AN ABSTRACT OF THE DISSERTATION OF

Eric L. Ström for the degree of Doctor of Philosophy in Counseling presented on September 17, 2020.

Title: A Linguistic Analysis of the Content, Context, and Demographic Variables Related to Clinician Professional Misconduct.

Abstract approved:

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Cass Dykeman

The professions of counseling, marriage and family therapy, and social work are highly controlled with regulators frequently issuing findings of professional misconduct against clinicians. Although much research has been conducted with regard to clinician professional misconduct in general, there is a scarcity of research investigating the relationship between gender and types of professional misconduct, and no research to date has been conducted to investigate the content of final findings of professional misconduct as determined by state regulators. What remains unknown, therefore, is to what degree specific clinician gender correlates with sanctions for acts of professional misconduct and the linguistic content and context of these sanctions. This research consists of two studies investigating the content and context of professional misconduct findings against licensed counselors, marriage and family

therapists, and social workers. The first study is titled "The Relationship of Clinician Demographic Variables to Discipline Board Misconduct Content." The second study is titled "Clinician Discipline Board Misconduct Decisions: A Study of Linguistic Differences." These studies were designed around a retrospective cross-sectional analysis of a linguistic corpus created from a randomized convenience sample of final determinations of disciplinary actions across eight states. This linguistic corpus was created from the findings of fact of 509 final determinations of misconduct against clinicians. For the first study, word counts from the contents of the findings of misconduct for the following linguistic categories: (a) family words, (b) substance words, (c) finance words, (d) sex words, (e) friend words, and (f) recordkeeping words were compared to the criterion variables consisting of (a) gender, (b) years of experience, (c) geographical region, and (d) type of license. Frequency rates and rankings of the variables were calculated and the relationships between variables were evaluated through a multiple linear regression analysis. For the second study, raw word counts and a normalized frequency were reported for each linguistic category of professional misconduct and a GraphColl of the collocates of the most frequent word in each category was produced. The results of the first study demonstrate a wide variation of prevalence rates across the control variables and suggest some significant relationships between these demographic variables and the linguistic categories. Three meaningful findings emerged from the second study. The first finding is the sexual or intimate nature of the term "relationship." The second finding was the nuclear family context of the term "mother" in relation to the family word list. The third finding was the relatively high frequency of the term "alcohol" among the substance terms. The findings from both studies provide empirical data regarding the linguistic content and context of professional misconduct and identify relationships between clinicians' professional misconduct and their personal and

professional demographics. This data is necessary to better understand types and contexts of professional misconduct to effectively and efficiently educate, develop, and supervise clinicians.

A Linguistic Analysis of the Content, Context, and Demographic Variables Related to Clinician Professional Misconduct

by
Eric L. Ström

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APPROVED:

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Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Eric L. Ström, Author

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CONTRIBUTIONS OF THE AUTHORS

Cass Dykeman assisted with the research question development, methodology, and research design, as well as the conceptualization and presentation of the findings. Tim Bergquist assisted with the statistical analysis design and interpretation.

TABLE OF CONTENTS

TABLE OF CONTENTS (Continued)

TABLE OF CONTENTS (Continued)

TABLE OF CONTENTS (Continued)

LIST OF FIGURES

LIST OF TABLES

Chapter 1: A General Introduction

Overview

Some key assumptions about licensed counselors, marriage and family therapists, and social workers often appear in both popular culture and in the academic literature. Among these is the belief that these professions are made up of individual clinicians who are one of two extremes—either predatory, using and abusing clients for their own ends, or as the model of an altruistic and benevolent wise sage. Of course, the reality for the vast majority of clinicians lies somewhere in between. What remains unknown, is to what degree specific clinician demographic variables correlate with sanctions for acts of professional misconduct. Two lines of inquiry guided the present study. The first was to investigate the relationship between types of professional misconduct and clinician gender, license type, geographic region, and years of practice. The second was to examine the linguistic content and context of clinician professional misconduct.

The Importance of the Topic to the Profession of Counseling

The goal for this study was three-fold. The first was to empirically identify types of misconduct that result in professional discipline for clinicians. The second goal was to assess to what degree clinician gender, license type, geographic region, and years of practice relate to clinicians' professional misconduct. The third goal was to explore the linguistic content and context of professional misconduct committed by master's degree level behavioral health clinicians including licensed counselors, marriage and family therapists, and social workers. Such a study is necessary to effectively and efficiently educate, develop, and supervise clinicians (Coy et al., 2016; Evan & Robinson, 2013; Strom-Gottfried, 2000). Moreover, the current literature reflects very few systematic studies of clinician misconduct (McNulty et al., 2013).

Because current literature is particularly lacking with regard to gender and misconduct, empirically-based research is needed (Sonne & Jochai, 2014).

Overview of the General State of Scientific Knowledge Dissertation Topic Area

To contextualize this study, a review of seven major points of the existing literature were explicated: (a) definition of terms related to professional licensure, (b) gender demographics of licensure type, (c) some common assumptions found in the literature regarding clinician demographics and professional misconduct, (d) a discussion of Pope et al.'s (1979) seminal study on psychologist sexual misconduct, (e) what is known about the demographics of clinicians that correlate with professional misconduct, (f) the prevalence of the most common bases for findings of professional misconduct against clinicians, and (g) surveying the use of linguistic analysis in the study of professional misconduct. Finally, the research questions are presented.

Among the various state regulatory boards, a variety of terms are used to describe the clinical professions of licensed counseling, marriage and family therapy, and social work. In this study, the following definitions apply. The term *licensed counseling* refers to the credentialed practice of mental health counseling, professional counseling, professional clinical counseling, or other similarly-labeled credentials. The term *marriage and family therapy* refers to the credentialed practice of marriage and family therapy, clinical marriage and family therapy, or other similarly-labeled credentials. In each of these disciplines the master's degree is considered the entry degree for credentialed practice. The term *social work* refers to the credentialed practice of social work, clinical social work, independent social work, advanced practice social work, specialist clinical social work, master's level social work, or other similarly-labeled credentials. The terms *clinician is* used as generic terms to refer to social workers, licensed

counselors, and marriage and family therapists. As with licensure terminology, there is great complexity in the literature regarding the relationship between clinician demographics and professional misconduct.

While these clinical professions were at one time male dominated (Willyard, 2011), the field has more recently experienced a large influx of female practitioners. According to the most recent U.S. Census, 84% of social workers, and 71% of licensed counselors are female (United States Department of Labor, 2016). Despite this current data, many assumptions about clinician gender and misconduct continue to appear in the literature.

Many of the assumptions and untested hypotheses that often appear in the literature relate to sexual misconduct by clinicians. Primary among these assumptions is that most clinician sexual misconduct is committed by male practitioners. Forty years since Pope et al.'s (1979) landmark study among licensed psychologists, this assumption continues to be applied by many researchers (Barnett, 2014; Celenza & Hilsenroth, 1997; Coleman & Schaefer, 1986; Gabbard, 1994; Garfinkel et al., 1997; Grenyer & Lewis, 2012; Gutheil & Gabbard, 1992; Haug, 1999; McNulty et al., 2013; Plaut, 2008). While Pope et al.' (1979) research findings may have been accurate and relevant in their time, these findings may not continue to be supported by the evidence today, particularly when applied to the clinical professions other than psychology.

Pope et al.'s (1979) seminal study was based on a self-report survey administered by postal mail. The survey was sent to members of the American Psychological Association's (APA) psychotherapy division and inquired about psychotherapists' attitudes and experiences relating to sexual relationships between students and educators in psychology training programs and between psychotherapists and clients in clinical settings. From this study Pope et al. reported

several findings. Among these findings was that "when sexual contact occurs in the context of psychology training or psychotherapy, the predominant pattern is quite clear and simple: an older, higher status man becomes sexually active with a younger, subordinate woman" (Pope et al., 1979, p. 687). Despite some methodological limitations with the research design and execution, and the researchers limited focus on the licensed psychologists, Pope et al.'s article continues to have a significant impact on the field. This is evidenced by the frequency with which this research is cited beyond the limited context of the practice of psychology (Coleman & Schaefer, 1986; Gabbard, 1994; Garfinkel et al., 1997; Haug, 1999; Gutheil & Gabbard, 1992; Celenza & Hilsenroth, 1997). Rather than to continue to apply research from a different professional setting and a different chronosystem, current data is needed to inform discussion of sexual misconduct in the context of master's degree level clinicians.

While much research was conducted in the 1980s and 1990s with regard to clinician demographics and professional sexual misconduct (Sonne & Jochai, 2014), there is a scarcity of current research on the topic of the clinician characteristics that appear to be coincident with various types of professional misconduct. Moreover, virtually no published research exists regarding correlation between clinician demographics and professional misconduct committed by licensed marriage and family therapists.

Types of misconduct that led to sanctions are generally reported by profession. There is a large corpus of data with regard to misconduct by social workers and licensed counselors. However, there exists very little data regarding misconduct committed by marriage and family therapists. Further, within this corpus of literature, there is almost no literature investigating the relationship between gender and types of professional misconduct for any of the clinical

professions. Further, while many researchers have investigated complaints lodged with professional organizations against social workers (Berliner, 1989; Strom-Gottfried, 2000) and with malpractice claims (Reamer, 1995), no research to date has investigated the content of final findings of professional misconduct as determined by state regulators.

Corpus linguistics has been recognized as a particularly appropriate tool for analysis of legal texts in general, and specifically to gain a deeper insight into the context and meaning of such texts (Cunningham, 2020). Recent research studies have been conducted using a linguistic analysis approach to investigate misconduct and fraud in academic research (Markowitz & Hancock, 2016), false confession eliciting conduct by law enforcement officers (Salvati & Houck, 2019), and the meaning and intent underlying statutory construction (Cunningham, 2020). To date, however, no corpus linguistics analyses of final determinations of professional misconduct against social workers, licensed counselors, and marriage and family therapists have been published.

Description of Manuscript #1

Rationale for the Manuscript

Empirically identifying whether or not there are relationships between professional misconduct clinician personal and professional demographics is necessary to better understand types and contexts of professional misconduct so that we may more effectively and efficiently educate, develop, and supervise clinicians (Coy et al., 2016; Evan & Robinson, 2013; Strom-Gottfried, 2000). Moreover, since systematic studies of non-psychologist clinician gender and misconduct, particularly with regard to marriage and family therapists, are virtually non-existent,

current research into this topic is needed to better understand the type and context of professional misconduct as it actually occurs (McNulty et al., 2013; Sonne & Jochai, 2014).

Statement of Research Questions

To address these gaps in the existing literature, two research questions guide this study. The first research question was: Among clinicians adjudicated for professional misconduct, what are the prevalence rates across the variables in the study? The second research question was: Among clinicians adjudicated for professional misconduct, what is the relationship of the control variables (a) gender, (b) years of experience, (c) geographical region, and (d) type of license, to the criterion variable of each word group category?

Description of Methodology

This study employed a retrospective cross-sectional study (Parker & Berman, 2016) to analyze archival data. Archival data of records of the final determinations of disciplinary actions pertaining to clinicians sanctioned by state regulatory boards were collected from state regulatory boards through access to publicly available online databases.

There were four control variables and six criterion variables used in the study. The control variables included: (a) gender (nominal), (b) years of experience (continuous), (c) geographical region (West, Midwest, South, & Northeast), type of license (counselor, social worker, marriage and family therapist [MFT]). The continuous criterion variables included word counts for the following linguistic categories: (a) family words, (b) substance words, (c) finance words, (d) sex words, (e) friend words, and (f) recordkeeping words.

Description of Data Analysis Processes

In terms of the first question, frequency rates and rankings were calculated. With regard to the second research question, relationships between variables were evaluated through a multiple linear regression test using a forced entry method. In this method, the control variables are all added to the model in one step. A single regression equation is then calculated for all the control variables. This entry approach was selected as the most efficient process by which to evaluate the regression model (Draper & Smith, 2014). The significance level was set at .05. All analyses were conducted using Microsoft Excel.

Target Journal

The target journal for Manuscript #1 is the *Journal of Marital and Family Therapy* (JMFT). This journal was selected for two primary reasons. First, since the focus of Manuscript #1 was analyzing professional misconduct among licensed marriage and family therapists, a peer-reviewed journal with a focus on marriage and family therapy is most appropriate. Second, with a reported impact factor of 2.528, *JMFT* is the preeminent peer-reviewed publication within the field of marriage and family therapy. Despite its preeminence in the field, *JMFT* has published very little relating to marriage and family therapist misconduct.

One recent study, however, did investigate misconduct by marriage and family therapists (Coy et al., 2016). This study employed a phenomenological methodology based on interviews with 10 marriage and family therapists who had been officially accused of professional misconduct. Coy et al. identified five existential themes relating to the experience and noted that "despite the necessity of upholding ethical and legal standards, there is little research on

[marriage and family] therapist unprofessional conduct" (p. 139). This is a significant gap in the current research.

The primary risk of this gap in research is that the profession will default to outdated assumptions. For example, outdated assumptions often appear in the literature related to sexual misconduct by clinicians. Primary among these assumptions is that most clinician sexual misconduct is committed by male practitioners. Forty years since Pope et al.'s (1979) landmark study, this assumption continues to be cited by many researchers (Barnett, 2014; Celenza & Hilsenroth, 1997; Coleman & Schaefer, 1986; Gabbard, 1994; Garfinkel et al., 1997; Grenyer & Lewis, 2012; Gutheil & Gabbard, 1992; Haug, 1999; McNulty et al., 2013; Plaut, 2008). While Pope et al.'s research findings may have been relevant and accurate for their time, these findings may not continue to be to be valid in a when applied nearly four decades later in the context of clinical professions other than psychology.

If the research results do not confirm these assumptions from a different era and a different professional setting, changes must be made with regard to how we teach professional ethics, how we supervise new clinicians, and how we work as a profession to prevent misconduct. If, on the other hand, the research results confirm the existing assumptions, it will become clear that our current approach to teaching, developing, and supervising clinicians has not been sufficient to overcome significant problems with the status quo. Thus, such an outcome would also direct changes in teaching ,supervision, and professional practice, to prevent professional misconduct.

Description of Manuscript #2

Rationale for the Manuscript

Systematically investigating the context and content of clinician professional misconduct is imperative to build an understanding of how and why such misconduct occurs. Due to a lack of empirical data regarding the content and context of professional misconduct across the allied clinical professions of social work, licensed counseling, and marriage and family therapy, further research into this topic is needed to better understand the type and context of professional misconduct as it actually occurs (McNulty et al., 2013). Such understanding plays a vital role in efforts to equip clinicians, both new and experienced, to manage and solve ethical dilemmas and to avoid legal pitfalls (Even & Robinson, 2013; Strom-Gottfried, 2000).

Statement of Research Question

Two research questions were designed to guide this study in addressing these significant gaps in the literature regarding professional misconduct. The first research question was: In terms of frequency with adequate dispersion, what are the top five words for each professional misconduct themed linguistic category? The second research question was: What are the collocates of the most frequent, adequately-dispersed word for each professional misconduct-themed linguistic category?

Methodology

This study employed a retrospective cross-sectional study (Parker & Berman, 2016) to analyze archival data of final findings of professional misconduct. A linguistic corpus was compiled to investigate the meaning behind these misconduct findings. The register for this corpus is legal writing, and the subregister is state licensure board misconduct findings of fact.

Data Analysis

In terms of the first research question, raw word counts and a normalized frequency (i.e., percentage of all words) were reported for each professional misconduct category. With regard to the second research question, a GraphColl for the most frequent word in each category (i.e., node word) was produced. The settings for these GraphColls were: statistic ID = 04, statistic name = MI2, statistic cut-off value = 3, L and R span = L3-R3 minimum collocate frequency (C) = 5, minimum collocation frequency (NC) = 1, and filter = low dispersed words removed (D < . 50).

Target Journal

The target journal for Manuscript #2 is *Social Work* (SW). This journal was selected for two primary reasons. First, *SW* is a peer-reviewed journal that has published articles relating to professional misconduct among social workers but has not published any studies comparing types of social worker misconduct to that of other similar professions. Second, with a reported impact factor of 1.145, *SW* is a highly influential peer-reviewed publication within the field of social work as well as across the mental health professions. While *SW* has traditionally published articles that analyze the types of professional misconduct committed by social workers, in the past 20 years only two systematic studies of professional misconduct have been published in this journal.

In one such study, a large number of malpractice claims filed through the National Association of Social Workers (NASW) insurance trust were evaluated, and frequencies of misconduct within each of several categories were reported (Reamer, 1995). In a more recent study of complaints lodged with the NASW ethics board against social worker members of the NASW between 1987 and 1997, the five most common types of misconduct were identified and

compared. Overall, the existing research provides different results with regard to both the categories of misconduct and the ranking of these categories. In addition, no recent studies of misconduct published in *SW* have been conducted to evaluate determinations of misconduct made by state regulatory boards.

Glossary of Specialized Terms

The following terms are operationalized in this way in this dissertation:

Adjudication - A legal or regulatory process or proceeding by which a legally binding determination is made regarding the occurrence of professional misconduct.

Administrative action - A decision made by a regulatory board regarding an allegation of violation of a regulatory standard.

Allegation - A non-adjudicated assertion or charge that an action or omission in violation of an enforceable standard of care has been committed.

Clinician - A generic term to refer to social workers, licensed counselors, and marriage and family therapists.

Credential - Official permission by a state regulatory board granting authorization for an individual to practice a profession. This may include licensure, certification, and/or registration.

Credentialed - The status of receiving official permission by a state regulatory board to practice a profession. This may include licensure, certification, and/or registration.

Disciplinary action - A decision made by a state regulatory board regarding an allegation of professional misconduct.

Financial misconduct - An act or omission in violation of any enforceable standard of care which relates to the financial aspects of mental health practice.

Finding - Any determination, adjudication, consent order, stipulation or other settlement that results in an administrative action by a state regulatory board.

Misconduct - Actions or omissions that violate a professional standard as set forth in law, regulation, or other policy that are otherwise enforceable by a regulatory board.

Professional misconduct - An action or non-action by a credentialed mental health professional that is in violation of an enforceable standard of care.

Regulatory board - A public authority or agency that is authorized by a state government to exercising authority and supervision over the practice of a licensed profession.

Regulatory violations - Violation of rules established by a state regulatory board establishing requirements, standards, and procedures of granting, maintaining, and renewing professional credentials.

Sanctions - Any corrective, disciplinary, or punitive action taken by a regulatory board against a credentialed mental health professional. These actions may include fines, requirements for additional training, or other corrective actions. These actions may also include revocations, restrictions, probation, or any other limitation to a mental health professional's credential.

Sexual misconduct - An act or omission in violation of any enforceable standard of care that relates to sexual, romantic, dating, or similar personal conduct of a mental health practitioner.

Standard of care - The standard of professional care that a reasonably competent and skilled mental health professional, with a similar background and in the same community, is expected to provide given all applicable legal and ethical standards.

Substance use misconduct - An act or omission in violation of any enforceable standard of care that relates to the use of alcohol or drugs by a mental health practitioner.

Thematic Linkage of the Manuscripts

These two studies are thematically linked through corpus linguistic analysis of the relationship between types of professional misconduct and various clinician demographic variables. The first study investigates the connection between type of professional misconduct with clinician gender, license type, and the number of years of clinical practice at the time of the finding of misconduct, while the second study investigates the linguistic content of these final findings of misconduct.

In addition to examining distinct but related data in each manuscript, the nature of this data crosses both studies as it draws from the same corpus. This data will add to what is known about clinician demographics and misconduct. This information can be directly applied to educate, develop, and supervise clinicians effectively and efficiently.

Statement of Dissertation Organization

This is a manuscript style dissertation. The second chapter contains a research manuscript focused on two research questions. The first research question is: Among clinicians adjudicated for professional misconduct, what are the prevalence rates across the variables in the study? The second research question is: Among clinicians adjudicated for professional misconduct, what is the relationship of the control variables (a) gender, (b) years of experience, (c) geographical region, and (d) type of license to the criterion variable of each word group category?

The third chapter contains a research manuscript focused on an additional two research questions. The first of these is: In terms of frequency with adequate dispersion, what are the top

five words for each professional misconduct themed linguistic category? The second research question is: What are the collocates of the most frequent, adequately dispersed word for each professional misconduct themed linguistic category?

The final chapter contains a summarization of the results of these two studies, a discussion of their implications for future research, and an outline of the future research agenda resulting from these findings.

Chapter 2: A Research Manuscript

The Relationship of Clinician Demographic Variables to Discipline Board Misconduct Content

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Abstract

This study was designed as an investigation of clinician variables that correlate with the contents of findings of misconduct. While there is a scarcity of current research regarding clinician characteristics that correlate with professional misconduct, many assumptions and untested hypotheses appear. In particular, gender is often identified as a critical component of professional misconduct. Despite these common assertions, virtually no published research exists regarding correlations between gender and marriage and family therapist (MFT) professional misconduct. This study employed a retrospective cross-sectional study to analyze a randomized convenience sample of the records of final determinations of clinician disciplinary actions across eight states. Four control variables (gender, years of experience, geographical region, and type of license) were correlated with six criterion variables consisting of word counts for six linguistic categories (family, substance, finance, sex, friend, and recordkeeping words). Frequency rates of the criterion variables were calculated. Relationships between all variables were evaluated through a multiple linear regression analysis. The data show a wide variation of prevalence rates across the control variables. Four of the multiple regression analyses produced statistically significant results. Gender was related to both family and finance related words, while years of practice was related to family, finance, sex, friend, and recordkeeping words. No relationship was found between recordkeeping words and any of the control variables. Similarly, no relationship was found between any of the criterion variables and geographic region or license type.

Keywords: ethics, gender, misconduct, professional discipline, corpus linguistics. LIWC, counseling, marriage and family therapy, social work

The Relationship of Clinician Demographic Variables to Discipline Board Misconduct Content

Despite many popular cultural references to the contrary, master's degree level clinicians are neither all saints nor all predators. Still, a significant number of clinicians receive sanctions for engaging in professional misconduct. An investigation into the degree to which personal, professional, and regional demographics are meaningful in separating these sanctioned professionals from the un-sanctioned whole guided the present study.

Empirically identifying whether or not there are relationships between clinician professional misconduct and personal and professional demographics is necessary to better understand types and contexts of professional misconduct in order to effectively and efficiently educate, develop, and supervise clinicians (Coy et al., 2016; Evan & Robinson, 2013). Moreover, since systematic studies of clinician gender and misconduct, particularly with regard to marriage and family therapists, are virtually non-existent, current research into this topic is needed to better understand professional misconduct as it actually occurs (Sonne & Jochai, 2014).

To contextualize this study, a review of the existing literature will follow that includes: (a) definition of terms related to professional licensure, (b) gender demographics of licensure type, (c) some common assumptions found in the literature regarding clinician gender and misconduct, (d) a discussion of Pope et al.'s (1979) seminal study on sexual misconduct committed by psychologists , and (e) what is known about clinician gender demographics that correlate with professional misconduct. Finally, the research questions will be presented.

State regulatory boards use a variety of terms to describe the clinical professions of marriage and family therapy, social work, and licensed counseling. In each of these disciplines

the master's degree is considered the entry degree. In this study, the following definitions apply. The term *marriage and family therapy* refers to the credentialed practice of marriage and family therapy, clinical marriage and family therapy, or other similarly-labeled clinical practice. The term *social work* refers to the credentialed practice of social work, clinical social work, independent social work, advanced practice social work, specialist clinical social work, master's level social work, or other similarly-labeled clinical practice. The term *licensed counseling* refers to the credentialed practice of mental health counseling, professional counseling, professional clinical counseling, or other similarly-labeled clinical practice. The terms *clinician* is used as a generic term to refer to *social workers*, *licensed counselors*, and *marriage and family therapists.* As with licensure nomenclature, there is great complexity in the literature regarding the relationship between gender and professional misconduct.

With regard to gender, the clinical professions were at one time male dominated (Willyard, 2011). More recently, however, this field has moved towards more inclusivity with a wider range of clinician gender identities (Meyers, 2017; Michel et al., 2013; Shipman, 2019). Contrary to this increasing scope of gender identities within the clinical professions, gender statistics compiled by federal and state regulatory bodies are reported within a strictly binary male-or-female gender identification. According to the most recent U.S. Census, 82% of social workers, and 72% of counselors are female (United States Department of Labor [US DOL], 2018). Marriage and family therapy is not identified as a detailed occupation in the US DOL statistics. The gender demographics of the clinicians who experienced findings of misconduct across the jurisdictions evaluated for this study reflect a split of roughly 68% female and 32%

male. Despite this current data, many assumptions about clinical gender continue to appear in the literature.

Many of the assumptions and untested hypotheses that often appear in the literature relate to sexual misconduct by clinicians. Primary among these assumptions is that most clinician sexual misconduct is committed by male practitioners. In this vein, in 1979, Pope et al. published the results of a self-report survey regarding sexual misconduct committed by psychologists . This survey was mailed to members of the American Psychological Association's (APA) psychotherapy division and inquired into psychologists' attitudes and experiences relating to sexual relationships between students and educators in psychology training programs and between psychotherapists and clients in clinical settings. From this study, Pope et al. reported several findings. Among these findings was that "when sexual contact occurs in the context of psychology training or psychotherapy, the predominant pattern is quite clear and simple: An older, higher status man becomes sexually active with a younger, subordinate woman" (Pope et al., 1979, p. 687).

Forty years since Pope et al.'s (1979) landmark study regarding clinician sexual misconduct, the assumption that sexual misconduct is primary committed by male clinicians against female clients continues to be articulated by many researchers (Barnett, 2014; Celenza & Hilsenroth, 1997; Coleman & Schaefer, 1986; Gabbard, 1994; Garfinkel et al., 1997; Grenyer, & Lewis, 2012; Gutheil & Gabbard, 1992; Haug, 1999; McNulty et al., 2013; Melville-Wiseman, 2016; Plaut, 2008). While Pope et al.'s findings may have represented significant relevance in their time and setting, these findings may not continue to be accurate, particularly when applied to clinical contexts beyond the practice of psychology.

In the original publication, Pope et al. (1979) did not specifically identify any limitations of his study. However, several are apparent. First, of the 1,000 potential participants contacted, the final research was based on 481 individual responses. This response represents less the 50% of the identified sample. Second, while the surveys were returned by 245 male respondents, 220 female respondents, and 16 respondents who did not identify gender, the questionnaire was intentionally mailed to 500 male and 500 female members of APA Division 29 (psychotherapy). It is unclear if this equal split is representative of the gender composition of practitioners of that division, or of the profession in general, at that time. Third, due to the high non-response rate this study experienced, the results are likely to have suffered from significant underrepresentation in data. Such underrepresentation is seen in many cases to represent the single greatest threat to the quality of survey results (Dillman et al., 2009, p. 360).

In fact, Pope et al. (1979) mentioned this high nonresponse rate and explained that in this context the likely nonresponse bias "is toward underestimating the sexual contact" (p. 687). However, the potential impact of this bias was not sufficiently considered given the assumption that all the missing data due to nonresponses would reflect a similar gender split that is seen in the responses. Pope et al. stated that "even if all missing cases were included as cases where no sexual contact took place, gender differences would be quite large…" (p. 686). Despite these shortcomings, Pope et al.'s article continues to have a significant impact on the field, as evidenced by the frequency with which it continues to be cited.

While much research was conducted in the 1980s and 1990s with regard to clinician gender and professional sexual misconduct (Sonne & Jochai, 2014), there is a scarcity of current research on the topic of the clinician characteristics that appear to be coincident with various

types of professional misconduct. The most current studies, while dated, have been based on: (a) case studies of clinicians who received treatment subsequent to sexual misconduct with a client (Celenza & Hilsenroth, 1997; Gabbard, 1994); (b) self-report questionnaires regarding misconduct (Garrett, 1999; Garrett & Davis, 1998; Gartrell et al., 1986; Thoreson et al., 1993); and (c) analysis of complaints lodged with regulators and professional organizations (Grenyer & Lewis, 2012; Symons, 2011). These studies identified a wide range of variables that correlate with charges or findings of professional misconduct.

Despite the variability in research results, gender is often identified as a critical component. Additionally, some studies that appear to have been conducted in order to identify correlations between clinician sexual identity and misconduct may be misapplied to perpetuate harmful stereotypes. Among the identified sexual identity characteristics were homosexuality (Garrett, 1999; Thoreson et al., 1993) and "perceived femininity" (Thoreson et al., 1993, p. 432) as measured by the Male Role Norm Scale (Thompson & Pleck, 1987). Other studies have produced results that may continue to be valid. The characteristics identified in these studies include personal stressors and emotional distress (Celenza & Hilsenroth, 1997; Thoreson et al., 1993); maladaptive personality traits (Celenza & Hilsenroth, 1997), and being a male clinician with female clients (Gartrell et al., 1986; Symons, 2011). Similar research has also been conducted to investigate the types and prevalence of professional misconduct that is committed.

Types of misconduct that lead to sanctions are generally investigated and reported by profession. While there exists very little data regarding misconduct committed by marriage and family therapists, a large corpus of data with regard to misconduct by social workers and licensed counselors has been generated in the professional literature. Further, within this corpus

of literature, there is almost no information about the relationship between gender and types of professional misconduct for any of the clinical professions.

Specifically, there is virtually no published research investigating correlations between gender and professional misconduct committed by licensed marriage and family therapists. In fact, the lack of research regarding this topic was recently noted in the *Journal of Marital and Family Therapy* (Coy et al., 2016). Coy et al. stated "Despite the necessity of upholding ethical and legal standards, there is little research on [marriage and family] therapist unprofessional conduct" (p. 139). While little is known regarding professional misconduct among marriage and family therapists, some research is beginning to emerge.

Despite this lack of data, there are two relevant studies that contained investigations into professional misconduct committed by licensed marriage and family therapists. The authors of one study of self-reported professional and personal behaviors of marriage and family therapists reported a direct relationship between the risk of potential misconduct and years of clinical experience (McLaurin et al., 2004). The authors of a second study surveyed MFT perceptions relating to the integrity and academic honesty underlying published marriage and family therapy research (Brock et al., 2009). While McLaurin et al. (2004) collected data regarding the gender demographics of respondents to their study, neither study applied gender as a research variable.

The third study employed a phenomenological methodology to investigate the experiences of 10 marriage and family therapists (six female and four male) who had been officially accused of professional misconduct (Coy et al., 2016). Coy et al. identified five existential themes relating to the MFTs' experiences, yet none of the themes were identified as being related to the gender of the MFT. Aside from these three studies, very little is known about

professional misconduct committed by marriage and family therapists, and no researchers to date have analyzed gender differences with respect to marriage and family therapist misconduct. Such information is also lacking for other allied mental health professions.

Many researchers have investigated misconduct and the social work discipline. Some of these studies have included analysis of complaints lodged against social workers to chapter committees on inquiry of the National Association of Social Workers (NASW; Berliner, 1989), evaluation of malpractice claims filed thorough the NASW insurance trust (Reamer, 1995), and examination of complaints lodged with the NASW ethics board against social worker members of the NASW (Strom-Gottfried, 2000). Overall, the existing research provides information relating to categories of misconduct and the ranking of these categories. However, no researchers have investigated the relationship between gender and misconduct. Researchers focusing on this topic with licensed counselors have returned results that are similar to what is seen with social workers.

There have been several systematic analyses conducted regarding types of misconduct committed by licensed counselors (Even & Robinson 2103; Neukrug et al., 2001; Symons et al., 2011). Of these, only one addressed gender as a research variable. In this recent UK study, Symons et al. examined ethical complaints made to the British Association for Counseling and Psychotherapy (BACP) between 1998 to 2007 and categorized the complaints by type. Among the research findings of this study were that 46% of the complaints were made against male practitioners and 54% were made against female practitioners. While the authors were unable to obtain data regarding the gender split among all members of the BACP, they surmised that male membership made up of less than 17% of total BACP membership. The authors also

recommended further research into this finding (Symons et al., 2011). Analysis of professional misconduct from other allied mental health professions, including licensed psychologists, reflect a similar absence of gender data.

Given the aforementioned gaps in the literature on misconduct, two research questions were designed to guide this study. The first research question was: Among clinicians adjudicated for professional misconduct, what are the prevalence rates across the control variables in the study? The second research question was: Among clinicians adjudicated for professional misconduct, what is the relationship of the control variables (a) gender, (b) years of experience, (c) geographical region, and (d) type of license to the criterion variable of each word group category?

Method

Design

This study employed a retrospective cross-sectional study (Parker & Berman, 2016) to analyze archival data. Archival data of records of the final determinations of disciplinary actions pertaining to clinicians sanctioned by state regulatory boards were collected from through access to publicly available online databases.

The records considered in this study were limited to those of licensed counselors, marriage and family therapists, and social workers. Records of misconduct pertaining to licensed psychologists were excluded for three primary reasons. First, while many (but not all) states have joint regulatory boards that oversee the professional practice of licensed counselors, marriage and family therapists, and social workers (e.g., Arizona, Indiana, Ohio, South Carolina, Washington), no state regulatory boards jointly regulate licensed psychologists along with these

other clinical credentials. Second, in many states the same or similar laws and regulations apply to licensed counselors, marriage and family therapists, and social workers (e.g., Arizona, Indiana, Ohio, South Carolina, Washington). In every state, licensed psychologists are regulated by laws and regulations separate and distinct from those that regulate licensed counselors, marriage and family therapists, and social workers. Third, while much research has been conducted relating to misconduct committed by psychologists over the past several decades, much less is known about misconduct that is committed by the master's degree level clinicians. Addressing that lack of existing research was a primary focus of this study.

There were four control variables and six criterion variables used in the study. The control variables included: (a) gender (nominal), (b) years of experience (continuous), (c) geographical region (West, Midwest, South & Northeast), type of license (licensed counselor, social worker, marriage, and family therapist). The continuous criterion variables included word counts for the following linguistic categories: (a) family words, (b) substance words, (c) finance words, (d) sex words, (e) friend words, and (f) recordkeeping words.

G*Power 3.1 was employed for power analysis (Faul et al., 2009). The effect size was drawn from a study on the relationship of demographic and social factors to ethical decision making in health professionals (Rajiah & Venaktaraman, 2019). The average Cohen's *d* reported in this study ($d = .35$) was converted into the Cohen's f^2 needed for a multiple regression power calculation. The input parameters were as follows: (a) test family: F tests; (b) statistical test: linear multiple regression: fixed model, R^2 deviation from zero; (c) type of power analysis: a priori: compute required sample size, given α, power, and effect size; (d) $f^2 = 0.0324$; (e) power (1-β err probability) = 0.80, (f) $\alpha = .0001$; and (g) number of predictors = 4. The output included

a sample size of 911 words in the corpus of final findings of misconduct and an actual power of 0.80.

Participants

The analysis was conducted using records of the final determinations of disciplinary actions pertaining to clinicians sanctioned by state regulatory boards. The demographic variables assessed for each subject (sanctioned clinician) included gender, years of experience at the time of the finding of misconduct, geographical region of practice, and type of license. The analyzed documents were collected from state regulatory boards through access to publicly available online databases. No attempt was made to collect documents from states that do not make such documents available to the general public through internet access.

In order to collect documents from a representative sample of regulatory boards, the following procedure was used. First, the 50 United States were divided into the four regional divisions used by the United States Census Bureau (2020). Second, the states in each U.S. Census region were randomized using an online list randomizer tool (Randomness and Integrity Services Ltd., n.d.). This tool generates a randomized arrangement of the items of any inputted list. This randomization is created through an application of the true random nature of atmospheric noise (Randomness and Integrity Services Ltd., n.d.).

The websites for the regulatory boards for each state within each randomized list of U.S. Census regions were then accessed online in order. If discipline records were not publicly available for the identified state, the regulatory board websites for the next state in the randomized list was accessed. This process was completed until records were obtained from one state in each U.S. Census region. Due to the low number of records relating to discipline for

marriage and family therapists, this process was completed a second time for records relating to marriage and family therapists only.

In total, 520 documents representing 509 individuals were collected. The counts for documents and individuals do not match because 10 individuals were duplicated for analysis (i.e., nine clinicians held two licenses and one clinician held three). By census region, the adjudication records count was Northeast *n* = 36 (7%), Midwest *n* = 179 (34%), South *n* = 54 (10%), and West *n* = 251 (48%). For the northeast states, the adjudication records count was Connecticut *n* = 26 (5%) and New Jersey n = 10 (2%). With regard to the midwestern states, the count was Ohio n = 166 (32%) and Indiana *n* = 13 (3%). In terms of the southern states, the count was South Carolina *n* = 46 (9%) and Kentucky *n* = 8 (2%). In reference to the western states, the count was Arizona *n* = 236 (45%) and Washington *n* = 15 (3%).

Those 520 documents represent the following makeup with regard to license type. For marriage and family therapists, the adjudication records count was Connecticut *n* = 9 (2%), New Jersey *n* = 10 (2%), Ohio *n* = 1 (<1%), Indiana *n* = 7 (1%), South Carolina *n* = 1 (<1%), Kentucky *n* = 8 (2%), Connecticut *n* = 9 (2%), New Jersey *n* = 10 (2%), Arizona *n* = 10 (2%), Washington *n* =13 (3%). For licensed counselors, the adjudication records count was Connecticut *n* = 6 (1%), New Jersey *n* = 0 (0%), Ohio *n* = 65 (13%), Indiana *n* = 0 (0%), South Carolina *n* = 15 (3%), Kentucky *n* = 0 (0%), Arizona *n* = 148 (29%), Washington *n* =13 (3%). For social workers, the adjudication records count was Connecticut *n* = 11 (2%), New Jersey *n* = 0 (0%), Ohio *n* = 100 (19%), Indiana *n* = 6 (1%), South Carolina *n* = 30 (6%), Kentucky *n* = 0 (0%), Arizona *n* = 78 (15%), Washington *n* =0 (0%).

With regard to license type and gender, the adjudication records count for licensed counselors was female *n* = 158, male *n* = 75. For marriage and family therapists, adjudication records count was female *n* = 36, male *n* = 22. For social workers, adjudication records count was female *n* = 152, male *n* = 64.

Gender was assessed through the demographic information provided by the pertinent state regulatory board. Where such information was incomplete or missing, gender was determined based on the use of masculine or feminine personal pronouns to refer to the clinician within the discipline document. Credential type was determined through the demographic information provided by the pertinent state regulatory board. Years of experience at the time of the finding of misconduct was determined through the demographic information provided by the pertinent state regulatory board.

Corpus

Register, Scope, and Sources

The register for this corpus is legal writing, and the subregister is state licensure board misconduct findings of fact. In terms of scope, only final findings of professional legal or ethical misconduct dated between January 1, 2009 and December 31, 2018 were collected. 2009 was established as the start date because a significant number of states do not make records prior to 2009 available online. The following types of findings were specifically excluded from collection and analysis:

- determinations that were purely regulatory in nature (e.g., failure to pay license renewal fees or failure to document continuing education) unless there was also another related finding of misconduct

- determinations that were based solely on medical, physical, or mental impairment unless there was also another related finding of misconduct
- determinations based on state or federal criminal convictions unrelated to professional practice
- determinations based solely on misconduct that was originally adjudicated in another jurisdiction
- determinations relating to clinicians who held credentials below fully independent practice, including intern, associate, and trainee credentials

Thus, findings relating solely to regulatory violations, eligibility for licensure, and medical or mental impairment were excluded. The final findings were then collected and the section of each document consisting of a description of the events that led to the findings of misconduct (e.g., the findings of fact, or the stipulated facts) was identified. In total, 509 documents were collected. Of those 509 documents, nine represented clinicians who held two licenses, and one represented a clinician who held three psychotherapy licenses. The corpus of 509 documents contains 218,993 tokens, 10,610 types, and 8,514 lemmas.

Preprocessing

The original source documents were collected in either Adobe Portable Document Format (.pdf) or Microsoft Word (.docx) format. The .pdf documents were converted to Word format. The contents of each .docx document was reviewed. The text containing a description of the events that led to the finding of misconduct was identified in each document. The contents of each document other than the identified description of the events that led to the finding of misconduct were removed from the document. Some examples of such removed contents include

administrative and procedural language, description of sanctions, and appellate rights. Each edited document then contained only the text description of the events that led to the finding of misconduct. The edited .docx documents were then converted to ASCII text only (.txt) format. These final .txt documents formed the corpus.

Measures

Gender

The genders were dummy coded as: female = 1, and male = 2. Of the 520 documents collected, the gender representation of the subjects of those documents was female *n* = 353 (68%), male *n* = 167 (32%). For female clinicians, the adjudication records count by license type was marriage and family therapy *n* = 35 (7%), social work *n* = 157 (30%), and licensed counselor *n* = 161 (31%). For the male clinicians, the adjudication records count by license type was marriage and family therapy *n* = 24 (5%), social work n = 68 (13%), and licensed counselor *n* = 75 (14%).

Gender Proportion

Gender proportion of clinicians was drawn from U.S. Department of Labor data (U.S. DoL; United States Department of Labor [US DOL], 2018). The U.S. DoL reports gender statistics as the total number of male and female social workers, and counselors. With regard to the U.S. DoL, the counselor category includes both licensed counselors and marriage and family therapists. These numbers are not reported separately.

Years of Practice

Years of practice at the time of a finding of misconduct was a continuous variable, ranging from 1 to 37.

License Type

license type was a nominal variable with three categories: licensed counselor (Coun), social workers (SW), and marriage of family therapists (MFT). For the purpose of regression analyses these three categories were converted into two variables and binomialized and dummy coded as follows: (a) LicRe, 1(Coun) = 0; 2 (MFT) = 1; 3 (SW) = 0, and (b) LicRe2, 1 (Coun) = 0; 2 (MFT) = 0; 3 (SW) = 1.

Geographic Region

Geographic region consisted of the four U.S. census regions (U.S. Census Bureau, 2020). For the purpose of regression analyses, these four nominal categories were converted into three variables and binomialized and dummy coded as follows: (a) RegRe11, 1 (Northeast) = 0, 2 (Midwest) = 1, 3 (South) = 0, 4 (West) = 0; (b) RegRe12, 1 (Northeast) = 0, 2 (Midwest) = 0, 3 (South) = 1, 4 (West) = 0; (c) RegRe13, 1 (Northeast) = 0, 2 (Midwest) = 0, 3 (South) = 0, 4 (West) = 1.

Word Categories Related to Professional Misconduct

The challenges associated with coding types of misconduct in final findings of professional misconduct may be one of the significant barriers to research on this topic. While potential issues relating to the interrater reliability of such coding could be addressed, several significant challenges persist. First, findings of professional misconduct are often based on an ongoing course of conduct rather than one discrete event. Second, there is wide variation in how specially various state regulatory boards report what standard or rule was violated. Third, while many standards of professional conduct are similar across various states, individual state laws and regulations vary such that there is no overall consensus on categories or types of misconduct.

Therefore, rather than to attempt a process of subjectively coding the final findings of misconduct for misconduct type, an inferential linguistic content analysis was determined to provide a more accurate, albeit less direct, process to identify the contextual content of the findings of misconduct. In all cases, the final findings of misconduct contain a description of the underlying facts and circumstances of the misconduct are provided in the findings of fact or similar.

This study used a descriptive approach to compare thematic content of the final determinations by comparing word frequencies within six categories of word counts between groups. These word categories include family, finances, friends, recordkeeping, sexuality, and substances. The word lists for family, finances, friends, and sexuality were based on pre-existing wordlists in the Linguistic Inquiry and Word Count [LIWC] 2015 dictionary (Pennebaker Conglomerates Incorporated, 2015). This LIWC 2015 dictionary does not contain pre-existing wordlists for recordkeeping or substances. The final form or each of the six categories was created through collection of terms found in the *APA PsychNet Thesaurus and the Medical Subject Headings* (MeSH) vocabulary thesaurus used for indexing articles for PubMed MedLine (National Institutes of Health [NIH], 2015). For the complete list of terms in each category, see Ström (2020b).

Apparatus

The text analysis was conducted through the use of the LIWC word count process. LIWC software identifies and categorizes words that capture different emotions, thinking styles, and social concerns (Pennebaker Conglomerates Incorporated, 2015). The word count results were assessed for the six identified categories of terms from the LIWC dictionaries. The LIWC

dictionaries and word count process have been validated through multiple studies across various disciplines (Baggott et al., 2015; Bonfils et al., 2016; Donohue et al., 2014; Egnoto & Griffin, 2016; Zhao et al., 2016).

Data Analysis

In terms of the first question, frequency rates and rankings were calculated. With regard to the second research question, relationships between variables were evaluated through a multiple linear regression analysis using a forced entry method. With this method, the control variables are all added to the model in one step. A single regression equation is then calculated for all the control variables. This entry approach was selected as the most efficient process by which to evaluate the regression model (Draper & Smith, 2014). The significance level was set at .05. All analyses were conducted using Microsoft Excel.

Results

In terms of the first research question, the descriptive statistics for the control variables were as follows. With regard to gender, female n = 347 (68%), and male n = 162 (32%). Regarding license type, marriage and family therapy n = 58 (11%), social work n = 217 (43%), and licensed counselor n = 234 (46%). For geographic region, West n = 249 (49%), Midwest n = 171 (34%), South n = 54 (11%), Northeast, n = 35 (7%). The mean number of years in practice at the time of the finding of misconduct was 11.4 with a range from one to 37 and a standard deviation of 7.3.

With regard to the second research question, a correlation matrix of all variables can be found in Table 1. Between control and criterion variables, there were seven correlations that were significant at the 0.1 level. Using the r as an effect size, the strength of all of these

correlations is small (Cohen, 1988). In reference to the multiple regression portion of this research question, four of the six analyses produced statistically significant results. The effect sizes for the significant results ranged from very weak to weak (Moore et al., 2013). Details concerning the statistically significant regression results can be reviewed in Table 2. The complete regression results are available online (Ström, 2020a).

Discussion

This study was designed to examine word usage in final findings of misconduct among clinicians adjudicated for professional misconduct. The linguistic inquiry and word count (LIWC) software was used to analyze linguistic and psychological processes of the corpus. Results of this study inform educating, training, supervising, and regulating clinicians with regard to professional misconduct.

The results from the first research question demonstrate a wide variation of prevalence rates across the control variables in the study including gender, licensed type, years of professional practice, and region. Specifically, the gender split among clinicians disciplined for professional misconduct is reflective of the U.S. Department of Labor data on the gender split among all clinicians. One explanation for these results is that there is a similarity in the rates of misconduct that lead to final findings of misconduct regardless of clinician gender or license type. An alternative explanation for these results may be that the prevalence of reports and the prevalence of final findings of misconduct are mediated by some other non-identified variable. The former explanation for these results appears to be most likely as it is consistent with the lack of any current systematic data connecting these clinician demographics to a higher prevalence of misconduct.

The results of the second research question suggest a relationship between the demographic variables and the word groupings. Given that regression analysis is, by nature, based on a bidirectional correlation, no directional causation can be determined (Lehmann, 1998). For instance, gender was related to both family and finance words. One potential explanation for these findings is that variation in the practice setting—for example, work with families and children — may be related to clinician gender. This practice setting may then result in a higher prevalence of words relating to that practice setting occurring in the final findings of misconduct. Another potential explanation is that there is variation in the underlying causes of professional misconduct relating to family and social relationships is based on clinician gender. Between the former and the latter, the former is most likely driving the results given the lack of any current research data demonstrating a direct connection between clinician gender and misconduct relating to family relationships.

Another set of relationships that appeared were the five related to years of practice. These relationships were with (a) family, (b) finance, (c) sex, (d) friend, and (e) recordkeeping words. Three plausible explanations for why years of practice was so influential can be posited. First, it is possible that the rates of commission of acts that lead to final findings of unprofessional conduct increase as clinicians who progress in their professions become less involved in receiving active supervision and consultation. Second, these results may be reflective of a decrease in the rates of commission of acts that lead to final findings of unprofessional conduct due to increased knowledge and skill as clinicians progress in their professions. Third, it is possible that these results are reflective of an increase in underlying misconduct caused by developmental changes to legal and ethical standards that are better applied by more recently

trained clinicians. Among these three, the most likely is the first explanation. A connection between the increase in occurrences of misconduct and a lack of supervision and consultation is consistent with emerging research regarding marriage and family therapists (Coy et al., 2016; McLaurin et al., 2004). This explanation is also more compelling given the distribution of findings of professional misconduct in significant numbers across all stages of professional practice.

No relationship was found between (a) recordkeeping words and any of the control variables other than years of practice, or (b) any of the criterion variables and geographic region or license type. Thus, it would appear that the types of professional misconduct engaged in by clinicians may be mediated by the amount of time those clinicians have been in the profession, and to a lesser extent, by clinician gender, but not by geographic region or license type. One likely explanation for the obtained results is that types of professional misconduct engaged in by clinicians do not vary based on geographic region or license type. Another potential explanation for these results is that while there does exist some relationship between clinician misconduct and license type or geographic region, as well as a relationship between the control variables and misconduct related to recordkeeping, these relationships were simply not identified in this analysis. Between the former and the latter, the former is most likely driving the results given the lack of any current research supporting a direct connection between clinician misconduct and license type or geographic region.

Four limitations to this study should be considered. First and foremost, the analyzed data directly relates to misconduct that has been adjudicated and substantiated by state level regulators. It is unclear to what extent that correlates with the actual occurrence of professional

misconduct. Many factors may result in a wide disparity between misconduct that occurs and misconduct that is sanctioned.

Second, a closed vocabulary approach was employed for this study to identify misconduct. In this closed vocabulary process, word lists were constructed based on terms that are determined by the researcher to be indicative of an identified underlying theme. While a closed vocabulary approach can be a productive way to conduct a thematic linguistic inquiry, it has several inherent limitations. Some of these limitations can include errors in measurement based on differences in a single word's meaning or use across different contexts, and limitations based on the assumptions and preconceptions that underly the constructed word list (Kern et al., 2016). As an alternative, an open vocabulary approach makes use of a vast corpus of text to automate the building of word lists based on observed relationships between vocabulary, phrases, and themes in the corpus itself (Schwartz et al., 2013). As such, an open vocabulary approach is more likely to provide unanticipated results. Further related studies using an open vocabulary approach would complement the present study.

Third, in every case, the state regulatory boards that reported on misconduct identified practitioners as either male or female. There were no cases of any regulatory body identifying gender in any manner other than a binary female or male identity. Thus, the gender reported by the state regulatory boards may not accurately correspond with the clinician's gender identity in all cases. Lastly, clinician cultural, racial, and ethnic identity is not reported by any of the assessed state boards and was thus not included in this study. Due to this specific lack of data, the cultural context of professional misconduct remains unevaluated.

This study presents implications in three areas: (a) research, (b) clinical practice, and (c) the education and supervision of clinicians. In terms of research, since many of the traditionally held assumptions regarding gender correlation with professional misconduct appear to be invalid, alternative factors should be investigated. Some of these factors that correlate with professional misconduct include burnout, ineffective clinician self-care, a lack of professional support and consultation, and inadequate training and supervision (Barnett, 2014; Simionato et al., 2019). Further, racial, ethnic, and cultural identity generally is not reported by state boards; thus, it is unclear if these demographic variables would or would not correlate with professional misconduct. Further research in this area would help to clarify that question.

With regard to clinical practice, the obtained results question the long-standing assumption that one primary demographic variable—namely, clinician gender—puts a clinician at risk of professional misconduct. Second, since findings of misconduct were observed to occur in significant numbers at all points throughout clinicians' professional lives, the is clear that of ongoing consultation throughout a clinician's career , rather than consultation being needed exclusively in the early stages of clinician development is crucial . Similarly, since the type of profession misconduct committed does not appear to be related to years of practice, ongoing training and education relating to professional ethics among clinicians at various stages of their careers is appropriate.

Concerning supervision, the implications emerging from the results are two-fold. First, the lack of any identified relationship between the control variables and license type supports the viability of providing similar supervision regarding ethical practice to supervisees across a range of license types. Specifically, for clinicians in agency or group practice settings, these results

support the appropriateness for marriage and family therapists to participate in supervision and consultation regarding ethical issues along with licensed counselors and social workers. Second, the observed gender split among clinicians disciplined for all types of professional misconduct is reflective of the gender split among all clinicians. Therefore, because clinician gender does not appear to be related to determinations of sexual professional misconduct, the need for all clinicians to recognize a range of factors that may lead to professional misconduct and to remain vigilant about maintaining ethical practices is highlighted.

Lastly, this study provides implications for education in the clinical professions. Primarily, no relationship was identified between any of the control variables and geographic region or license type. Therefore, it is likely that similar types of professional misconduct occur in the clinical professions regardless of license type and regardless of geographic region. This finding supports a rationale for a similar curriculum for instruction in professional ethics across the clinical professions. Thus, educational materials and curricula developed for one license type could appropriately be used in the training of other license types. Similarly, this finding also supports the development of curriculum for instruction in professional ethics that is consistent across geographic regions.

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Table 1

Correlation Matrix (Multinomial Variables Excluded)

		1	2	3	4	5	6	7	8
1	Family	—							
2	Substance	-0.004	—						
3	Finance	-0.217 ***	-0.131 **	—					
4	Sex	0.140 **	-0.169 ***	-0.034	—				
5	Friend	0.106 *	-0.190 ***	0.002	0.720 ***	—			
6	Recordkeeping	0.075	0.105 *	-0.101 *	-0.202 ***	-0.287 ***	—		
7	Years in Prac.	0.126 **	0.003	-0.115 **	-0.174 ***	-0.164 ***	0.113 *	—	
8	Gender	-0.107 *	-0.039	0.090 *	0.053	-0.001	-0.060	0.082	—

* p < .05, ** p < .01, *** p < .001

Note: 2 records were removed due to missing years in practice data. Thus 507 records included out of a total of 509. The following correlation statistics were used given the nature of the variables: continuous by continuous--Pearson's *r*, binomial by continuous--point-biserial $r_{p\text{-}b}$.

Table 2

Regression Results

Category	*t*	*p*	*F*	*df*	*p*	Adj. R^2
Family						
Overall Model			0.00000007	7, 499	0.057	0.08
Years in P	2.218	0.027				
GenRe	-2.520	0.012				
LicRe1	2.258	0.024				
LicRe2	0.305	0.760				
RegRe1	-0.066	0.947				
RegRe2	0.455	0.649				
RegRe3	2.452	0.015				
Finances						
Overall Model			0.05	7, 499	< .001	0.014
Years in P	-2.5596	0.0108				
GenRe	2.3174	0.0209				
LicRe1	-0.3457	0.7297				
LicRe2	1.3030	0.1932				
RegRe1	-0.3746	0.7081				
RegRe2	-0.4711	0.6377				
RegRe3	-0.1765	0.8600				
Friend						
Overall Model			0.000042	7, 499	< .001	0.049
Years in P	-2.924	0.004				
GenRe	0.217	0.828				
LicRe1	-0.593	0.553				
LicRe2	1.293	0.197				
RegRe1	0.874	0.383				
RegRe2	-0.127	0.899				
RegRe3	-0.912	0.362				
Sex						
Overall Model			0.000003	7, 499	< .001	0.06
Years in P	-3.1721	0.0016				
GenRe	1.4973	0.1349				
LicRe1	-0.2947	0.7683				
LicRe2	0.6998	0.4844				

RegRe1	1.4227	0.1555				
RegRe2	-0.5475	0.5843				
RegRe3	-0.6045	0.5458				
Substances						
Overall Model			0.00000001	7, 499	0.0003	0.08
Years in P	-0.8564	0.3922				
GenRe	-0.6897	0.4907				
LicRe1	0.3919	0.6953				
LicRe2	-0.0743	0.9408				
RegRe1	-2.1741	0.0302				
RegRe2	-1.5541	0.1208				
RegRe3	1.1704	0.2424				
Recordkeeping						
Overall Model			0.00000002	7, 499	0.0000	0.093
Years in P	2.4810	0.0134				
GenRe	-1.3404	0.1807				
LicRe1	-1.7066	0.0885				
LicRe2	-0.9123	0.3620				
RegRe1	-0.9231	0.3564				
RegRe2	-0.9628	0.3361				
RegRe3	1.7483	0.0810				

Chapter 3: A Research Manuscript

Clinician Discipline Board Misconduct Decisions:

A Study of Linguistic Differences

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Abstract

This study was designed to investigate findings of misconduct against social workers, MFTs, and licensed counselors by employing a retrospective cross-sectional analysis of a linguistic corpus created from a randomized convenience sample of final determinations of disciplinary actions across eight states. The most frequent terms and collocates were assessed for six categories (family, substance, finance, sex, friend, and recordkeeping). Word counts are reported for each category. Collocate maps for the most frequent word in each category were produced. The results in all categories but recordkeeping were notable. In particular, among the friends and sexuality categories, “relationship” was the word with the highest frequency. This suggests the foundational nature of the therapeutic relationship is relevant to both clinical outcomes and to the occurrence of misconduct. For substance terms, the frequency of “alcohol” suggests that alcohol is more connected to findings of misconduct than is any other individual substance. Further, the collocates in the friends and sexuality word categories suggest that misconduct is frequently related to intimate relationships. Additionally, the nuclear family context of the collocates of the most frequent terms in the family word list are reflective of misconduct occurring in the context of the nuclear family relationships. One implication of this study is a recognition that clinical work within families is a specific area of heightened risk for professional misconduct. A second implication is that ongoing supervision and consultation to support healthy clinician self-care activities and to address protective strategies to avoid the risks of developing inappropriate clinician/client relationships is of vital importance.

Keywords: ethics, misconduct, professional discipline, corpus linguistics, #Lancsbox, social work, psychotherapy, marriage and family therapy, licensed counseling

Clinician Discipline Board Misconduct Decisions:

A Linguistic Analysis

Malpractice, professional misconduct, and ethical violations are terms that often strike fear into the hearts of clinicians. In the helping professions, it is not uncommon to hear rumors and whispers about the causes and contexts of professional misconduct. Despite such speculation, there remains uncertainty regarding what professional misconduct committed by social workers, marriage and family therapist and licensed counselors really looks like. In spite of a wealth of legal and regulatory standards, published ethical codes, research, and mandated continuing education, answers to this question remain unknown. While the types of professional misconduct that occur across these various license types appear to be consistent (Ström & Dykeman, 2020a), the content and context of professional misconduct committed by clinicians remains elusive. The present study was formulated to investigate the content and context of final findings of misconduct against members of the clinical professions.

Systematically investigating the context and content of clinician professional misconduct is imperative to build an understanding of how and why such misconduct occurs. Due to a lack of empirical data regarding the content and context of professional misconduct across the allied professions of social work, licensed counseling, and marriage and family therapy, further research into this topic is needed to better understand the type and context of professional misconduct as it actually occurs (McNulty et al., 2013). Such understanding plays a vital role in efforts to equip clinicians, both new and experienced, to manage and solve ethical dilemmas and to avoid legal pitfalls (Even & Robinson, 2013; Strom-Gottfried, 2000).

In preparation for the present study, a review of the existing relevant literature was conducted, and four key themes emerged. These four themes were: (a) operationalization of varying terms related to licensure in the context of professional misconduct, (b) identifying what is known about the context of professional misconduct committed by social workers, (c) identifying what is known about the context of professional misconduct among allied professions including licensed counselors and marriage and family therapists, and (d) surveying the application of linguistic analysis to the study of professional misconduct. Two research questions are derived from these themes and will be presented.

The clinical professions of social work, licensed counseling, and marriage and family therapy are generally regulated at the state level. One challenge inherent to the investigation of professional misconduct adjudicated by states is a lack of consistent language and terms being used from state to state (Neukrug et al., 2001). In particular, various state regulatory bodies employ a range of labels to describe these clinical professions. In this study, the following definitions apply.

The titles *clinician* is used as a general label to refer to social workers, licensed counselors, and marriage and family therapists. The label *social work* applies to a range of credentials in the professional practice of social work. These credentials include clinical social work, independent social work, advanced practice social work, advanced clinical social work, specialist clinical social work, master's level social work, or other similar credentials. The label *professional counseling* applies to a range of credentials relating to the practice of professional counseling, including licensed counseling, professional counseling, mental health counseling, professional clinical counseling, or other similar credentials. The label *marriage and family*

therapy applies to the range of credentials within the practice of marriage and family therapy. These credentials include licensed marriage and family therapy, clinical marriage and family therapy, or other similar terms. For each of these professions, a master's level graduate degree is the minimum academic requirement. Similar to the variation with regard to licensure nomenclature, there is also much disagreement in the literature regarding the contextual factors that occur with professional misconduct.

Research into professional misconduct is typically conducted on an individual profession basis with a focus on just one license type at a time. With regard to misconduct in the field of social work, studies have included: (a) analysis of complaints lodged with chapters of the National Association of Social Workers (NASW) against social worker members (Berliner, 1989); (b) assessment of the content of malpractice insurance claims filed thorough the NASW insurance trust (Reamer, 1995); (c) examination of complaints lodged with the national NASW ethics board against social worker members (Strom-Gottfried, 2000); and (d) analysis of the institutional and regulatory context of the adjudication of allegations of sexual misconduct (Melville-Wiseman, 2016). Overall, this body of research reflects a categorization of types of professional misconduct observed and ranking of the frequency of those types of misconduct within identified categories. However, the authors of none of these studies systematically investigated the individual or clinical context of the misconduct.

Nevertheless, some individual contextual elements of the observed social worker misconduct have been reported. For example, it has been anecdotally observed that in some cases of alleged, yet unsubstantiated, misconduct, the quality of clinical services provided by the social worker fell below an adequate standard of care (Beliner, 1989). Similarly, other researchers have

hypothesized that social worker misconduct may be related to individual incompetence or professional impairment (Reamer, 1995; Strom-Gottfried, 2000). As with the social work profession, there also exists a substantial corpus of data regarding professional misconduct by licensed counselors. These studies include analyses of a questionnaire survey of state regulatory boards regarding complaints of misconduct (Neukrug et al., 2001), and evaluations of types of misconduct committed by licensed counselors in the context of Council for Accreditation of Counseling and Related Educational Programs (CACREP) educational standards (Even & Robinson 2103).

With regard to these clinical professions other than social work, much research was conducted in the 1980s and 1990s to identify the personal context of clinicians who have engaged in professional sexual misconduct (Sonne & Jochai, 2014). Despite this, there is a scarcity of current research illuminating the individual or clinical contexts that coincide with other types of professional misconduct. The existing research has largely focused on: (a) case studies of clinicians who were receiving treatment due to having engaged in sexual misconduct with clients (Celenza & Hilsenroth, 1997; Gabbard, 1994); (b) evaluation of questionnaires from clinicians self-reporting misconduct (Garrett, 1999; Garrett & Davis, 1998; Gartrell et al., 1986; Thoreson et al., 1993); and (c) evaluation of complaints filed with professional organizations and governmental regulatory boards (Grenyer & Lewis, 2012; Symons, 2011).

While these studies have identified a wide range of variables that correlate with charges or findings of professional misconduct, none specifically investigated the context of the misconduct. While there is a substantial corpus of data relating to misconduct by social workers

and professional counselors, there exists limited data about misconduct committed by marriage and family therapists.

With regard to the context of professional misconduct committed by marriage and family therapists, two recent studies provide some insight. The first was an analysis of self-reported, ethically risky behavior by marriage and family therapists (McLaurin et al., 2004). McLaurin et al. identified a direct relationship between the risk of potential misconduct and years of clinical experience.

The second of these studies applied a phenomenological approach to examine the experiences of 10 marriage and family therapists who had been the subject of allegations of professional misconduct (Coy et al., 2016). Coy et al. identified five existential themes relating to the experiences of these 10 MFTs. These experiences included the life-changing nature of an accusation of professional misconduct, a sense that the process of adjudication was more punitive than rehabilitative, a recognition of the need to obtain professional and personal support throughout the process, a recognition that an allegation of professional misconduct creates significant stigma, and a sense that therapists were unprepared to handle a situation in which they were accused of professional misconduct (Coy et al., 2016). None of these themes identified the contextual environment of the original misconduct. Aside from these two studies, very little is known about professional misconduct committed by marriage and family therapists.

Coding types of misconduct in final findings of professional misconduct is significantly challenging, and may represent a significant barrier to research on this topic. The potential issues relating to the intercoder reliability with such classification of misconduct can be addressed. However, several significant challenges still exist. First, determinations of professional

misconduct often stem from ongoing courses of conduct rather than one isolated incident. Second, state regulatory boards report misconduct in a wide variation of ways. Third, while many standards of professional conduct are similar across various states, individual state laws and regulations vary such that there is no overall consensus on categories or types of misconduct. Therefore, an inferential linguistic analysis can be an appropriate way to investigate the themes, content, and context of professional misconduct findings.

Corpus linguistics has been recognized as a particularly appropriate tool for analysis of legal texts in general and specifically for gaining deeper insight into the context and meaning of such texts (Cunningham, 2020). Research has recently been conducted using a linguistic analysis approach to investigate misconduct and fraud in academic research (Markowitz & Hancock, 2016), conduct by law enforcement officers that elicits false confessions (Salvati & Houck, 2019), and the meaning and intent underlying statutory construction (Cunningham, 2020). To date, however, no corpus linguistics analyses of final determinations of professional misconduct against social workers, licensed counselors, and marriage and family therapists have been published.

Two research questions were designed to guide this study in addressing these significant gaps in the literature regarding professional misconduct. The first research question was: In terms of frequency with adequate dispersion, what are the top five words for each professional misconduct themed linguistic category? The second research question was: What are the collocates of the most frequent, adequately dispersed word for each professional misconduct themed linguistic category?

Method

Design

This study employed a retrospective cross-sectional study (Parker & Berman, 2016) to analyze archival data. Archival data of records of the final determinations of disciplinary actions pertaining to clinicians sanctioned by state regulatory boards were collected through access to publicly available online governmental databases. The records considered in this study were limited to those of licensed social workers, counselors, and marriage and family therapists. Records of misconduct pertaining to licensed psychologists were excluded for three primary reasons. First, while many states have joint regulatory boards that oversee the professional practice of licensed social workers, counselors, and marriage and family therapists (e.g., Arizona, Indiana, Ohio, South Carolina, Washington), no state regulatory boards jointly regulates licensed psychologist, along with these other credentials. Second, in many states the same or similar laws and regulations apply to licensed counselors, marriage and family therapists, and social workers (e.g., Arizona, Indiana, Ohio, South Carolina, Washington). In every state, licensed psychologists are regulated by laws and regulations distinct from those that regulate licensed marriage and family therapists, counselors, and social workers. Third, while much research has been conducted over the past several decades with respect to types of misconduct committed by licensed psychologists, much less is known about misconduct committed by master's degree level clinicians. A primary motivation of this study was to address that lack of research.

Prior to the study, a power analysis was done via G*Power 3.1 in order to determine the requisite sample size needed for an adequately powered study (Faul et al., 2009). The G*Power program does not have an option for the statistical analysis used in collocation research (i.e.,

Mutual Information). As such, the point biserial correlation option was used as a proxy. The average Cohen's *d* from a study on clinical ethics in forensic psychiatry served as the effect size input (*d* = 0.814; Franke et al., 2020). This average Cohen's *d* was then transformed into the effect size appropriate for a point biserial correlation: | *r* | (Ellis, 2009). The input parameters were: (a) test family = *t* tests, (b) statistical test = correlation: point biserial model, (c) type of power analysis = a priori: compute required sample size - given *α*, power, and effect size, (d) effect size | r | = 0.377, (e) power (1-β err probability) = 0.90, (f) *α* = .001, and (g) tails = 2. The G*Power 3.1 output included a sample size of 132 and an actual power of 0.90.

Corpus

Register, Scope, and Sources

The register for this corpus is legal writing, and the subregister is state licensure board misconduct findings of fact. In terms of scope, only final findings of professional legal or ethical misconduct dated between January 1, 2009 and December 31, 2018 were collected. The year 2009 was established as the start date because a significant number of states do not make records available online prior to 2009.

A representative sample of regulatory boards was desired for this study. To that end, the following procedures were employed. First, each state was assigned to one of the four regional divisions used by the U.S. Census Bureau (2000). Second, the list of states within each U.S. Census region was randomized through the use of a web-based list randomizer application (Randomness and Integrity Services Ltd., n.d.). This list randomizer application then generated a randomized hierarchy of the states within each U.S. Census region. The randomization process

used is based on the inherent true randomness of atmospheric noise rather than on the pseudo-randomness of generated number tables (Randomness and Integrity Services Ltd., n.d.).

The websites for the regulatory boards for each state within each randomized list of U.S. Census regions were then accessed online in the randomized order. If discipline records were not publicly available for the identified state, the regulatory board websites for the next state in the randomized list were accessed. This process was completed until records were obtained from one state in each U.S. Census region. Due to the low number of records relating to discipline for marriage and family therapists, this process was completed a second time for records relating to marriage and family therapists only.

The analysis was conducted using records of the final determinations of disciplinary actions pertaining to clinicians sanctioned by state regulatory boards. The demographic data assessed for each subject (sanctioned clinician) included gender, years of experience at the time of the finding of misconduct, geographical region of practice, and type of license. The analyzed documents were collected from state regulatory boards through access to publicly available online databases. No attempt was made to collect documents from states that do not make such documents publicly available through internet access.

The following types of final determination of misconduct were excluded from collection and analysis:

- final findings based of misconduct, which were exclusively of a regulatory nature, unless there was also a related finding of professional misconduct for some other type of violation. Such regulatory findings included failing to pay license renewal fees or failure to obtain adequate continuing education.

- final findings based on misconduct stemming exclusively from medical, physical, or mental impairment. Such findings were included if there was also a related finding of professional misconduct for another type of violation.
- final findings based of misconduct relating solely to a criminal conviction at the state or federal level if the criminal conviction was unrelated to the clinical setting.
- final findings based on misconduct relating to acts of professional misconduct which were originally adjudicated in a different jurisdiction
- final findings based on misconduct against clinicians holding licenses or other credentials below the level of fully independent practice. Such credentials included those of interns, associates, and trainees.

Thus, determinations relating solely to regulatory violations, eligibility for licensure, and medical or mental impairment were excluded. Documents adjudicating final findings of professional misconduct that met this inclusion criteria were identified and obtained. The portion of final finding of misconduct describing the events that were the basis of the final finding of misconduct (e.g., the findings of fact, or the stipulated facts sections) were identified. In all, 520 documents were collected from 509 individual clinicians. Ten individuals were duplicated for analysis (nine clinicians who held licenses of two types and one clinician held licenses of three types). Thus, the numbers of individual clinicians and documents assessed do not match. By U.S. Census region, the evaluated records came from the following regions and states: Northeast n = 36 (7%), Midwest n = 179 (34%), South n = 54 (10%), and West n = 251 (48%). Regarding the northeast states, the record count was Connecticut n = 26 (5%) and New Jersey n = 10 (2%). In terms of the midwestern states, the record count was Ohio n = 166 (32%) and Indiana n = 13 (3%). For

the southern states, the count was South Carolina *n* = 46 (9%) and Kentucky *n* = 8 (2%). With regard to the western states, the count was Arizona *n* = 236 (45%) and Washington *n* = 15 (3%). The corpus was made up of a total of 520 documents. The corpus contained 218,993 tokens, 10,610 types, and 8,514 lemmas.

Preprocessing

All original documents were collected in one of two formats, either Adobe Portable Document Format (.pdf) or Microsoft Word (.docx). The first step in processing each document was conversion to Microsoft .docx format. Each .docx document was then reviewed to identify the portion of the text containing a description of the events that led to the finding of misconduct. All contents of each document other than this identified description of the events leading to the finding of misconduct were removed. The removed portions included such content as administrative and procedural language, description of sanctions, and appellate rights. Each final edited document contained only a description of the events that led to the finding of misconduct. The edited .docx documents were then converted to ASCII text only (.txt) format. The corpus was constructed of these final edited .txt documents.

Measures

Word Categories Related to Professional Misconduct

This study compared thematic contents of final determinations of professional misconduct through a descriptive methodology of assessing word frequencies within six categories of word counts between groups. The assessed word categories included family, finances, friends, recordkeeping, sexuality, and substances. The word lists for family, finances, friends, and sexuality were constructed from pre-existing wordlists in the linguistic inquiry and

word count (LIWC) 2015 dictionary (Pennebaker Conglomerates Incorporated, 2015). Since the LIWC 2015 dictionary does not contain pre-existing wordlists for recordkeeping and substances, these word lists were compiled from scratch. The contents of each of the six categories was finalized through comparison with terms collected from the *APA PsychNet Thesaurus* and from the *Medical Subject Headings* (MeSH) vocabulary thesaurus used for indexing articles for PubMed MedLine (National Institutes of Health [NIH], 2015). The complete list of terms in each category is available online (Ström & Dykeman, 2020b).

Adequately Dispersed Word

Juilland's D is a measure of word dispersion where results can run from 0 to 1 with 0 being extremely uneven distribution, and 1 being perfectly even distribution (Brezina, 2018). The minimum Juilland's D for inclusion in the word list was .80 (Paquot, 2005).

Node Word

A node word is the identified word, phrase, or grammatical structure of interest to be analyzed (Brezina et al., 2018). The node word is central to understanding frequency, word positioning, and linguistic relationships. The distance between the node word and the node's collocates represents the strength of the relationship between the node word and those collocates. In addition, the location of the collocate (i.e., to the left or right of the node word) indicates whether the collocates appear before or after the node word in the text.

Collocation

Collocations, or observed recurrent word combinations, are a critical component of meaning in language (Bartsch, Sabine, Evert, & Stefan, 2014). In the seminal words of J.R. Firth,

"You shall know a word by the company it keeps" (Palmer, 1968). The settings for collocation analyses are detailed in the data analysis subsection below.

Stop Words

Stop words are common function words that do not carry content meaning. Due to the high frequency of these words, their presence can overpopulate a GraphColl making it difficult to read and to interpret (Brezina et al., 2018). Purely functional words such as "the," "to," "and," "of," and "a" were removed from the GraphColls.

Apparatus

The text analysis was conducted through the use of #Lancsbox, a collocate and a corpus analysis tool developed by Brezina et al. (2018). This tool contains various text analysis modules with functions such as calculating word frequencies, dispersions, and collocations. GraphColl is the module that focuses specifically on the collocations, or linguistic relationships, among designated words. Through the GraphColl module, #Lanscbox generates a visual representation of these collocations. Colors and graphical location of words indicate relative frequency, strength, and location to the node word within these collocations. Collocation networks can then be developed to compare similar linguistic relationships across subcorpuses.

Data Analysis

In terms of the first research question, raw word counts and a normalized frequency (i.e., percentage of all words) are reported for each professional misconduct category. With regard to the second research question, a GraphColl for the most frequent word in each category (i.e., node word) was produced. The settings for these GraphColls were: statistic ID = 04, statistic name = MI2, statistic cut-off value = 3, L and R span = L3-R3 minimum collocate frequency (C) = 5,

minimum collocation frequency (NC) = 1, filter = low dispersed words removed (D < . 50), and filter = stop words removed.

Results

In terms of the first research question, the top five words in terms of frequency for each professional misconduct themed linguistic category appear in Table 1. With regard to the second research question, (i.e., collocates of node words by category) the obtained results can be found in Figures 1-6.

Discussion

The research questions for this study were designed to examine word frequencies and word relationships to gain insight into the nature of content of final findings of professional misconduct. A discussion of some key results of each research question are presented followed by a discussion of the implications of this study for research, clinical practice, and education and supervision of clinicians. Lastly, some limitations of this study are presented.

With regard to the first research question (frequency by category), the obtained results for all categories but recordkeeping were notable. Two probable explanations exist for the pattern of most frequent family words. One explanation is that the most frequent words represent the constellation of the nuclear family in the U.S. relating to domestic disputes. An alternative explanation is that the baseline rate for family-related words is simply high in counseling, and thus, these terms also appear frequently across many findings of misconduct. Between the former and the latter, the former is most likely due to the ethical challenges relating to the clinician's role in client dissolution of marriage and child custody disputes.

In reference to the *friends* and *sexuality* words, “relationship” was the word with the highest frequency in both categories. One probable explanation is that the foundational nature of working alliance and the therapeutic relationship with clinical outcomes leads to this word frequently co-occurring with misconduct. Alternatively, the way the word “relationship” occurs as both a noun and an adjective in the corpus may increase the count of both friends and sexuality words regardless of misconduct content. The former explanation is the most compelling as it is consistent with the concept of relationships being identified as a foundational topic in text analysis of non-misconduct related clinical interactions (Bertagnolli, 2020) and with insurance data identifying more than 50% of professional liability claims against licensed counselors arising from the “clinical relationship” (Healthcare Providers Service Organization, 2019, p. 9).

With *finances* words, the two most frequent terms, “agency” and “provider,” may be relating to the clinician’s role of agency in acting on a client’s behalf or relating specifically to a clinician’s provision of services to the client. An alternative explanation is that these terms appear due to secondary nonfinance-related meanings in the mental health field. The latter appears to be the most likely as these terms may include common meanings such as “behavioral health agency” and “health care provider.” Similar to the finance terms, in the context of recordkeeping words the data may not be capturing meaningful content as the most frequent terms (information, records, sessions, letter, and notes) likely reference the basic mechanics of clinical recordkeeping that serve an evidentiary function across many types of misconduct.

For *substance* terms, only three words met the adequate distribution. These terms include “treatment,” “abuse,” and “alcohol.” The low frequency of these terms is likely reflective of a

larger range of variation among terms from this word category within the corpus than for words of the other categories. This observed variation is likely due to a wider contextual basis of misconduct relating to substance use. Thus, it is difficult to draw overarching assumptions or to identify general patterns within such a broad-based setting of misconduct. Nevertheless, the frequency and distribution of the term "alcohol" suggests that among substances, alcohol in particular is more connected to findings of misconduct.

Concerning the second research question (collocates of node words by category), two themes emerged across the GraphColls. The first theme is the sexual or intimate nature of the term "relationship." Recognizing that some of the terms appearing closest to the node word are simply functional words that do not communicate content (e.g., with, into, a), among the meaningful collates in the *friends* and *sexuality* word lists most associated with "relationship" are "romantic," "dual," "sexual," "intimate," "former," "client," and "ex-client." One explanation for this finding is that findings of professional misconduct are frequently related to sexual or intimate relationships between clinicians and clients. An alternative explanation for these results could be that themes of intimate or sexual relationships observed in the findings are reflective of interactions that occur outside of the client/clinician relationship. The former explanation is the most persuasive as it is consistent with insurance data reflecting 44% of all claims of professional liability against licensed counselors involve inappropriate sexual or romantic relationships with clients, clients' family members, or supervisees (Healthcare Providers Service Organization, 2019).

The second theme was the nuclear family context of the term "mother" in relation to the *family* word list. Again, after disregarding those terms that are simply functional words, among

the meaningful collates most associated with “mother” include “father,” “boyfriend,” “brother,” and “daughter.” These collates are reflective of the nuclear family relationships between mother and children. The likely rationale for this result is that psychotherapist professional misconduct that occurs in a family system is most commonly related to the mother/child relationship. An alternative explanation for these results could be that issues relating to the nuclear family often occur in the counseling context and thus, these terms are also common among findings of misconduct regardless of the content of that misconduct. Due to the legal and ethical risks related to the clinicians being drawn into client dissolution of marriage and child custody disputes, the former explanation for the obtained results is more compelling than the latter.

This study had three primary limitations of note. First, while general patterns of content and context can be identified through textual analysis, the occurrence of specific types of professional misconduct can only be indirectly inferred. Second, the data that was analyzed is reflective of misconduct adjudicated and substantiated by state regulatory boards. It is unclear to what extent that adjudication of misconduct is reflective of the type and prevalence of professional misconduct that actually occurs. It is possible that a significant amount of misconduct is not report, investigated, nor adjudicated in an official finding of misconduct. Lastly, this study was further limited by the relative overrepresentation of data from some states and the relative underrepresentation of data from others. There may be significant variation based on linguistic (Neukrug et al., 2001), legal, or policy variation at the state levels. Further research into this state-level variation in final findings of misconduct would be useful.

This study presents implications in three areas: (a) research, (b) clinical practice, and (c) education and supervision of clinicians. In terms of research, the obtained results suggest the

need to further investigate the context of professional misconduct. While the obtained results support the long-held understanding that inappropriate personal relationships are a frequent underlying context for professional misconduct, a better understanding of the nature and course of development of such relationships is needed.

With regard to clinical practice, the findings highlight clinical work within nuclear families as one specific area of heightened potential risk for professional misconduct. For this reason, clinicians should be additionally mindful of maintaining an appropriate clinical role when working with families in conflict.

Concerning supervision, the implications emerging from the results are two-fold. First, the central theme of intimate and sexual relationships between clinicians and clients in the findings of professional misconduct reinforces the vital importance of ongoing supervision and consultation to specifically address protective strategies to avoid the risks of developing inappropriate clinician/client relationships. Similarly, alcohol use appears as a key factor involved in professional misconduct, thus supporting the vital need for supervision and consultation to actively support healthy clinician self-care activities.

Lastly, this study's outcomes offer guidance for preservice and in-service education in the clinical professions. Specifically, educators in these fields need to recognize the vital importance of preparing clinicians to navigate the challenges associated with providing clinical services to clients who are involved in divorce and child custody proceedings. Specifically, curricula needs to be developed to address the legal and ethical risks areas related to maintaining the appropriate distinction between therapeutic and evaluative roles relating to work with

families, appropriately advocating for a client's best interest in family matters, and clearly identifying the client, whether that is an individual, couple or family.

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Table 1

5 Most Frequent Adequately Dispersed Words for Each Category

Frequency Rank Order	Category					
	Family	Finances	Friends	Record-keeping	Sexuality	Substances
1st	mother	agency	relationship	information	relationship	treatment
2nd	father	billing	contact	records	inappro-priate	abuse
3rd	family	provider	personal	sessions	sexual	alcohol
4th	child	pay	multiple	letter	contact	
5th	mother's		role	notes	date	

Figure 1

Family

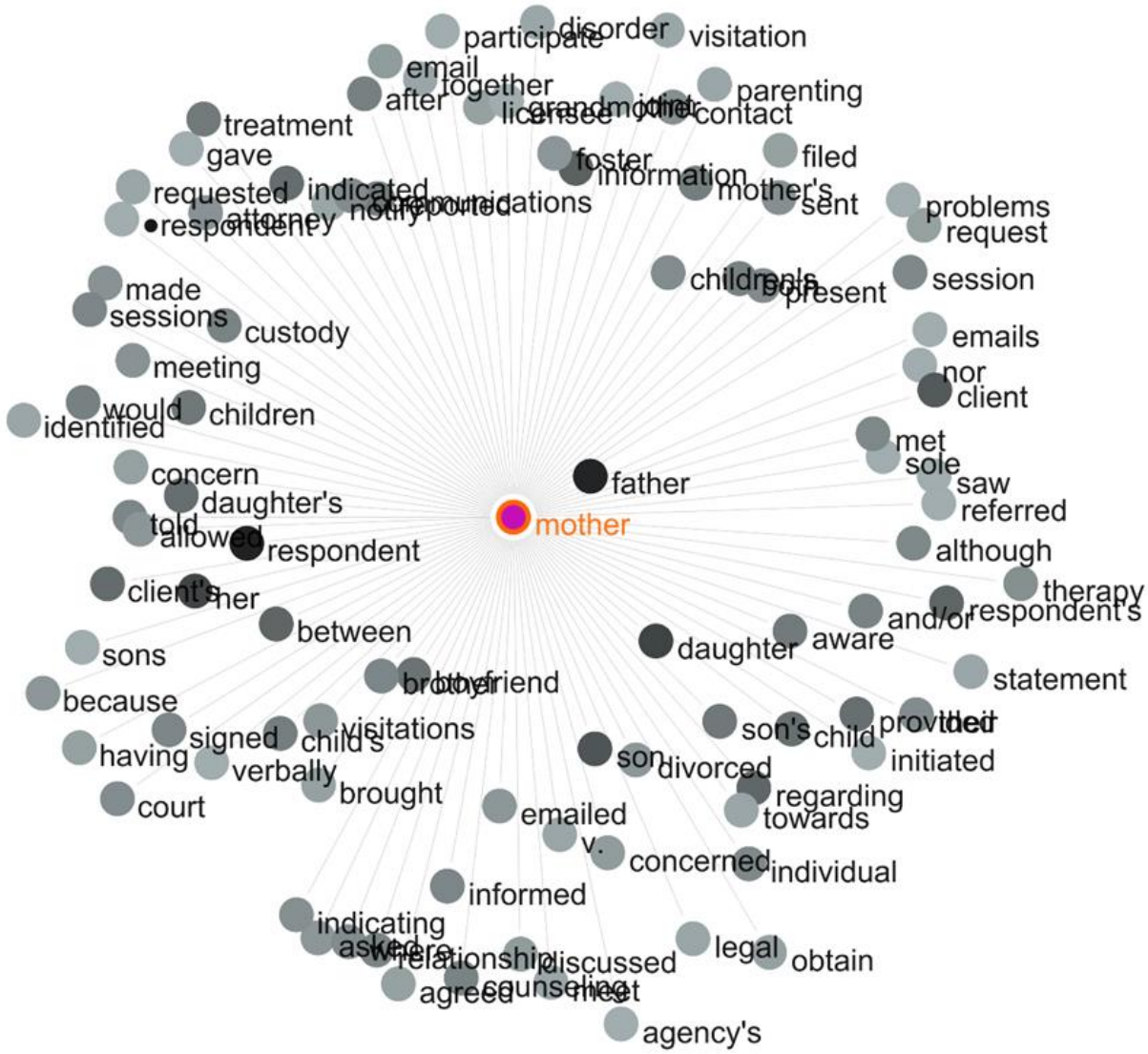


Figure 2

Finances

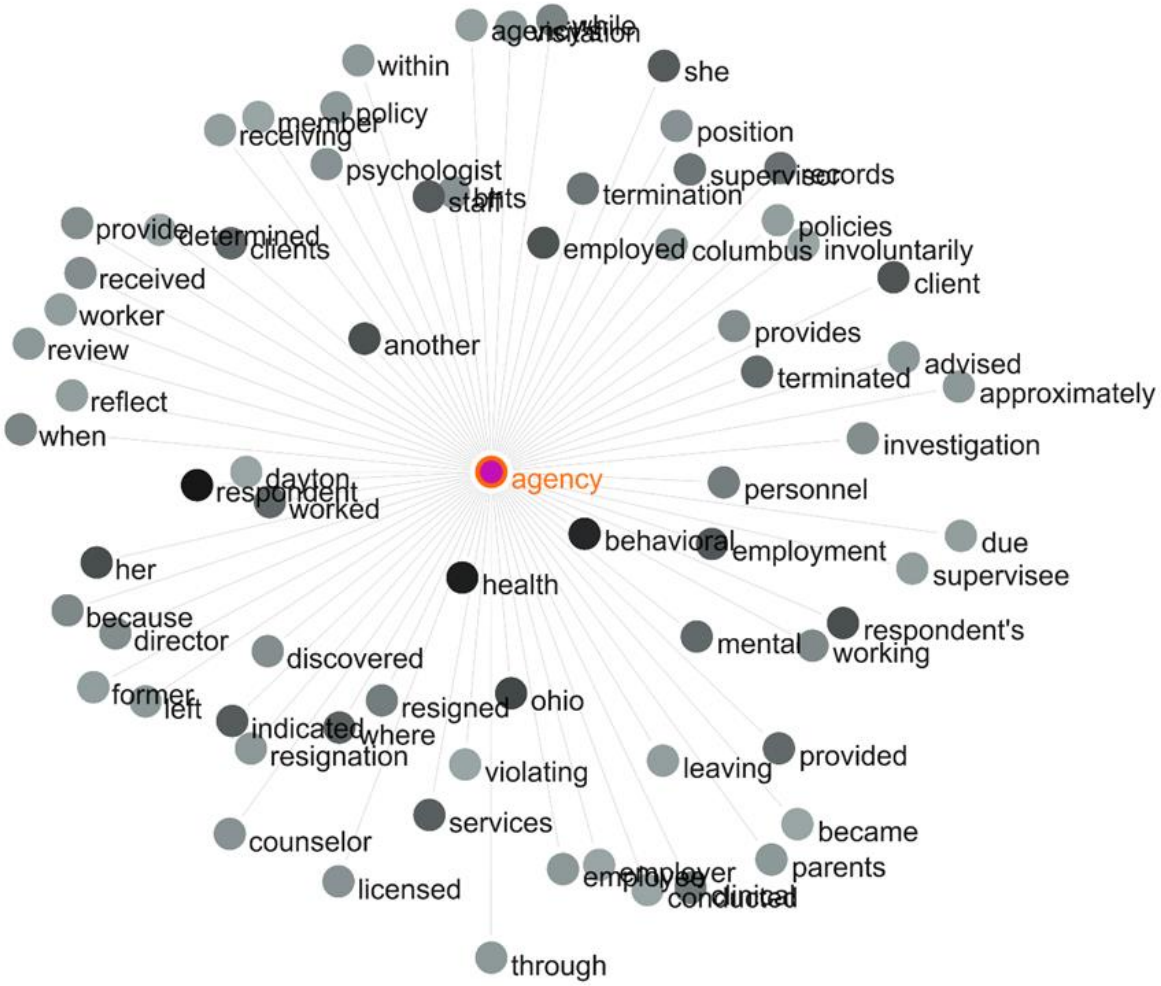


Figure 3

Friends

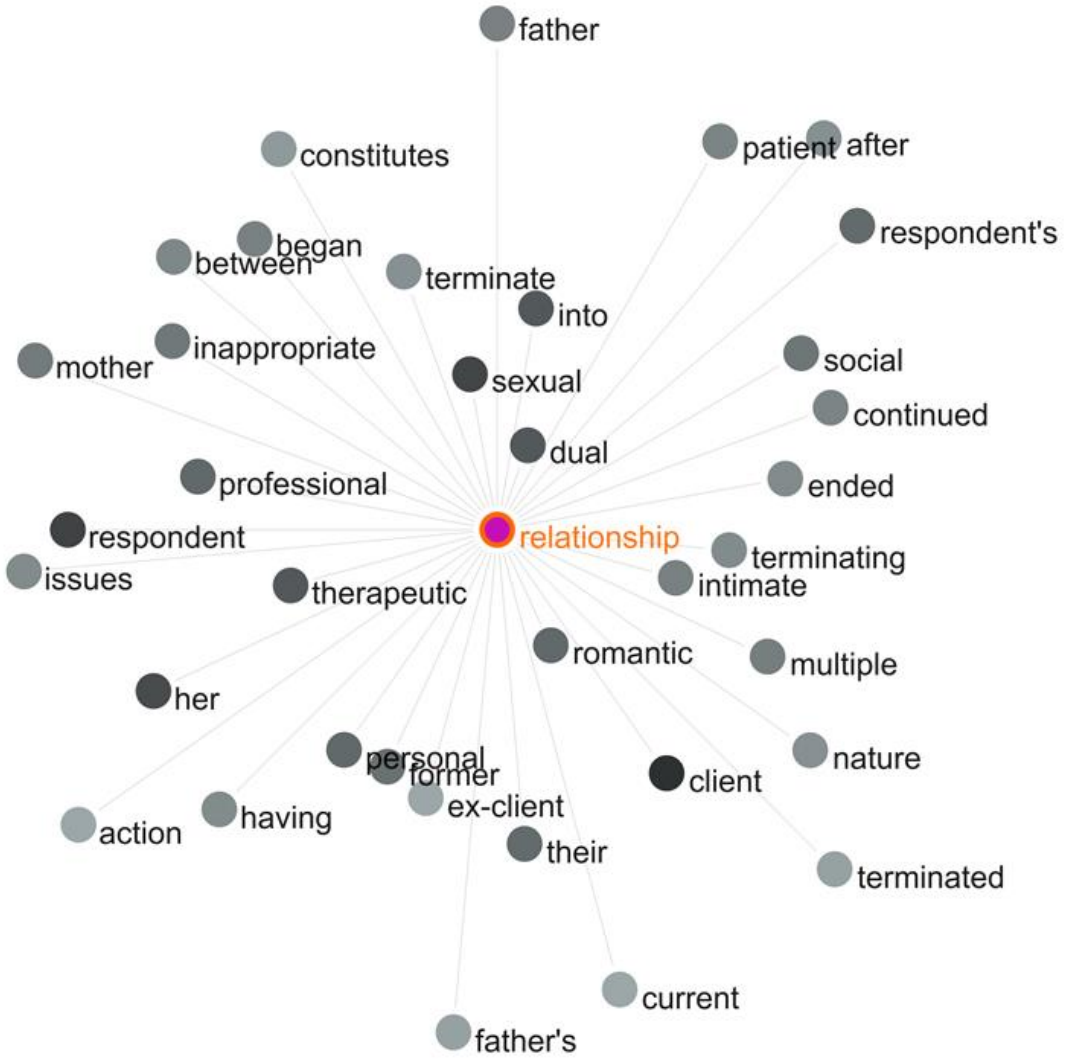


Figure 4

Recordkeeping

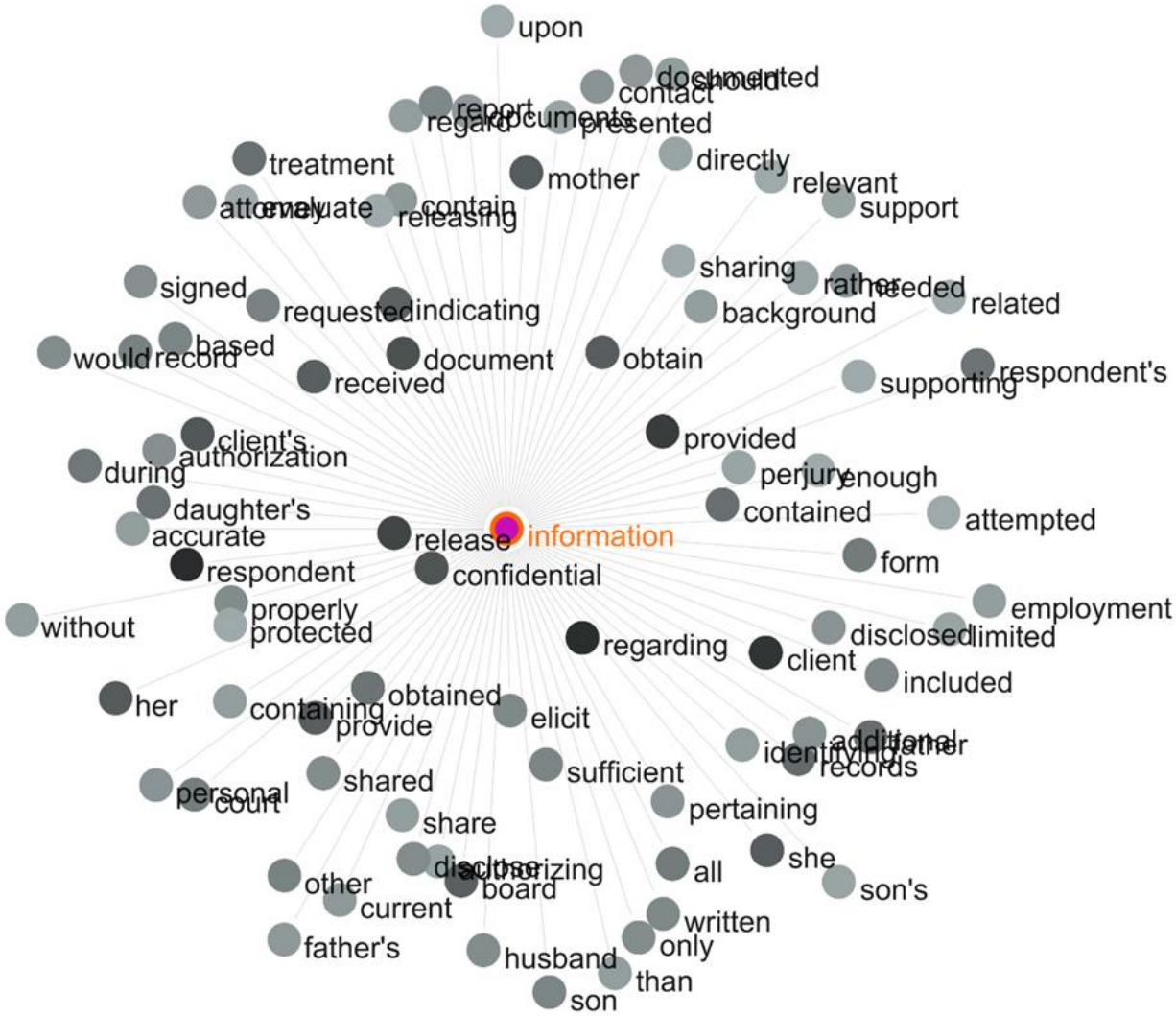


Figure 5

Sexuality

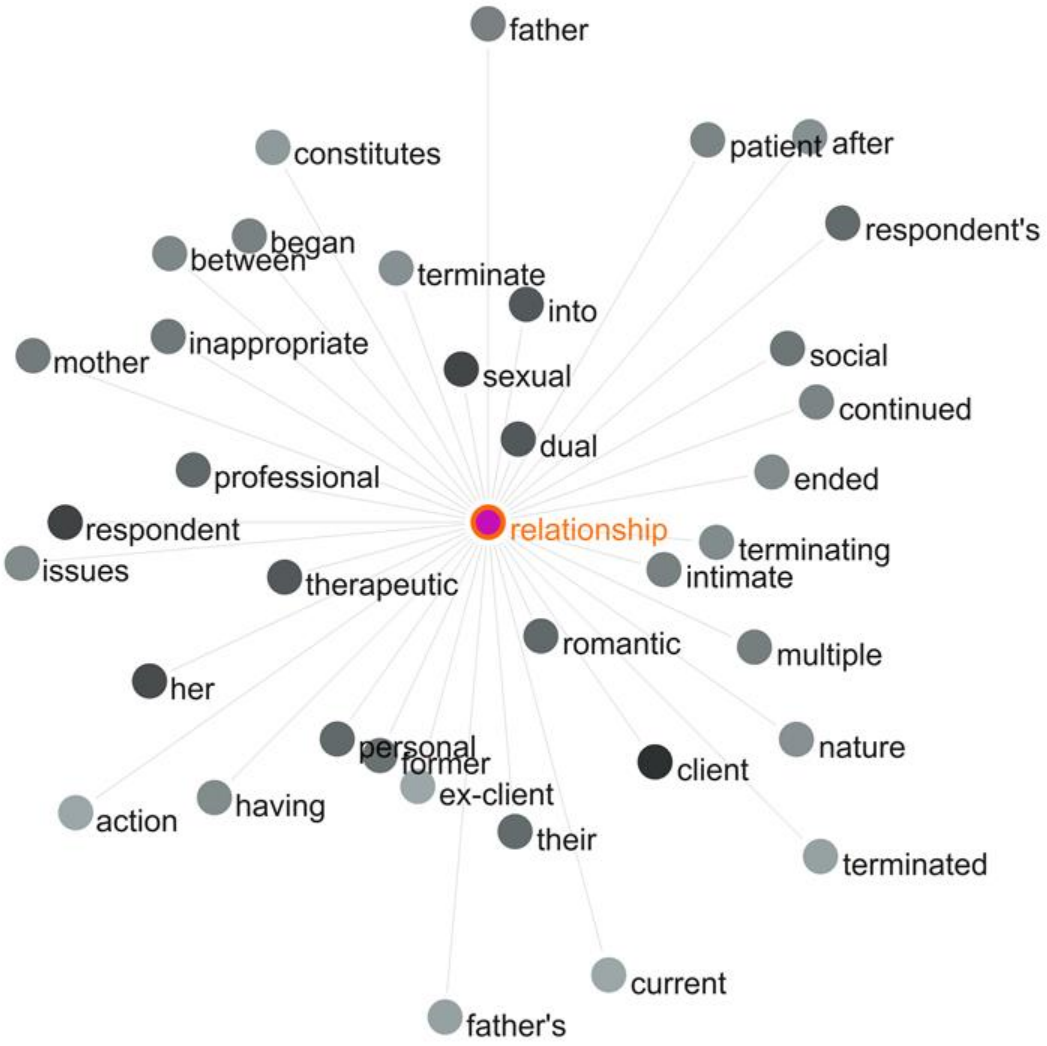
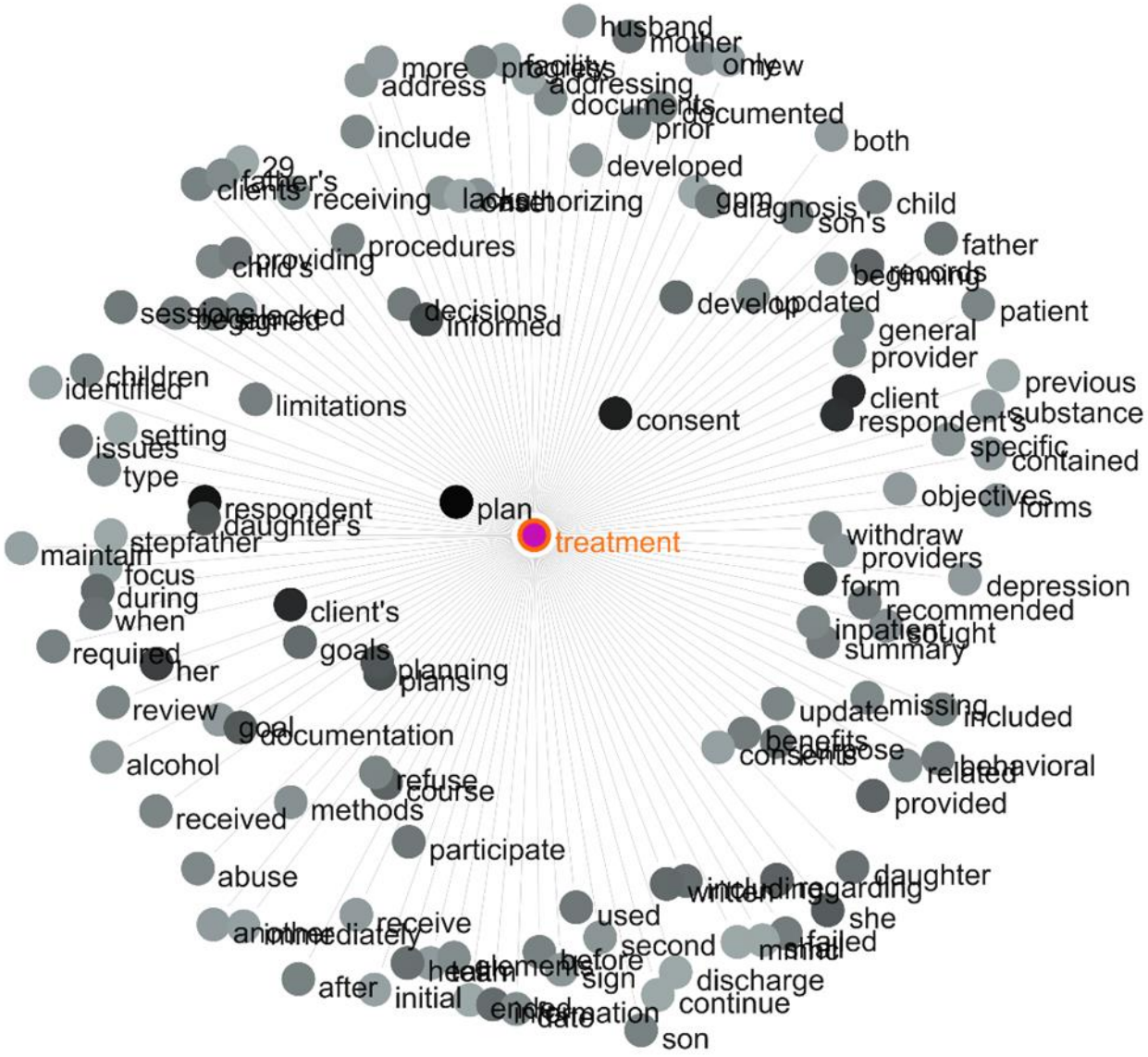


Figure 6

Substances



Chapter 4: A General Conclusion

Overview

These manuscripts contain an investigation into the context and type of professional misconduct, along with the demographic variables that correlate with each. The findings, limitations, discussion, and recommendations from each manuscript are summarized. Finally, key linkages between the manuscripts, a discussion of the contributions these manuscripts contribute to the knowledge base regarding clinician misconduct, and the ongoing research imperatives and knowledge gaps, will be identified. Lastly, both short- and long-term research agendas will be articulated.

Summary of Manuscript #1

Findings

In terms of the first research question, the descriptive statistics for the control variables are as follows. With regard to gender, 68% of the records pertained to female clinicians, and 32% pertained to male clinicians. By license type, 11% were marriage and family therapists, 43% were social workers, and 46% were licensed counselors. For geographic region, 49% were in the West, 34% were in the Midwest, 11% were in the South, and 11% were in the Northeast. The mean number of years in practice at the time of the finding of misconduct was 11.4 with a range from one to 37 and a standard deviation of 7.3. With regard to the second research question, there were seven correlations that were significant at the 0.1 level between control and criterion variables. In reference to the multiple regression portion of this research question, four of the six analyses produced statistically significant results.

Limitations

Four limitations to this study should be considered. First, the analyzed data directly relates to misconduct that has been adjudicated and substantiated by state level regulators. It is unclear to what extent that correlates with the actual occurrence of professional misconduct. Second, this study took a closed vocabulary approach to identify misconduct. While a closed vocabulary approach can be a productive way to conduct a thematic linguistic inquiry, it has several inherent limitations including errors in measurement based on differences in a single word's meaning or use across different contexts, and limitations based on the assumptions and preconceptions that underlie the constructed word list (Kern et al., 2016). Third, in every case, the state regulatory boards that reported on misconduct identified practitioners as either male or female. There were no cases of any regulatory body identifying gender in any manner other than a binary identity. Thus, the gender reported by the state regulatory boards may not accurately correspond with the clinician's gender identity in all cases. Lastly, clinician racial and ethnic identity is not reported by state boards and was thus not included in this study.

Discussion

The results from the first research question demonstrate a wide variation of prevalence rates across the control variables in the study including gender, license type, years of professional practice, and region. One explanation for these results is that there is a similarity of the rates of misconduct that lead to final findings of misconduct regardless of the psychotherapist gender or license type. The results of the second research question suggest a relationship between the demographic variables and the word groupings. For instance, gender was related to both family and finance related words. One potential explanation for these findings is that

variation in the practice setting—for example, work with families and children—may be related to psychotherapist gender. Another set of relations that appeared were the five related to years of practice. These relationships were with family, finance, sex, friend, and recordkeeping words. It is likely that the observed rates of commission of acts that lead to final findings of unprofessional conduct increase as clinicians who progress in their professions become less involved in receiving active supervision and consultation.

Recommendations

This study presents implications for research, clinical practice, and the education and supervision of psychotherapists. In terms of research, many of the traditionally held assumptions regarding demographic variables that correlate with professional misconduct appear not to be valid, so alternative factors should be investigated. With regard to clinical practice, the obtained results question the long-standing assumption that one primary demographic variable—clinician gender—puts a clinician at risk of professional misconduct. Further, since findings of misconduct were observed to occur in significant numbers at all points throughout clinicians' professional life, the importance of ongoing supervision and consultation through a clinician's career, rather than supervision and consultation being needed exclusively in the early stages of clinician development, is clear.

Concerning supervision and education of clinicians, the implications emerging from the results support the viability of providing cross-discipline supervision regarding ethical practice to supervisees including a range of license types. Similarly, because no relationship was identified between any of the control variables and geographic region, a similar curriculum for instruction in professional ethics can be instituted across geographic regions.

Summary of Manuscript #2

Findings

In terms of the first research question, the top five words in terms of frequency for each professional misconduct-themed linguistic were identified. With regard to the second research question, the primary five collocates were obtained for the top frequency word in each linguistic category.

Limitations

This study had three primary limitations of note. First, while general patterns of content and context can be identified through textual analysis, the occurrence of specific types of professional misconduct can only be indirectly inferred. Second, the data that was analyzed is reflective of misconduct adjudicated and substantiated by state regulatory boards. It is unclear to what extent that adjudication of misconduct is reflective of the type and prevalence of professional misconduct that actually occurs. Third, this study was further limited by the relative overrepresentation of data from some states and the underrepresentation of data from others.

Discussion

With regard to the first research question (frequency by category), the obtained results for all categories but recordkeeping were notable. One likely explanation is that the most frequent words represent the constellation of the nuclear family in the U.S. relating to domestic disputes. In reference to the friends and sexuality words, “relationship” was the word with the highest frequency in both categories. One probable explanation is that the foundational nature of the working alliance and the therapeutic relationship with clinical outcomes leads to this word frequently co-occurring with misconduct.

With finances words, the two most frequent terms, “agency” and “provider,” may be appearing due to secondary nonfinance-related meanings in the behavioral health setting. Similar to the finance terms, in the context of recordkeeping words, the data may not be capturing meaningful content as the most frequent terms (information, records, sessions, letter, and notes) likely reference the basic mechanics of clinical recordkeeping that serve as the evidence for most types of misconduct. For substance terms, only three words met the adequate distribution. These terms include “treatment,” “abuse,” and “alcohol.” The frequency and distribution of the term “alcohol” suggests that among substances, alcohol in particular is more connected to findings of misconduct.

Concerning the second research question (collocates of node words by category), two themes emerged across the GraphColls. The first theme is the sexual or intimate nature of the term “relationship.” This theme is likely indicative of professional misconduct being frequently related to sexual or intimate relationships between clinicians and clients. This is consistent with insurance data reflecting more than 50% of professional liability claims against licensed counselors arising from the “clinical relationship,” with 44% of all claims involving inappropriate sexual or romantic relationships (Healthcare Providers Service Organization, 2019, p. 9).

The second observed theme was that of the nuclear family context of the term “mother” in relation to the family word list. The likely rationale for this result is that due to the legal and ethical risks related to the clinicians being drawn into client dissolution of marriage and child custody disputes, conflictual issues relating to the nuclear family often occur in the counseling

context, and thus, these terms are also common among findings of misconduct regardless of the content of that misconduct.

Recommendations

This study presents implications in the areas of research, clinical practice, and education and supervision of clinicians. In terms of research, the obtained results suggest the need to further investigate the context of professional misconduct, specifically with regard to inappropriate personal relationships. Further, with regard to clinical practice, the findings highlight clinical work within nuclear families as one specific area of heightened potential risk for professional misconduct.

Concerning supervision and education, the implications emerging from the results include the central theme of alcohol use and of intimate and sexual relationships between clinicians and clients in the findings of professional misconduct. This reinforces the vital importance of education and ongoing supervision and consultation to specifically address protective strategies to avoid the risks of these types of misconduct. Lastly, this study's outcomes offer guidance for preservice and in-service education to prepare psychotherapists to navigate the challenges associated with providing clinical services to clients who are involved in familial conflict such as divorce and child custody proceedings.

Linkages Between Manuscript 1 and 2

When taken together, these two manuscripts present a novel investigation into professional misconduct adjudicated against licensed counselors, marriage and family therapists, and social workers. While past research has considered various aspects of professional misconduct, this is the first systematic investigation into the linguistic contents of final findings

of professional misconduct and the clinician demographics that correlate with this linguistic content.

As a whole, the manuscripts suggest that professional misconduct is more likely directly connected to other professional environmental factors, such as burnout, ineffective clinician self-care, lack of professional support and consultation, and inadequate training and supervision (Barnett, 2014; Simionato et al., 2019) than to clinician gender, license type, or geographic region of practice. Further, recordkeeping was the single evaluated word list that failed to produce any significant results in either manuscript. This implies that this word list, unlike the other five, does not capture any meaningful content relating to misconduct.

Research Imperatives and Knowledge Gaps

Two primary areas of continued needs for research emerge from these studies. First, while both manuscripts reflect an identification of general patterns of content and context, the identification of specific types of professional misconduct can only be indirectly inferred and no causal relationships can be identified though this research. Furthermore, these studies are unable to investigate the context, such as internal and external stressors/isolation or self-care challenges, that may co-occur with the misconduct. Thus, since we can only infer as to the context and causes of professional misconduct, further research into these topics is needed.

Second, consideration of clinician non-binary gender identity is virtually non-existent in the investigation of clinician misconduct other than in the form of some outdated and unsupported assumptions (Garrett, 1999; Thoreson et al., 1993). Similarly, state regulators nearly universally classify clinicians within a strict binary gender framework. In addition, systematic investigation of clinician racial and cultural identity with regard to professional misconduct is

also virtually non-existent in the literature. These domains of identity remain elusive since regulatory records generally do not collect or report such data. Further research is needed to help identify correlations and connections between these domains of identify and findings of professional misconduct.

Future Research Agenda

Several threads of research inquiry follow from the present studies. First, in the short term the same methodology could be replicated to investigate professional misconduct occurring in other professions with similar fiduciary relationships to clients and patients. These professions could include the practice of psychology, medicine, and law. An investigation into findings of misconduct against psychologists could be a particularly useful comparison to this study. Comparing the results of such inquiries could provide additional insight into the results of these present studies. Similarly, if data become available at the state level, replication of the current studies, including variables relating to non-binary gender identities, could significantly add to the present results. Lastly, further research into the state-level variation in final findings of misconduct would also be useful in interpreting the present studies' results.

Second, the current studies highlight the need for an alternative approach to directly investigate the context of professional misconduct at the clinician level. In the midterm, a qualitative methodology, such as a grounded theory approach, may be an effective way to systematically investigate this context of professional misconduct in a follow-up research project.

Third, in the long-term, replicating this linguistic corpus study with an open vocabulary approach would be useful. Such an inquiry may necessitate employing machine learning to build

thematic word lists relating to types of misconduct as advances in technology make such inquiries more accessible.

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Appendices

Appendix A: Copy of IRB approval

Institutional Review Board
Office of Research Integrity | Oregon State University
B308 Kerr Administration Building, Corvallis, OR

97331-2140 Telephone (541) 737-8008

irb@oregonstate.edu | http://research.oregonstate.edu/irb

DETERMINATION

Date of Notification	08/17/2015		
Study ID	6992		
Study Title	Linguistic Content Analysis of State Misconduct Determinations against Licensed Counselors, Social Workers and Marriage and Family Therapists.		
Person Submitting Form	Eric Strom		
Principal Investigator	Cass Dykeman		
Study Team Members	Eric Strom		
Funding Source	None	Proposal #	N/A
PI on Grant or Contract	N/A	Cayuse #	N/A

DETERMINATION: RESEARCH, BUT NO HUMAN SUBJECTS

The above referenced submission was reviewed by the OSU Institutional Review Board (IRB) Office. The IRB has determined that your project, as submitted, does meet the definition of research but **does not** involve human subjects under the regulations set forth by the Department of Health and Human Services 45 CFR 46.

OSU IRB review is not required for this study.

Please do not include IRB contact information on any of your study materials.

Note that amendments to this project may impact this determination.

The federal definitions and guidance used to make this determination may be found at the following links: Human Subject