need to solicit feedback from clients, analyze this feedback, and use the results of the analysis to monitor client progress and, if necessary, modify treatment to improve clinical outcomes for clients. Budesa uses the well-established framework of deliberate practice (Ericsson, 2004; 2015; Ericsson, Krampe, & Tesch-Römer, 1993; Ericsson & Lehman, 1996) to organize his discussion of feedback-informed treatment (FIT) in counseling. FIT follows the principles of deliberate practice, and Budesa marshals a significant amount of research as he argues for much greater attention and more strenuous efforts to systematically gather useful data using validated measures in clinical settings. He places this within the larger context of clinical outcome research that has increasingly emphasized the importance of paying close attention to client perspectives and opinions in order to increase the likelihood of positive treatment outcomes.

The authors of *When People Lose Autonomy: The Case for Coercion and the Moral Responsibility Crisis Counselors Have to Society*, Nathan Strickland, Chad Luke, and Fred Redekop, address a topic of some controversy, that of coercion in mental health crisis management. In their article, they explore the concept of coercion in mental health crises through the use of vignettes, and suggest that it is best understood on a continuum: crisis clinicians, when confronted with an individual in acute distress who appears at risk for harm to self or other, typically attempt first to hold a relatively unpressured dialogue with an individual in order to arrive at a wise decision, what the authors term conversing. Convincing is the next step up, and may include not only appeals to logic and an individual's sense of what is in their best interest, but also a presentation of what might occur if the crisis clinician and the individual cannot come to a mutual decision, e.g., involuntary commitment. Compelling occurs when the crisis clinician judges that the individual is unable to rationally decide what is in their best interest and presents an

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acute risk of harm to self or other and decides that involuntary commitment is warranted. Throughout, the authors describe the interdisciplinary efforts of crisis management workers, including allied professions such as counselors and social workers, along with law enforcement, and compare and contrast professional ethics that bear on crisis management. The authors also address important critiques of mental health crisis management, in particular the critiques of Szasz (1960;1974) and Foucault (1965;1977), which challenge the field to justify coercive actions taken to limit the freedom of individuals. They suggest that crisis clinicians, faced with difficult decisions under ambiguous circumstances and attempting to reconcile often conflicting ethical imperatives, themselves experience moral distress and burnout. Thus, further discussion is needed for both the ethical implications of coercive practices on individuals in crisis as well as training and support for mental health crisis workers.

In their article, *Therapeutic termination: Translating clinical responsibility into ethically-informed practice*, authors Christina M. Schnyders and Kristin Bruns describe the responsibility counselors have to their clients to terminate the therapeutic relationship according the ethical guidelines and principles established by the profession. They explore termination by type in order to provide a richer understanding of the decisions that are made to transition clinical relationships. The case of "Malik" is used to demonstrate the varied considerations that counselors are responsible to engage in as they usher clients through these transitions. For many, if not most clients, this will be the first relationship that ends in a healthy way, rather than abruptly or painfully. In termination, counselors provide clients with an exceptional experience to their relational history, and invite them to approach subsequent relationships using the counseling relationship as a model.

The seeds of termination—the profession's term for ending the formal therapeutic relationship between client and counseling—are sown at the very first meeting through a process known as informed consent. The informed consent document and process ensures that clients enter into the clinical relationship with full knowledge of the boundaries therein, among them, the time-limited nature of the work. In many ways, termination may be more accurately thought of as convocation, where, rather than merely being the ending of something, it is also the beginning, or launching out into something new.

The Development of Professional Responsibility in Counselor Training, written by Ryan Bowers and Helen Hamlet, identify a crucial transition that must take place in any counselor training experience: helping the counselor-in-training (CIT) to develop an ever-increasing sense of personal responsibility toward clients in field experience and in their future work as counselors. As Bowers and Hamlet aptly describe, the CIT begins with a passive view, locating therapeutic responsibility with instructors, and later, with site supervisors. The authors show how development of responsibility can be fostered by training programs, and use data from a survey to suggest that the CIT experiences an acute sense of responsibility as a result of program activities that may help them anticipate what it will be like to work with actual clients and through the clinical field experiences of practicum and internships. Bowers and Hamlet help counselor educators to be wary of overprotecting and stunting the growth of professional responsibility in their students. Counselor educators and clinical supervisors do assume burdens of responsibility for their students and supervisees, but much as a parent must help a child to gain life skills to assume increasing responsibility for their life, so too must counselor educators and supervisors take advantage of opportunities provided by academic and clinical training to foster a visceral awareness in the CIT of their ethical responsibilities toward clients and future clients.

Allyship: The Responsibility of White Individuals in Addressing Racism and Discrimination, written by Amanda M. Evans, Brittany Williams, Renée Staton, Darius Green, and Charles Shepard, presents a foundational component of counselor responsibility, which is to promote access to success for those living in the margins of society. White privilege comes with White responsibility to use that privilege to elevate the less privileged. Evans et al., discuss results of a qualitative exploration of perceptions of White members of the counseling community and self-perception of allyship. The authors introduce

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readers to a qualitative research method referred to as Interpretive Phenomenological Analysis, as described in Smith (1996) and Smith, Jarman, and Osborne (1999). This method seeks to highlight participants' voices by honoring their lived experience of a particular topic (phenomenology). The approach is interpretive as it recognizes and even harnesses the researcher's own conceptualizations of the topic in order to better highlight the participant's perspective (Smith et al., 1996). Their analysis of 11 participants identified several facets of ally experience. Participants described witnessing of *overt acts of racism*. This is important because it requires that would-be allies be attuned to opportunities for allyship through observation. Participants identified opportunities for *addressing racism* when observing these racist events through intervention in the moment and education of those in their sphere of influence, namely counseling students. The results highlight the need for allies willing to take action through attention and intervention, particularly through the training of counselors.

Gatekeeping: A Counselor Educator's Commitment to the Counseling Profession and Community, written by Patricia Kimball, Lucy Phillips, Krista Kirk, & John Harrichand, offers a look at how the counseling community accepts responsibility for protecting the well-being of the public through a process known as gatekeeping. In essence, entry into the professional counseling community is managed by so-called gatekeepers, those whose role it is to assess potential entrants' knowledge, skills, and dispositions, prior to permitting entry into the field. There are two separate gates, the first kept by faculty in graduate counselor training programs, and the second kept by community-based clinical supervisors who approve a CIT's clinical hours toward professional license. Together, these two groups of individuals take steps to remediate students and supervisees who fall short of the high standards of the profession, and for those unable to demonstrate sufficient development, close the metaphorical gate. Kimball and her colleagues discourse on three core areas of assessment—knowledge, skills, and dispositions—which, based on the work of Ametrano (2014), serve to buffer the public from counselors lacking substantially in these areas. Of perhaps greatest interest to a broader community, the authors describe models of gatekeeping that systematically assess and remediate struggling CITs. These processes, and perhaps in particular, the model applied to the case of "Tanya," offer assurance to consumers of counseling services that the field is working on their behalf to ensure that counselors receive adequate training and meet appropriate developmental milestones before being allowed accessed to loved ones.

We have immensely enjoyed the process of putting together this special issue and trust that you will find the discussion of responsibility in counselor practice and training to be stimulating and rewarding.

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