

**Gatekeeping: A Counselor Educator's Responsibility
to the Counseling Profession and Community**
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This manuscript is loosely based on a situation that occurred at a large university in a graduate counseling program. All identifying information has been changed to protect confidentiality of the student and instructor.

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Abstract

Counseling is one of the few professions practiced in private with vulnerable individuals. Because of this, counselors must be held to high training standards and be deemed competent prior to being allowed to practice independently. The responsibility for ensuring future counselors' competence rests with counselor educators and clinical supervisors via a process known as gatekeeping. This paper highlights the importance of gatekeeping in the counseling profession and describes models of remediation for supervisors and educators navigating this complex process. Utilizing a case study, the authors demonstrate the protective function gatekeeping serves society by applying a gatekeeping decision-making model. Finally, recommendations are provided to increase adherence to and facilitate implementation of gatekeeping responsibilities by counselor educators and supervisors.

Keywords: Gatekeeping, counselor educator, clinical supervisor, ethics, gatekeeping model

The importance of the relationship between client and counselor in which there is trust and confidentiality helps clients to feel safe, as well as be open and vulnerable sharing their experiences. Because of this need for safety, trust, and confidentiality, counseling is one of the few professions that continues to be practiced behind closed doors. Additionally, counselors work with people who are vulnerable mentally, emotionally, and relationally. This can result in harm to clients through negligence or abuse of the privileged position in which counselors work (Remely & Herlihy, 2019). Therefore, those responsible for training counselors – counselor educators – have a grave responsibility to individuals and the community to safeguard vulnerable individuals.

This responsibility is enacted by ensuring that counselor(s)-in-training (CIT) are able to demonstrate competency beyond academic work. In addition to academic competency, CITs are required to, “uphold the standards of beneficence and nonmaleficence: striving to do no harm and protect the rights and welfare of those with whom counselors and therapists interact, especially clients” (Homrich, 2018, p. 5). In order for these standards to be upheld, the CIT is evaluated by counseling faculty and counseling supervisors in what are called *competencies* (Dollarhide, 2013; Miller et al., 2019). These competencies are divided into three domains: *knowledge* (information presented in the classroom/supplemental reading) (Dollarhide, 2013), *clinical skills* (evaluated through observation) (Dean, Stewart-Spencer, Cabanilla, Wayman, & Heher, 2018), and *disposition development* (external behaviors driven by attitudes, values, and beliefs) (DeLorenzi, 2018; Dollarhide, 2013). If the CIT lacks competency, it is the responsibility of the faculty and supervisors to protect future clients, community, and the counseling profession from the CIT in question. This responsibility is commonly referred to as the process of *gatekeeping*. Koerin and Miller (1995) offered one of the first definitions, stating that gatekeeping, “prevents the graduation of students who are not equipped with the requisite knowledge, skills, and values for professional practice” (p. 247). The authors of this article address the importance of gatekeeping in the counseling profession, its impact upon the community as a whole, and offer models of remediation while highlighting the case study of Tanya.

Gatekeeping in Counselor Education and Supervision

The field of counseling requires that CITs develop in the areas of clinical skills and knowledge, but also in dispositions; these include professionalism and self-awareness (Baldwin, 2018a; Dollarhide, 2013). This ensures that a CIT’s future clients will be given effective treatment and will be protected from potential harm, a process known as gatekeeping (Homrich, 2018). Kerl and Eichler (2005) use the term gatekeeping to describe the process in which a person is given permission to enter a field or sector.

Gatekeeping is thought to have originated in the field of journalism, where the gatekeeper would decide which pieces of communication would be printed and which pieces were not allowed through the ‘gate’ (Baldwin, 2018b). In the mental health field, the gatekeepers are graduate school faculty and clinical supervisors, whose responsibility it is to monitor and evaluate progress of the CIT before allowing the individual to enter the counseling profession (Baldwin, 2018b). Gatekeeping in the counseling field prevents what Brear and Dorrian (2010) describe as *gate slippage*. Gate slippage occurs when counseling supervisors and/or faculty members consider a CIT incompetent and unsuitable for the counseling profession, yet allow them to advance into the profession.

The complex obligation for gatekeepers to ensure the protection of the counseling field is one that requires further attention in the professional literature (Freeman, Garner, Fairgrieve, & Pitts, 2016; Homrich, DeLorenzi, Bloom, & Godbee, 2014; Miller et al., 2019). Many attempts have been made to define and conceptualize gatekeeping and CIT dispositions. The literature also highlights the need for the counseling profession to determine conclusive expectations and clearly define gatekeeping and dispositions. Success in these areas may aid counseling programs and counseling supervisors in efficiently collaborating to produce competent counselors, which, in turn, ensures the protection of future counseling clients and the profession as a whole.

Roles of Gatekeepers

The two roles in the professional counseling field that hold the primary responsibility of gatekeeping are graduate counseling faculty and clinical supervisors (Baldwin, 2018b). These two *gates* ensure that future counselors are evaluated and deemed ready to enter independent practice (Bernard & Goodyear, 2019; Gizara & Forest, 2004). As outlined by Homrich (2018), graduate faculty maintain gatekeeping responsibilities while the CIT moves through the process of obtaining a master's degree in counseling. Once the CIT graduates, the responsibility of gatekeeping falls to the clinical supervisor where it remains while the CIT works towards a license. During this two to four-year process, which varies by state in the US, the clinical supervisor monitors the CIT's abilities to function as a professional counselor. The role of gatekeeper during these first years of education and practice is considered so vital that faculty and clinical supervisors can be directly held accountable for any harm caused to clients by a CIT, especially if these issues are known but not addressed.

Through the process of training future counselors, faculty and supervisors are responsible to assess a CIT's ability to interact as a competent and ethical counselor with clients, the community and colleagues (Dean et al., 2018; Miller & Koerin, 2002). Overall, gatekeepers evaluate the CIT, provide feedback that promotes growth, and facilitate opportunities for the CIT to respond and integrate feedback. This cycle continues until the CIT either moves to a higher level of training or is placed in remediation to address deficits (Henderson, 2018). Faculty and supervisors make these gatekeeping decisions: that the CIT's knowledge, skills and dispositions are adequate to move forward, or that the CIT needs additional intervention.

The responsibilities as a gatekeeper encompass professional, legal, and ethical roles. In the United States, these roles are addressed in state laws, accreditation rules, and ethical codes. Sacuzzo (1997) and Homrich (2018) have identified several primary legal responsibilities for mental health gatekeepers. Gatekeepers protect current and future clients' welfare and help ensure no harm comes to them. They protect the welfare of the CIT, and those with whom they interact, such as other CIT and professionals. Gatekeepers safeguard the counseling profession in general. Finally, they protect the reputation of the institution from which the CIT graduates or the agency that endorses the CIT.

In addition to legal consideration, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2015) and the American Counseling Association's (ACA; 2014) *Code of Ethics* directly address the role of gatekeeper. As the primary accreditation body for graduate counseling programs, CACREP has established faculty standards and specifically names gatekeeping as a part of clinical training (Standard 6.B.2.1). Definitions for the practice of gatekeeping, knowledge, skills, and dispositions are detailed in relation to clinical mental health counseling programs. All CACREP-accredited institutions must assess each trainee at multiple points in the program, in a systematic manner, to determine progress through the program.

CACREP and the ACA provide the guidelines for faculty and supervisors to train and evaluate a CIT's competencies as part of the gatekeeping process. While CACREP addresses gatekeeping in the education process, the ACA *Code of Ethics* (2014) addresses gatekeeping throughout the entire developmental process. The ACA Code details the responsibilities of supervisors, CITs, and instructors. This includes but is not limited to the responsibility to a) guard client welfare, b) provide clear policies and procedures to the CIT, c) inform the CIT of ethical, professional, and legal responsibilities, d) provide evaluation, endorsement, gatekeeping, and remediation, and e) address CIT personal matters that might affect professional competency (ACA, 2014). The Code specifically addresses faculty roles, as well as the process of evaluation and remediation.

Competencies: Three Key Domains

Counselor educators enact their responsibility to clients, CITs, and the community by providing instruction, training and mentoring for CITs. Counselor educators must address three key areas of

formation during the CIT's developmental process: knowledge, skills, and dispositions (Ametrano, 2014). These three domains form a foundation that supports the clinical training that is unique to counseling and other helping professionals (Lambie, Mullen, Swank, & Blount, 2018).

Evaluation of domain one, *knowledge*, is the most straightforward responsibility undertaken by counselor educators (Dollarhide, 2013). This includes information that is presented in the classroom, the choice of textbooks and supplemental reading materials, and the assignments that serve to both increase knowledge and assess what information the CIT internalized (Ametrano, 2014). CITs report that the knowledge they received in class is foundational to their development (Kimball, 2018). Knowledge provides the groundwork for the professional self.

Domain two, *clinical skills*, is the application of knowledge, and is assessed through direct observation, as well as client outcomes (Dean et al., 2018; Miller et al., 2019; Minton, Gibson, & Morris, 2016). These skills range from basic communication skills to the more advanced integration of theories and assessments (Bernard & Goodyear, 2019; Eryilmaz & Mutlu, 2017). The clinical skills needed to become a competent counselor are vitally important; therefore, CITs are required to complete basic skills courses and continue to be evaluated on these skills throughout internship and postgraduate supervision. CITs are required, in CACREP accredited programs and during the licensure process in some states, to video tape sessions and receive supervisor feedback while engaging in ongoing self-assessment (CACREP, 2015). Counselor educators have the responsibility to assess and promote clinical skills development within the classroom as well as within clinical practice (ACA, 2014; CACREP, 2015).

The third domain, *dispositions*, is more subjective, making it difficult to assess and change (Dollarhide, 2013; Miller et al., 2019). Dispositions are defined as external behaviors that are driven by attitudes, values, and beliefs; these behaviors impact competency in a variety of core areas including ethically and multiculturally responsible practice (Dollarhide, 2013). Therefore, faculty and supervisors have a responsibility to assess and address CIT dispositions. Addressing dispositions is a complex process that develops over time (Miller et al., 2019).

Disposition is defined in various ways, depending on the evaluator's perspective and training (Lambie & Ascher, 2016). This is demonstrated by the attempts to develop standardized measurement instruments to assess CIT dispositions. For example, the Counseling Competencies Scale (CCS; Lambie & Ascher, 2016; Lambie et al., 2018) and the Professional Disposition Competence Assessment (PDCA; Garner, Freeman, & Lee, 2016), which require specialized rater training so that disposition is interpreted and evaluated in a similar manner.

Even with the introduction of standardized assessment instruments, no official definition of the term has been adopted by the counseling profession as a whole (Miller et al., 2019). To assist with the process of standardizing the definition, Christensen, Dickerman, and Dorn-Medeiros (2018) recommended the use of eight common terms used by CACREP accredited institutions in retention policies, handbooks, evaluations, and disposition rubrics. These themes provide a foundation to build a consensus of the term *disposition* and the primary areas for CIT assessment. Miller et al. (2019) provided specific components for the term within a three-tiered framework. Disposition was reported as a single construct with two underlying factors, personal and professional disposition, and nine correlating factors. In the end, both research groups cautioned that all factors impacting disposition may not have been accounted for in full. In addition to the difficulty and lack of agreement in defining dispositions, this competency is slow in changing (Dollarhide, 2013). This necessitates an ongoing process of examining personal attitudes, values, and beliefs starting in graduate school and continuing throughout the counselor's career (Knapp et al., 2017; Lambie et al., 2011). Due to the lengthy nature of the process of completing a graduate degree, it is often difficult to measure change in dispositions, which makes evaluation even more problematic. Despite the difficulties assessing counseling dispositions, these areas are central to becoming a competent clinician; therefore, assessing dispositions cannot be overlooked (Ametrano, 2014; Hancock, 2014).

Gatekeeping: Timing and Assessment

The gatekeeper role can be accomplished by focusing on gatekeeping in the admissions process as well as evaluation throughout training programs. Gatekeeping for counseling faculty members begins during the admissions process where faculty review the academic and nonacademic qualifications of prospective CIT (Swank & Smith-Adcock, 2014). Swank and Smith-Adcock found that 80% of graduate counseling programs included an admissions interview. These interviews included activities to help assess dispositions including, questions in individual and small groups, experiential exercises, and writing samples. Redekop and Wlazelek (2012) suggest incorporating assessment of dispositions into the application and interview process for graduate counseling programs. Other programs utilize a “matriculation process” (p. 54) where students are granted a probationary acceptance into the program, and then evaluated at set times. During these reviews, CIT competencies are considered and a decision on full admission to programs made. One barrier to effective gatekeeping in the admissions process identified a lack of reliable measurement instruments to assess dispositions.

When reviewing the variety of assessment instruments in the literature, two stood out due to having good psychometric properties and continued refinement. The CCS’s main goal is to measure CIT skills, behaviors, and disposition. It has demonstrable reliability as a tool for clinical supervisors when assessing student dispositions (Lambie & Ascher, 2016; Lambie et al., 2018; Swank, Lambie and Witta, 2012). A second assessment, the PDCA, is a tool counselor educators can use to assess and possibly help develop CIT dispositions, starting at admission and continuing until graduation (Garner et al., 2016). Both of these assessments were found to have good interrater reliability when initial training and ongoing “booster” sessions focused on scoring were completed. In addition to assessment instruments, multiple models of gatekeeping exist to aid counselor educators in this task.

Models of Gatekeeping

One of the earliest models of gatekeeping was created by Bemak, Epp, and Keyes (1999). The first step in their five-step process is to clearly communicate the program’s policies and expectations to the CIT. In addition to guidelines about academic performance, program expectations about dispositions (e.g., appropriate interpersonal skills, healthy relationships, empathy toward others, the capacity to explore self, and seek personal growth) are clearly communicated to prospective and current CITs (Bemak et al., 1999). In the second step the CIT signs a contract indicating they understand and agree to follow the procedures, acknowledging the explicit statement, “the student must, in the professional judgment of the faculty and clinical supervisors, be free from any psychological impairment which may act as a barrier to effective professional counseling” (Bemak et al., 1999, p. 25). Step three in this model involves ongoing faculty assessment of the CIT and sharing concerns or problematic behavior with the other faculty when it arises. In step four, when concerns arise, the faculty member meets with the CIT and their advisor to discuss the observations and deficiencies along with a plan for CIT improvement. The model explains the importance of due process, wherein the CIT has a chance to discuss their views, challenge the remediation plan, and make an appeal to the dean. In the final step, faculty conduct ongoing assessment of progress and give feedback to the CIT. If the CIT does not make the required progress, the CIT’s grades are impacted, and the CIT can challenge the grade through the university’s appeal process. This five-step process is time consuming, requiring faculty commitment and follow through, and predicated on faculty and site supervisor agreement to use the model (Bemak et al., 1999).

Wilkerson (2006) offered a model of gatekeeping that was designed to mimic the therapeutic process. The first component is similar to informed consent. In training programs this involves providing the CIT with the policies and procedures of the program, requirements, reasons a CIT may be terminated from a program, as well as potential risks and benefits for the CIT (Wilkerson, 2006). The CIT then signs a document agreeing to the program’s policies. The second component is similar to intake and assessment. The program screens CITs through an admissions process to determine if they are ready to begin the program. Similar to evaluation in counseling, the third component involves

formative and summative evaluation by faculty to determine where growth is needed. Faculty track CIT progress toward improving in these areas. The fourth component is similar to treatment planning, in that counselor educators create a remediation plan to help the CIT grow in professional dispositions in areas where they are presently struggling. The final component is termination, wherein the CIT has either met the goals and proceeds to graduation, or is dismissed due to sufficient progress. In all of these steps, Wilkerson (2006) indicates documentation must occur throughout, just as documentation occurs in counseling at each point of client contact.

DeLorenzi's (2018) model addresses due process in gatekeeping using three-steps. In the first step, the counselor educator or supervisor communicates their concerns to the CIT in a way that is timely, clear, and consistent with published standards. The second step involves meeting with the CIT to explain the concerns that the faculty member has, giving the CIT time to explain their perspective, providing the CIT information about ethical codes, laws, program policies, or other information related to the problematic behavior, and observing whether the CIT is open to making changes. Step two involves the creation of a remediation plan to help the CIT grow in the identified areas. In step three, faculty check with the CIT and determine if the remediation plan needs adjustment. If the CIT does not meet plan requirements, faculty then decide how to proceed. In this step, the CIT is also given information on how they can appeal a decision. By giving CITs a voice in the process, not only are due process requirements met, but CITs may be more likely to "buy in" to the remediation process.

Finally, Letourneau (2016) created a decision-making model for counselor educators to use when they encounter problematic behaviors in CITs. The first step is recognizing the problem and collecting information from the CIT in question, other faculty, supervisors, and other CITs. This step explores the graduate program's impact on the CIT and how the CIT influences the graduate program (Letourneau, 2016). Next, faculty define the problem and identify the conflict; faculty may consult ethical codes, accreditation standards, or other lists of competencies to determine if the CIT is meeting expectations. Faculty determine those affected by the CIT's impairment and related cultural factors. Step three focuses on developing a potential course of action and how progress will be tracked. Letourneau (2016) emphasized that faculty should "consider intrapersonal actions (for the student), evidence of desired changes in intrapersonal behaviors, and what actions may be implemented on the system in response to the problem" (p. 213). In the fourth step, faculty decide on the course of action which consider the CIT's welfare, the wellbeing of clients and the entire group involved. The course of action is reviewed and multiple perspectives, such as "emotional, rational, cultural, and social influences" (Letourneau, 2016, p. 214) are explored in step five. This step also examines the proposed plan from multiple systemic levels including: the intrapersonal level (what was occurring within the CIT), the interpersonal level (what was happening between people), the group as a whole (how the system is impacting the CIT and how the CIT then impacts the system), and the supragroup level (whether oppression blindness was occurring). In the sixth step the plan is implemented and evaluated to determine effectiveness and if other problems occurred (Letourneau, 2016). For the final step faculty continue reflecting on how the plan worked, the consequences of the plan, and what previously unknown variables influenced the plan (Letourneau, 2016). This last model will be applied to the following case study.

Case Study

Tanya is a faculty member in a Clinical Mental Health Counseling graduate program that educates and prepares CITs to become licensed professional counselors. One of the courses she is assigned to teach is counseling internship, which is designed for practical, hands-on experience in counseling. This course is the last to be taken before graduation. Toward the beginning of the semester, a CIT who had been open about her Posttraumatic Stress Disorder (PTSD) diagnosis (stemming from a traumatic event that occurred ten years prior) approached Tanya to speak with her. The CIT shared that her recent interactions at the internship site have resulted in overwhelming anxiety. She stated she is frustrated with her site supervisor because he is not offering her sufficient support. She commented, "I'm tired of it, and honestly, I'm willing to just give up at this point." Tanya reminded the CIT of her

contractual responsibility to the internship site. She also promised to speak with the site supervisor in hopes of mediating the problems.

The following week, Tanya met with the CIT's site supervisor. The supervisor informed Tanya that the CIT was missing scheduled appointments. He also stated that the CIT struggles to take responsibility for shortcomings on paperwork and her generally unprofessional behavior. Tanya confronted the CIT who admitted that her anxiety resulted in her avoiding appointments. She stated, "On top of my anxiety, I have been dealing with my PTSD symptoms" without elaborating further. Tanya then met with her program director and detailed the situation, including past meetings with the CIT and site supervisor and her plan for future meetings. The program director approved the plan to address the identified concerns.

A few days later the site supervisor, CIT, and Tanya met together. The site supervisor said, "Although you have demonstrated unprofessional behavior, your clinical work with clients has been fine; so I am willing to overlook the unprofessional behaviors so you can graduate. Once your internship is completed, you will need to find another place to work." Tanya felt uncomfortable with the site supervisor's goal to get the CIT to graduation and then send her somewhere else to work. In the weeks following this incident, the CIT began to show unprofessional behavior in the classroom by demanding extensions on assignments. When Tanya informed the CIT that she could not give unapproved extensions the CIT responded via email, "I'm so sick of you!" Taken aback by the CIT's behavior, Tanya began to explore the best way to move forward.

In this case study, Tanya saw the need to remediate the CIT's unprofessional behavior. Tanya felt the weight of her gatekeeping responsibility to ensure current and future clients safety (Saccuzzo, 1997). This directly conflicted with the site supervisor willingness to endorse the CIT for graduation, knowing the ongoing dispositional problems. Tanya's process of gatekeeping is described next.

Chosen Model of Gatekeeping for Tanya

This section will apply Letourneau's (2016) gatekeeping model to the case study above. This model was selected because of its ease of use, incorporation of ethics, and integration of multicultural factors related to the CIT. As described in the case study above, Tanya completed the first step by collecting relevant information from the CIT and her site supervisor to gain a clearer understanding of the current problems. Tanya discovered that the CIT was experiencing debilitating anxiety and PTSD symptoms that prevented her from attending scheduled sessions and resulted in additional complications at the site. Tanya determined that the CIT was practicing counseling while impaired, which is an ethical violation according to the ACA *Code of Ethics* (2014). The CIT was determined impaired based on unaddressed mental health symptoms that prevent her from being "fully present" or effective in her work with clients, leading to client harm. At this step, Tanya considered those affected by the impairment and how multicultural factors were involved (Letourneau, 2016). As previously described, Tanya determined that the CIT's current and future clients would be impacted by her mental health concerns, as well as her peers, colleagues, and site supervisor. Tanya also considered the CIT's personal history and how this may have impacted the symptoms the CIT was experiencing. As Tanya considered this step, she decided that the CIT was not meeting internship expectations by not attending scheduled sessions, not consulting with her site supervisor when problems arose, and engaging in unethical practice by continuing to counsel while impaired. At this point Tanya moved past her uncertainty about the need for gatekeeping and moved into action.

Tanya discussed how to best support the CIT and address her mental health symptoms with her university administrator, other counseling program faculty, and the CIT's site supervisor. In these meetings several ideas were discussed to determine possible courses of action. Tanya suspected that the CIT had not received sufficient care for her mental health symptoms and trauma history. Furthermore, Tanya believed the CIT's mental health problems were the root of the problematic behaviors at the internship site.

In deciding on the course of action, Tanya and the university chose to create a remediation plan for the CIT. This plan began with asking the CIT to withdraw from her internship for the semester and engage in personal counseling to address her mental health symptoms. The remediation plan required the CIT to learn more about and engage in various self-care activities (a requirement of the *ACA Code of Ethics* [2014]), and to document this regularly through journaling. The CIT was required to write letters (that were to be submitted to the university program) to the people who may have been harmed by her actions while she was impaired. The CIT was required to meet periodically with her assigned faculty advisor to discuss her progress. After the faculty advisor and the CIT's counselor concluded that the CIT had made sufficient progress and was capable of counseling again she would reenroll in the internship course.

Tanya and her fellow faculty members believed that in this case, the CIT was not currently experiencing oppression, but that she likely did not have access to appropriate services when she experienced trauma, which may have substantially affected the development of PTSD symptoms. Tanya and her peers also considered the degree that the CIT had felt supported and comfortable approaching faculty and supervisors for guidance. Tanya believed the CIT might have felt isolated which created a barrier for the CIT to seek the needed support.

Tanya and other faculty members (including the CIT's faculty advisor) met with the CIT, explained the remediation plan, and provided her a copy in writing. The CIT was asked to provide input about the plan, as part of due process. The CIT agreed to the plan and explained that she believed personal counseling would be beneficial. The CIT met with her faculty advisor regularly (approximately once every three weeks) as she engaged in the remediation plan. The CIT asked her counselor to check in periodically with the faculty advisor to provide progress reports. Although the letter writing was challenging for the CIT, she stated that the exercise helped her have a better understanding of her actions and the possible impact on clients and colleagues. After approximately nine months, the faculty advisor and the CIT's counselor determined that the CIT had met all of the remediation requirements. The faculty observed dispositional changes in the CIT, including a greater understanding of her actions, her responsibility for professional development, and the importance of facilitative communication, empathy, and modeling.

As the CIT completed her internship, the faculty continued to monitor her progress while keeping regular contact with the student's site supervisor. The CIT requested to continue individual counseling, albeit less frequently, as a way to continue her growth process and engagement in self-care. The CIT completed her internship and received positive feedback from her site supervisor, clients, and colleagues. The faculty reflected a final time on the remediation process for this CIT, and determined that the CIT grew a great deal because of remediation through the gatekeeping process.

Discussion and Recommendations

As discussed in the foregoing article, and demonstrated in the case study, counselor educators and supervisors need to have a thorough understanding of gatekeeping that includes the relevant ethical codes and standards related to this role (Johnson et al., 2008; Kaslow et al., 2007). Educators should also consider regulatory and legal aspects when they are assessing a CIT's competence (Kaslow et al., 2007). For example, it is important to be aware of laws related to a CIT's rights to privacy and confidentiality when faculty are communicating with a site supervisor (Kaslow et al., 2007). In the case study, Tanya remained aware of the CIT's right to privacy while gathering information and formulating a remediation plan with the site supervisor.

In addition to increased understanding and awareness, it is recommended that graduate programs and universities actively promote gatekeeping practices. Programs are encouraged to create formalized remediation plans as Tanya did in the case study. Gaubatz and Vera (2002) indicated that programs with formalized remediation procedures had less *gate slippage* compared to programs without formalized procedures. Furthermore, programs with higher percentages of adjunct faculty tend to have

more *gate slippage* (Gaubatz & Vera, 2002). Counseling programs can address this finding by providing gatekeeper training to adjunct instructors. This change can increase inter-department communication, which enables faculty to observe and guide CIT's development throughout the entire program. Continuous and unified communication between faculty and site supervisors supports a CIT's competence development while in practicum and internship placements, and is a crucial component in the gatekeeping process (Kaslow et al., 2007). In the case study, Tanya, a full time faculty member, had the understanding that it was part of her responsibility to communicate often with the CIT's site supervisor, to assess the problem and formulate an acceptable plan for both the school and the internship site. Additionally, faculty who perceive university pressure to avoid gatekeeping tend to avoid engaging CITs in remediation (Gaubatz & Vera, 2002). Faculty can provide education and advocate at their universities about the importance of gatekeeping and the remediation process. Lastly, accredited programs tend to engage in gatekeeping more frequently than non-accredited programs (Gaubatz & Vera, 2002). Seeking accreditation (e.g., through CACREP) is strongly encouraged.

Alongside advocating for changes in university policies regarding gatekeeping, counseling programs should be cognizant of the culture they are creating. Gatekeeping needs to be a substantial component of a graduate program's culture and philosophy. This enables faculty and students to view gatekeeping as an act of responsibility rather than punishment (Foster & McAdams, 2009). Reiterating the ethical mandates for gatekeeping and emphasizing CIT growth during graduate work will normalize and reduce anxiety related to anticipate developmental deficiencies. Faculty engagement in a transparent process of gatekeeping with CITs as well as seeking the CIT's input can promote a more collaborative and less punitive culture related to CIT development. This, in turn, supports a culture that supports and encourages CIT self-assessment, a skill needed to prevent harm to clients and a critical component in gatekeeping (Kaslow et al., 2007). Tanya engaged the CIT through the entire remediation process, seeking to understand the CIT and how best to support her development while making her responsibility as a gatekeeper clear. By modeling the importance of gatekeeping, self-assessment, and ethics, faculty members create a culture where the CIT will be more likely to recognize their own limitations and growth areas, as well as being more responsible to the profession.

Foster and McAdams (2009) advocate for transparency in gatekeeping in counseling programs. They encourage faculty and administration to clearly communicate to CITs the standards of professional behavior, program policies, and potential actions. Clarity in course syllabi, expectations of CIT, routine academic advising, and regular clinical supervision are all ways faculty can incorporate and support transparency (Foster & McAdams, 2009). In the case study, Tanya was transparent with the CIT about expectations related to her performance and demonstration of dispositions. To promote clarity surrounding gatekeeping, faculty members should create operational definitions for competency and explain expected benchmarks (Kaslow et al., 2007). Benchmarks, expectations, and policies must be available for review and should be updated periodically (Kaslow et al., 2007).

Assessment is an important component of gatekeeping for counseling programs. Faculty should regularly provide formative (periodically throughout the course) and summative (at the end of the course) feedback to CITs (Bodner, 2012; Johnson et al., 2008; Kaslow et al., 2007; Russel, DuPree, Beggs, Peterson, & Anderson, 2007). Multiple raters should provide this feedback to ensure that the biases of one instructor does not negatively influence the CITs' growth (Johnson et al., 2008). Since CITs sometimes have difficulty accepting corrective feedback, training should be offered to faculty and supervisors to ensure that they are delivering effective and useful feedback (Johnson et al., 2008). In Tanya's case, she consulted the CIT's site supervisor, other faculty and her director to ensure feedback was corrective and unbiased in nature. It is also important to document the feedback provided (Forrest et al., 2013; Johnson et al., 2008). When CITs are determined to be deficient, faculty must create individualized remediation plans to address these deficiencies (Kaslow et al., 2007). It is important that faculty and supervisors view competence as being neither "a dichotomous nor a static construct" (Johnson et al., 2008, p. 592). Adopting this perspective increases the likelihood of taking a growth

mindset in remediation. In the case study, Tanya created a plan to help the CIT address growth in areas which the CIT was struggling. If faculty and supervisors approach gatekeeping from a fixed mindset, they may inadvertently prevent CITs from achieving competence or success with the remediation plan.

Faculty and supervisors should have a thorough understanding of their roles navigating the complexity evaluating the CIT, while simultaneously advocating for the CIT (Johnson et al., 2008). At clinical sites and graduate programs, it is suggested that measures be taken to separate the faculty/supervisor's mentoring role from the evaluator role by using committees or outside evaluators (Johnson et al., 2008).

It is crucial to consider the individual CIT in the gatekeeping process. Faculty and supervisors should consider CITs' multicultural factors, values, beliefs, and attitudes in decisions about gatekeeping and creating remediation plans (Kaslow et al., 2007). In the case study, Tanya viewed the unique aspects of the CIT, and approached gatekeeping with greater empathy, which helped her deliver constructive feedback in a way the CIT was able to receive. Additionally, this may aid in addressing gatekeeping issues more fully and from a multicultural lens.

In addition to the recommendations provided, faculty and supervisors are encouraged to honestly communicate the CIT's knowledge, skills and dispositions to prospective employers in letters of recommendation (Johnson et al., 2008). Accurate information about a CIT's strengths and limitations helps employers make informed decisions about a candidate's fit with their organization and the clientele served.

In counselor education, gatekeeping is an ongoing process for CITs, initiated during the school admissions process and continuing until the individual earns an independent license to practice. This process ensures counselor educators and counseling supervisors assess and endorse CITs who demonstrate competence in knowledge, skills, and dispositions, and the capacity to engage in responsible clinical practice. By establishing clear and standardized expectations related to dispositions, there will be greater program and faculty agreement related to educator and supervisor gatekeeping roles and responsibilities. As a result, educators and supervisors will work together from a shared understanding, to train and develop competent CITs, thereby ensuring ethical care of clients and a stronger counseling profession as a whole.

References

- American Counseling Association. (2014). *ACA code of ethics*. Retrieved from <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Ametrano, I. M. (2014). Teaching ethical decision making: Helping students reconcile personal and professional values. *Journal of Counseling & Development, 92*(2), 154-161. doi:10.1002/j.1556-6676.2014.00143.x
- Balwin, K. D. (2018a). Critical terminology in gatekeeping. In A. M. Homrich & K. L. Henderson (Eds.), *Gatekeeping in the mental health professions* (pp. 25-52). Alexandria, VA: American Counseling Association.
- Baldwin, K. D. (2018b). Faculty and supervisor roles in gatekeeping. In A. M. Homrich & K. L. Henderson (Eds.), *Gatekeeping in the mental health professions* (pp. 99-126). Alexandria, VA: American Counseling Association.
- Bemak, F., Epp, L. R., & Keys, S. G. (1999). Impaired graduate students: A process model of graduate program monitoring and intervention. *International Journal for the Advancement of Counselling, 21*(1), 19-30. doi:10.1023/A:1005387309472
- Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). New York, NY: Pearson.
- Bodner, K. E. (2012). Ethical principles and standards that inform educational gatekeeping practices in psychology. *Ethics & Behavior, 22*(1), 60-74. doi:10.1080/10508422.2012.638827
- Brear, P., & Dorrian, J. (2010). Gatekeeping or gate slippage? A national survey of counseling educators in Australian undergraduate and postgraduate academic training programs. *Training and Education in Professional Psychology, 4*(4), 264-273. doi:10.1037/a0020714
- Christensen, J. K., Dickerman, C. A., & Dorn-Medeiros, C. (2018). Building a consensus of the professional dispositions of counseling students. *The Journal of Counselor Preparation and Supervision, 11*(1:2), 1-27. Retrieved from <https://repository.wcsu.edu/jcps/vol11/iss1/2/>
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. Alexandria, VA: Author.
- Dean, C., Stewart-Spencer, S. E., Cabanilla, A., Wayman, D., & Heher, M. (2018). Collaborative gatekeeping between site supervisors and mental health counseling faculty. *Journal of Counselor Preparation and Supervision, 11*(2). Retrieved from <https://repository.wcsu.edu/jcps/>
- DeLorenzi, L.D. (2018). Evaluating trainee professional performance. In A. M. Homrich & K. L. Henderson (Eds.), *Gatekeeping in the mental health professions* (pp. 193-220). Alexandria, VA: American Counseling Association.
- Dollarhide, C. T. (2013). Using a values-based taxonomy in counselor education. *Counseling and Values, 58*(2), 221-236. doi:10.1002/j.2161-007X.2013.00035.x
- Eryilmaz, A., & Mutlu, T. (2017). Developing the four-stage supervision model for counselor trainees. *Educational Sciences: Theory and Practice, 17*(2), 597-629. doi:10.12738/estp.2017.2.2253
- Forrest, L., Elman, N. S., Huprich, S. K., Veilleux, J. C., Jacobs, S. C., & Kaslow, N. J. (2013). Training directors' perceptions of faculty behaviors when dealing with trainee competence problems: A mixed method pilot study. *Training and Education in Professional Psychology, 7*(1), 23-32. doi:10.1037/a0032068
- Foster, V. A., & McAdams, C. R. (2009). A framework for creating a climate of transparency for professional performance assessment: Fostering student investment in gatekeeping. *Counselor Education and Supervision, 48*(4), 271-284. doi:10.1002/j.1556-6978.2009.tb00080.x
- Freeman, B. J., Garner, C. M., Fairgrieve, L. A., & Pitts, M. E. (2016). Gatekeeping in the field: Strategies and practices. *Journal of Professional Counseling, Practice, Theory, & Research, 43*(2), 28-41. doi:10.1080/15566382.2016.12033954
- Garner, C. M., Freeman, B. J., & Lee, L. (2016). Assessment of student dispositions: The development and psychometric properties of the Professional Disposition Competence Assessment (PDCA). *Ideas and Research You Can Use: VISTAS, 52*, 1-14. Retrieved from https://www.counseling.org/docs/default-source/vistas/article_5235f227f16116603abcff0000bee5e7.pdf?sfvrsn=4

- Gaubatz, M. D., & Vera, E. M. (2002). Do formalized gatekeeping procedures increase programs' follow-up with deficient trainees? *Counselor Education and Supervision, 41*(4), 294-305. doi:10.1002/j.1556-6978.2002.tb01292.x
- Gizara, S. S., & Forrest, L. (2004). Supervisors' experience of trainee impairment and incompetence at APA-accredited internship sites. *Professional Psychology: Research and Practice, 35*(2), 131-140. doi:10.1037/0735-7028.35.2.131
- Hancock, K. (2014). Student beliefs, multiculturalism, and client welfare. *Psychology of Sexual Orientation & Gender Diversity, 1*, 4-9. doi:10.1037/sgd0000021
- Henderson, K. L. (2018). Designing remediation plans and interventions. In A. M. Homrich & K. L. Henderson (Eds.), *Gatekeeping in the mental health professions* (pp. 221-242). Alexandria, VA: American Counseling Association.
- Homrich, A. M. (2018). Introduction to gatekeeping. In A. M. Homrich & K. L. Henderson (Eds.), *Gatekeeping in the mental health professions* (pp. 1-24). Alexandria, VA: American Counseling Association.
- Homrich, A. M., DeLorenzi, L. D., Bloom, Z. D., & Godbee, B. (2014). Making the case for standards of conduct in clinical training. *Counselor Education and Supervision, 53*(2), 126-144. doi:10.1002/j.1556-6978.2014.00053.x
- Johnson, W. B., Elman, N. S., Forrest, L., Robiner, W. N., Rodolfa, E., & Schaffer, J. B. (2008). Addressing professional competence problems in trainees: Some ethical considerations. *Professional Psychology: Research and Practice, 39*(6), 58-599. doi:10.1037/a0014264
- Kaslow, N. J., Rubin, N. J., Forrest, L., Elman, N. S., Van Horne, B. A., Jacobs, S. C., ... & Grus, C. L. (2007). Recognizing, assessing, and intervening with problems of professional competence. *Professional Psychology: Research and Practice, 38*(5), 479-492. doi:10.1037/0735-7028.38.5.479
- Kerl, S., & Eichler, M. (2005). The loss of innocence: Emotional costs to serving as gatekeepers to the counseling profession. *The Journal of Creativity in Mental Health, 1*(3-4), p. 71-88. doi:10.1300/J456v01n03_05
- Kimball, P. L. (2018). *When professional and personal values collide: A thematic analysis of counseling students' developmental journey through an ethics course*. (Doctoral dissertation). Retrieved from <https://digitalcommons.liberty.edu/doctoral/1847/>
- Knapp, S., Gottlieb, M. C., & Handelsman, M. M. (2017). Enhancing professionalism through self-reflection. *Professional Psychology: Research and Practice, 48*(3), 167-174. doi:10.1037/pro0000135
- Koerin, B., & Miller, J. (1995). Gatekeeping policies: Terminating students for nonacademic reasons. *Journal of Social Work Education, 31*(2), 247-260. doi:10.1080/10437797.1995.10672261
- Lambie, G. W., & Ascher, D. L. (2016). A qualitative evaluation of the Counseling Competencies Scale with clinical supervisors and their supervisees. *The Clinical Supervisor, 35*(1), 98-116. doi:10.1080/07325223.2015.1132398
- Lambie, G. W., Ieva, K. P., Mullen, P. R., & Hayes, B. G. (2011). Ego development, ethical decision-making, and legal and ethical knowledge in school counselors. *Journal of Adult Development, 18*(1), 50-59. doi:10.1007/s10804-010-9105-8
- Lambie, G. W., Mullen, P. R., Swank, J. M., & Blount, A. (2018). The counseling competencies scale: Validation and refinement. *Measurement and Evaluation in Counseling and Development, 51*(1), 1-15. doi:10.1080/07481756.2017.1358964
- Lawrence, C., Foster, V. A., & Tieso, C. L. (2015). Creating creative clinicians: Incorporating creativity into counselor education. *Journal of Creativity in Mental Health, 10*, 166-180. doi:10.1080/15401383.2014.963188
- Letourneau, J. L. H. (2016). A decision-making model for addressing problematic behaviors in counseling students. *Counseling and Values, 61*(2), 206-222. doi:10.1002/cvj.12038
- Miller, J., & Koerin, B. B. (2002). Gatekeeping in the practicum. *The Clinical Supervisor, 20*(2), 1-18. doi:10.1300/J001v20n02_01

- Miller, S. M., Larwin, K. H., Lutzman-East, M., Williams, J., Evans, W. J., Williams, D. D., ... Miller, K. L. (2019). A proposed definition and structure of counselor dispositions. *Measurement and Evaluation in Counseling and Development*. doi:10.1080/07481756.2019.1640618
- Minton, C. A., Gibson, D. M., & Morris, C. A.. (2016). *ACA evaluating student learning outcomes in counselor education*. Alexandria, VA: American Counseling Association.
- Redekop, F., & Wlazelek, B. (2012). Counselor dispositions: An added dimension for admissions decisions. *Ideas and Research You Can Use: VISTAS, 1*, 1-10. Retrieved from https://www.counseling.org/resources/library/vistas/vistas12/article_17.pdf
- Remley, T.P., & Herlihy, B.P. (2019). *Ethical, legal, and professional issues in counseling* (6th ed.). Boston, MA: Pearson.
- Russel, C. S., DuPree, W. J., Beggs, M. A., Peterson, C. M., & Anderson, M. P. (2007). Responding to remediation and gatekeeping challenges in supervision. *Journal of Marital and Family Therapy, 33*(2), 227-244. doi:10.1111/j.1752-0606.2007.00018.x
- Saccuzzo, D. P. (1997). Liability for failure to supervise adequately mental health assistants, unlicensed practitioners and students. *California Western Law Review, 34*(1), Article 10, 115-152. Retrieved from <https://scholarlycommons.law.cwsl.edu/cgi/viewcontent.cgi?article=1253&context=cwlr>
- Swank, J. M., Lambie, G. W., & Witta, E. L. (2012). An exploratory investigation of the Counseling Competencies Scale: A measure of counseling skills, dispositions, and behaviors. *Counselor Education and Supervision, 51*(3), 189-206. doi: 10.1002/j.1556-6978.2012.00014.x
- Swank, J. M., & Smith-Adcock, S. (2014). Gatekeeping during admissions: A survey of counselor education programs. *Counselor Education and Supervision, 53*(1), 47-61. doi:10.1002/j.1556-6978.2014.00048.x
- Wilkerson, K. (2006). Impaired students: Applying the therapeutic process model to graduate training programs. *Counselor Education and Supervision, 45*(3), 207-217. doi:10.1002/j.1556-6978.2006.tb00143.x