Problems of Professional Competence Among Counselor Trainees: Programmatic Issues and Guidelines

Jonathan P. Rust, Jonathan D. Raskin, and Melanie S. Hill

Counselor education programs have a responsibility to ensure that individuals are competently trained, demonstrate understanding of ethical guidelines, and are free of observable psychological issues that may affect their ability to provide adequate counseling services. Counselor trainees who do not reach or maintain these professional standards may exhibit problems of professional competence (PPC). This position paper provides a review of the issues related to PPC among counselor trainees. It offers guidelines to counselor education programs for developing PPC policies and procedures. Future directions for research and training practice are discussed.

Master’s-level mental health counselors can now be licensed in all 50 states (American Counseling Association [ACA], 2012) and are increasingly being recognized as able to work with ever-widening populations (Department of the Army, 2011). Additionally, master’s-level school counselors work in schools in all 50 states (American School Counselor Association, 2012). As master’s-level counselors become more prominent within the helping professions, those who supervise and train them must continue to ensure that they are competently trained, demonstrate adequate understanding of ethical guidelines, and are relatively free of observable psychological and interpersonal issues negatively affecting their ability to provide services. As Enochs and Etzbach (2004) noted, “In the helping profession, peoples’ lives are in the mental health professional’s hands” (p. 396). Trainees who do not reach or maintain such standards have professional competency problems (Elman & Forrest, 2007).

Counselor educators need to be concerned about trainees with problems of professional competence (TPPC; Shen-Miller et al., 2011) because it is their responsibility to prevent harm to clients and the misuse of power by trainees (Li, Trusty, Nichter, Serres, & Lin, 2007). They have an ethical obligation to ensure that trainees are psychologically and emotionally intact, possess appropriate interpersonal skills and boundaries, and have the ability to understand and follow ethical guidelines (ACA, 2005; Council for the Accreditation of Counseling and Related Educational Programs [CACREP],...
Section F of the ACA Code of Ethics (ACA, 2005) addresses the responsibilities counselor educators have to the general public and trainees. Some of these include ensuring client welfare and monitoring trainee performance (Standard F.1.a.), being aware of and addressing trainee limitations (Standards F.5.b. and F.8.b.), and not endorsing trainees who cannot adequately perform their roles and responsibilities (Standard F.5.d.). It is with these ethical responsibilities in mind that this position paper addresses the current literature about TPPC and offers guidelines for comprehensive remediation policies and procedures.

In assessing the professional and personal functioning of trainees, programs must have clear methods for delineating problems of professional competence (PPC), traditionally referred to as student impairment (Elman & Forrest, 2007). Lamb and Swerdlik (2003) identified three areas of student impairment: ethics, competence, and personal functioning. Lamb et al. (1987) defined impaired behavior as interference in professional functioning that is reflected in one or more of the following ways: (a) inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior; (b) an inability to acquire professional skills in order to reach an acceptable level of competency; and (c) an inability to control personal stress, psychological dysfunction, or excessive emotional reactions that interfere with the professional’s functioning. (p. 598)

Forrest, Elman, Gizara, and Vacha-Haase (1999), however, argued that impairment should be distinguished from incompetence and unethical behavior. They maintained that impairment implies having reached a certain level of professional proficiency and, for some reason, losing it, whereas incompetence and unethical behavior imply never having reached proficiency. Elman and Forrest (2007) subsequently preferred the term PPC because it focuses on (a) problems with behaviors or functioning, not innate personal deficits, and (b) the development of professional standards and core competencies that trainees must develop or remediate. These two factors avoid pathologizing the trainee’s behavior, while leading to greater clarity about the issue a trainee is dealing with, how that issue is understood, and how to better intervene in a structured and objective manner. In addition, PPC subsumes skill competency, adherence to ethical/professional standards, and personal functioning (Kaslow et al., 2007). In this article, we define PPC as consistent maladaptive behaviors (not associated with normal developmental training deficits) related to the trainee’s physical, cognitive, mental, emotional, and interpersonal functioning that interfere with the ability to adequately provide services.

Counselor educators and supervisors must distinguish between PPC and problematic behavior related to normal development (Schwartz-Mette, 2009; Vacha-Haase, Davenport, & Kerewsky, 2004). Wheeler (1996) suggested that there are five trainee competency areas that faculty and supervisors can use to focus their evaluations of trainee functioning. These competencies include the trainee’s psychosocial functioning as well as his or her ability to focus on clients’ needs, form therapeutic relationships, use a therapeutic framework, and consider sociocultural factors in treatment. In addition, Lamb et
al. (1987) identified seven criteria that may indicate PPC: (a) the trainee is unable to acknowledge, understand, or address an issue; (b) the issue is not merely a reflection of skill deficits that may be remediated; (c) the quality of service delivery is consistently negatively affected; (d) the issue is not restricted to one area of professional functioning; (e) a disproportionate amount of attention is focused on dealing with the issue; (f) the behavior does not change as a result of remediation or time; and (g) the behavior has legal, administrative, or ethical implications. Faculty and supervisors should use these criteria to determine when behaviors cross the threshold from problematic to PPC.

TPPC Prevalence and PPC Considerations

Current consensus holds that approximately 4% to 5% of counselor trainees can be identified as TPPC (Forrest et al., 1999; Gaubatz & Vera, 2002). When surveyed, counselor educators estimated that 9% to 10% of their master’s-level students demonstrated some type of PPC (Gaubatz & Vera, 2002, 2006). However, they intervened with only approximately 6%, suggesting that no intervention occurs for approximately 4% of students with PPC. Additionally, faculty estimated that 2.8% of TPPC “gateslip,” graduating without sufficiently addressing their PPC (Gaubatz & Vera, 2006). Gaubatz and Vera (2006) interviewed 62 master’s-level counseling students to assess their perceptions of the number of TPPC within their programs. They identified 21% of their classmates as potentially having PPC and believed that 17.9% of graduates gateslipped each year. If these findings are accurate, faculty may be identifying and intervening with only a quarter of the students needing help.

Bemak, Epp, and Keys (1999) noted that programs are often reluctant to address PPC issues. Structural reasons offered for this reluctance include a wish to avoid cost, time demands, and documentation required for litigation that may follow dismissal and a lack of support from the college administration (Busseri, Tyler, & King, 2005; Forrest et al., 1999). Relevant social-emotional reasons include a reluctance to remediate or dismiss TPPC who are performing well academically, on internship, or close to graduating; difficulty balancing a supportive, nurturing role with a more critical, evaluative one; and a lack of agreement among faculty members regarding the degree and nature of a student’s PPC (Busseri et al., 2005; Johnson et al., 2008).

To address this reluctance, the faculty as a whole should explicitly process how particular TPPC issues may affect their ability to effectively deal with them. This process should include ongoing discussions of professional, ethical, and social-emotional conflicts that may arise for faculty around TPPC issues. Programs may decide to develop a process model based on ethical decision-making models (Cottone, 2012). Such a model can be used to consider the PPC in their specific context as well as the obligations owed to the trainee, program/profession, and clients/general public; consult with one another and challenge individual and group assumptions/blind spots; and develop potential courses of action and implement one. Cottone (2012) stated that all such processing and decision making occur in a socially
constructed relational context and, therefore, such deliberations should be done by the faculty as a whole and not by an individual. In addition, faculty should keep in mind that legal precedent has upheld a program’s right to establish professional development and social-emotional functioning criteria in determining a student’s status in a program as long as due process is followed (Gilfoyle, 2008; Jacobs et al., 2011).

Identifying and quantifying nonacademic indicators of PPC is a difficult process. Li et al. (2007) identified 17 indicators of PPC that were agreed upon by academic unit leaders of CACREP-accredited counseling programs. Only one, “engages in sexual contact with a client,” was endorsed by all participants at the level of “strongly agree.” Although leaders highly endorsed four other indicators (“misrepresents his or her skill level,” “has difficulty receiving supervision,” “has inappropriate boundaries,” and “has deficient interpersonal skills”), these were not as clearly agreed upon. Li, Trusty, Lampe, and Lin (2008) conducted a follow-up study investigating how many times programs used any of the 17 indicators in the remediation or dismissal of students. The majority of cases involved the indicators “has deficient interpersonal skills,” “has difficulty receiving supervision,” “has inappropriate boundaries,” and “misrepresents his or her skills level.” These results are consistent with research in which the major equivocal student behaviors identified included inadequate clinical skills, problems in supervision, deficient interpersonal skills, and personality disorders (Forrest et al., 1999; Vacha-Haase et al., 2004). None of these cases involved “engages in sexual contact with a client.” Although there are certain behaviors that all agree are indicators of PPC necessitating remediation or dismissal (i.e., sexual contact with a client), the most commonly cited behavioral indicators of PPC are more ambiguous and difficult to define.

Diversity Issues

In identifying and addressing PPC in counselor trainees, counselor educators and supervisors must consider how cultural differences affect trainees’ work and interactions with clients and supervisors (Bemak et al., 1999; Kaslow et al., 2007). Forrest et al. (1999) identified how the cultural encapsulation of trainees may lead them to impose their values and beliefs on clients. For example, trainees may hold negative beliefs about other groups based on racial differences, gender socialization, sexual orientation, or religious values. When such beliefs lead to PPC, programs should incorporate a culturally sensitive plan for remediating the issue. Such a plan must consider the trainee’s cultural background while also raising the trainee’s consciousness in a way that encourages reexamination of beliefs that are potentially harmful to clients (Forrest et al., 1999). Engaging a trainee in an explicit discussion of how potential cultural differences may affect his or her work with a client is a proactive method of including the trainee in the remediation process that may lead to a more effective outcome.

The recent Arizona state law Students’ Rights (2011) introduces a new dynamic that complicates how counselor education programs there handle trainees with religious beliefs that affect their ability to provide ethical and multiculturally competent counseling. It states that mental health training
programs cannot “discipline or discriminate against” (p. 1) students with religious beliefs that impede their ability to work with certain clients. The implication is that trainees who hold religious beliefs that they believe make them unable to counsel lesbian, gay, bisexual, or transgender clients cannot be compelled to submit to remediation or be dismissed from the program. While the federal courts have upheld programs’ rights to remediate or dismiss a trainee based on this exact issue (Keeton v. Anderson-Wiley, 2010; Ward v. Wilbank, 2010), this law may have implications for how ACA, other state counseling associations, and counselor education programs determine and enforce professional and ethical standards. Programs affected by this law should keep in mind Standard H.1.b. of the ACA Code of Ethics (ACA, 2005), which states that when there is a conflict between ethics and the law, counselors attempt to resolve the issue based on their commitment to the code of ethics, but, if necessary, they may adhere to the requirements of the law. Unfortunately, the wording of this code does not give a clear direction for programs to follow, which may result in confusion as programs struggle to choose between unethically graduating a TPPC or not adhering to a state law.

Counselor educators and supervisors must also strive to be multiculturally competent in training and supervising students (Kaslow et al., 2007), which includes understanding how their own cultural group memberships affect how they evaluate trainees, the power dynamics between supervisors and trainees, and how these dynamics intersect with cultural differences (Ancis & Marshall, 2010; Kaslow et al., 2007). Cultural biases may specifically be expressed through implicit biases and/or unintentional racism (Greenwald, McGhee, & Schwartz, 1998; Ridley, 2005), as well as microaggressions (subtle and brief interpersonal interactions that intentionally or unintentionally denigrate or invalidate the experience of racial/cultural, gender, and sexual minorities; Sue, 2010). The extent to which faculty members and supervisors are unaware of possessing these cultural biases may negatively affect their relationships with trainees, how trainees are evaluated, the trainees’ psychosocial functioning, and clinical outcomes with clients (Ancis & Marshall, 2010; Constantine, Warren, & Miville, 2005). It may also lead to faculty members and supervisors judging trainees as possessing PPC when in fact the issues are related to their own lack of multicultural competence.

Another issue that programs must consider is trainees’ disability status. Trainees with physical, cognitive, and psychiatric disabilities are protected under the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (Gilfoyle, 2008). When students make known that they have a specific disability, programs and training sites must make reasonably adequate accommodations. A student’s PPC and disability may be one and the same (Forrest et al., 1999). For example, alcoholism may qualify as a disability as well as a PPC that prevents a trainee from adequately performing professional duties. Programs and training sites must consider whether a disability prevents a student from carrying out the pertinent responsibilities of the counseling profession (Gilfoyle, 2008; McAdams & Foster, 2007). Programs make these determinations based on their own professional standards and judgment. It should be kept in mind that the courts have usually sided with
programs that have remediated or dismissed a student with a disability as long as reasonable accommodations were made for the student and it was demonstrated that the student’s disability prevented adequate performance of the essential functions of the profession (Gilfoyle, 2008).

**PPC Intervention**

*Prevention*

Many trainees demonstrate skill, judgment, or personal functioning issues associated with stress related to the academic expectations of graduate school, the shift from an educational setting to a clinical one, and juggling other aspects of life (Roach & Young, 2007). Programs can reduce the need for remediation by implementing policies and procedures that address the inherent stress in graduate training and proactively include trainees in creating an environment that reduces trainees’ overall stress. Counseling programs should promote wellness as integral to the program and the professional/personal development of the students (Roach & Young, 2007).

Programs may provide trainees with information during orientation regarding programmatic policies and expectations, explicitly addressing the structural, developmental, and personal stress students may face; relational support, including faculty and peer mentoring; and workshops where students discuss the specific stressors they are currently facing and work with the faculty to develop strategies and techniques for stress reduction and self-care (Lamb & Swerdlik, 2003; Roach & Young, 2007; Shin, 2008; Vacha-Haase et al., 2004). Furthermore, studies have demonstrated that even when PPC issues and policies are explicitly presented to students at the beginning of their training, more than half may not understand or retain this information (Foster & McAdams, 2009; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004; Shen-Miller et al., 2011). Therefore, continual communication regarding these issues constitutes a preventive intervention.

Racial/cultural minority trainees may face significant stress related to an incongruence between the program’s and the trainees’ cultures, which may include a sense of isolation related to being one of a few racial/cultural minority trainees in a program (Shin, 2008). Increasing the recruitment and retention of racial/cultural minority faculty and students, as well as developing the multicultural competence of the faculty and the program, may reduce this stress. Furthermore, during practicum or internship, supervisors can provide early evaluations to minimize anxiety, provide seminars on the transition from student to professional, structure the experience so that the trainee has initial success (e.g., small caseloads and easier clients), and provide careful monitoring in supervision (Lamb et al., 1987). Finally, supervision can take an individualized, developmental approach where supervisors work collaboratively with trainees to establish clear goals, roles, and expectations (Lamb & Swerdlik, 2003).

*Remediation and Dismissal*

The type of remediation, its implementation, how it is monitored, and how its effectiveness is determined depend on the individual trainee, the program,
and the resources available to both (McAdams & Foster, 2007). Therefore, trainees should be as proactively involved as possible in developing the remediation plan. In this way, programs can ensure that a remediation plan provides trainees the time and resources to carry it out, is not more restrictive for some students than for others, accounts for individual differences among trainees, and is consistent with accepted practice (McAdams & Foster, 2007). Trainee inclusion in developing the remediation plan may also increase the buy-in of the trainee to the plan. Additionally, programs must ensure that the remediation is sufficient to justify dismissal if it is unsuccessful.

The most common types of remediation include (a) increased supervision, (b) changing emphasis of supervision, (c) attending personal counseling, (d) course repetition, (e) additional assignments, (f) reduced clinical caseload, and (g) taking a leave of absence (Forrest et al., 1999; Li et al., 2008; Oliver et al., 2004; Vacha-Haase et al., 2004). This list is by no means comprehensive, and programs should develop an “intervention bank” (Vacha-Hasse et al., 2004, p. 119) of remediation options that can be tailored to particular student needs. Choosing a remediation plan is complicated because there is little to no research showing which strategies are effective (Elman & Forrest, 2004; Kress & Protivnak, 2009; Smith & Burton Moss, 2009). Because professional standards for assessing and intervening with PPC have not been established, programs must rely on the faculty’s professional judgment. For example, counseling/psychotherapy is the most used remediation for TPPC (Elman & Forrest, 2004; Forrest, Elman, & Shen Miller, 2008). However, there are no data on when therapy would be indicated for or effective with PPC (Elman & Forrest, 2004; Kaslow et al., 2007). Additionally, there are logistical, structural, and ethical issues that impede determining whether mandating counseling is appropriate or successful, including safeguarding trainee privacy; potentially confounding relationships between the trainee, program, and treating counselor; and determining whether counseling is effective in remediating the trainee’s issues (Dearing, Maddux, & Price Tangney, 2005; Forrest et al., 2008; Gilfoyle, 2008; Kaslow et al., 2007; Schwartz-Mette, 2009; Smith & Burton Moss, 2009). Therefore, in addition to having a well-formulated reason why counseling is indicated for a particular trainee, a program must consider how to monitor the trainee’s progress in counseling. For example, will there be specific issues the trainee is mandated to address in counseling, what will be the level and nature of communication between the therapist and the program, and how will it be determined whether the treatment was effective (Dearing et al., 2005; Elman & Forrest, 2004; Forrest et al., 2008; Kaslow et al., 2007)? Recommendations for programs include referring trainees to therapists specializing in PPC issues (Forrest et al., 2008), creating a programmatic atmosphere where positive attitudes are regularly communicated about trainees engaging in therapy (Dearing et al., 2005), and securing a psychological evaluation from an unaffiliated professional besides the trainee’s therapist to assess trainee functioning at the end of the remediation period (Kaslow et al., 2007).

Programs must develop clear standards for evaluating PPC and the effectiveness of remediation. Remediation plans should explicitly and specifically identify and describe (a) the trainee’s PPC in ways directly tied to
the program’s evaluation criteria, (b) specific changes to be made or goals that the trainee must attain, (c) concrete methods by which the trainee will make required changes, (d) who will be responsible for ensuring that the plan will be carried out, and (e) the criteria for judging whether the remediation was successful (Forrest et al., 1999; Kaslow et al., 2007; Kress & Protivnak, 2009). The remediation plan should also provide a clear time frame by the end of which it is reasonably expected that the PPC will be resolved or significantly reduced (Kaslow et al., 2007). If, after sufficient time, the remediation is unsuccessful, then the trainee must be dismissed from the program (Kaslow et al., 2007).

Developing Comprehensive TPPC Policies, Procedures, and Strategies

Counseling programs should develop comprehensive policies and procedures for identifying and dealing with TPPC (Kaslow et al., 2007; Lamb & Swerdlik, 2003). Remediation policies should be formal and written, outlining how students will be evaluated; informing them that they will be given feedback and evaluations throughout their tenure in the program; and making clear that should they demonstrate PPC, they will be given adequate notice about procedures to be followed (Kaslow et al., 2007). Incorporating these factors in TPPC policies and procedures ensures that the program meets the due process rights of trainees (Forrest et al., 1999; McAdams & Foster, 2007).

Programs must attend to two types of due process: substantive and procedural. Substantive due process involves ensuring that an identification of a student’s PPC, as well as the subsequent remediation or dismissal, is justified and not arbitrary (McAdams & Foster, 2007). Procedural due process concerns a lucid and standardized process by which TPPC cases are evaluated. It includes a student’s right to receive notice of programmatic rules and evaluation criteria, as well as a clear explanation of the specific PPC identified; a formal process in which the student has the opportunity to be heard prior to a determination being made about the student’s status; and a means for the student to appeal the decision (McAdams & Foster, 2007).

The comprehensive policies and procedures that programs develop should be both informal and formal (Bradey & Post, 1991). Informal procedures include instructors and supervisors meeting with a trainee when they first notice a potential problematic behavior and informally working with the student to remediate the issue (Bradey & Post, 1991). Formal procedures should include regular evaluation periods of students’ performance. Formal remediation entails standard procedures where faculty meet with the trainee to assess his or her performance and develop a (remediation) plan of action, if necessary (Bradey & Post, 1991).

Bemak et al. (1999) outlined a five-step process model for monitoring counselor trainee development, which was further fleshed out with procedures articulated by Lumadue and Duffey (1999). This model begins with communicating expectations about professional development and psychological adjustment to students and informing them about program policies and procedures for dealing with PPC issues. Once PPC
are identified, a formal process must occur where faculty meet with the student to determine whether some action is necessary (i.e., remediation, dismissal). If remediation is required, the student must be provided with clear feedback on how to address the PPC. Finally, the efficacy of the remediation must be determined and used to make decisions about the student’s status.

Additionally, programs are responsible for continually updating their TPPC policies and procedures based on current research, professional standards, and program experience. It is recommended that programs monitor the effectiveness of remediation plans by collecting data on the relationship between the particular PPC, remediation plan, and remediation outcome (i.e., Was the remediation effective?). Table 1 provides explicit recommendations for programs as they develop professional competency policies and procedures.

Future Directions

Counselor education programs have a responsibility to ensure that students who graduate from their programs are adequately trained, demonstrate adequate understanding of ethical guidelines, and are relatively free from observable psychological and interpersonal dysfunction. This article reviewed issues that programs face in dealing with TPPC. It is imperative that programs clearly understand the issues surrounding TPPC and develop comprehensive policies and procedures to deal with them.

This process of developing TPPC policies and procedures is complicated by three factors. The first factor is the lack of standardization across the mental health professions as to what constitutes PPC, as well as how they are evaluated. The second factor is the lack of knowledge of the effectiveness of counselor education programs’ policies and procedures in addressing PPC. The third factor is the lack of evidence as to what remediation is indicated and efficacious for specific PPC. Future research should develop more comprehensive methods for identifying and operationalizing student PPC. This could include quantitative and qualitative analyses of the comprehensiveness and effectiveness of the PPC policies and procedures of CACREP-accredited counseling programs, including how each program identifies and evaluates PPC in trainees. This may lead to a standardization of this process across the profession. Research should also investigate which remediation interventions are most effective for particular PPC. This may include investigating relationships between the identified PPC of a trainee, the actual remediation used by a program, and remediation outcome data. Finally, researchers need to continue to investigate how cultural differences may factor into what is identified as PPC and how they are handled. The goal is to help programs (a) more effectively train counseling professionals, (b) provide effective remediation services to students, (c) develop the most effective means by which to counsel students who cannot or will not meet acceptable professional standards out of programs, and (d) protect clients and the general public.
TABLE 1

Trainees With Problems of Professional Competence (TPPC) Issues and Program Recommendations

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<th>Relevant Factors</th>
<th>Issues for Counselor Educators to Consider</th>
<th>Recommendations</th>
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<tr>
<td>Problematic behavior versus problems with professional competence (PPC)</td>
<td>Students may exhibit developmentally expected (appropriate) skills, judgment, and/or personal functioning issues</td>
<td>Use objective criteria related to program’s professional trainee standards and core competencies to determine if students’ behavior clearly indicates PPC</td>
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<td></td>
<td>Criteria used to evaluate trainee functioning</td>
<td>Use Lamb et al.’s (1987) criteria to determine if issues cross threshold from problematic behavior to PPC (see pp. 31–32 of this issue)</td>
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<td></td>
<td>Avoid unnecessarily pathologizing student behavior</td>
<td>Describe student behavior in terms of compliance with professional trainee standards and core competencies; avoid judgments regarding cause of issue or attributing it to innate personal deficits</td>
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<td>Faculty reluctance to dealing with PPC</td>
<td>Lack of programmatic polices/procedures</td>
<td>TPPC policies and procedures should address time/work demands associated with PPC; how to deal with lack of agreement on TPPC cases; and how administration should be included in this process</td>
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<td>Time/work demands in dealing with PPC issues</td>
<td>Faculty as a whole should process how faculty resistance may affect their ability to work effectively with TPPC</td>
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<td></td>
<td>Fear of litigation</td>
<td>• Should include ongoing discussion of professional, ethical, and emotional conflicts that may arise and affect avoidance of dealing with TPPC issues</td>
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<td></td>
<td>Lack of support from administration</td>
<td>• Develop process model based on ethical decision-making models (Cottone, 2012) to deal with faculty resistance</td>
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<td></td>
<td>Lack of faculty consensus as to degree of student PPC</td>
<td>Provide ongoing information addressing stress inherent to enrollment in program</td>
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<td>Reluctance to remediate or terminate a TPPC who is doing well academically or near graduation</td>
<td>Provide relational support (i.e., supervision, faculty and peer mentoring)</td>
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<td>Prevention</td>
<td>Trainees’ skills, judgment, and personal functioning issues related to stress associated with</td>
<td>Emphasize wellness and self-care throughout tenure in program</td>
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<td></td>
<td>• graduate school expectations</td>
<td>Actively recruit minority faculty and students to program</td>
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<td></td>
<td>• developing one’s clinical identity and skills</td>
<td>Practicum/internship supervisors should provide</td>
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<td>• sense of isolation and lack of cultural congruence with program's culture for minority students</td>
<td>• individualized training (developed in conjunction with trainee)</td>
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<td>• dealing with other life responsibilities</td>
<td>• developmental supervision approach</td>
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<td>• early evaluations, small case loads, and easier clients in beginning to sup-</td>
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<tr>
<td>Diversity</td>
<td>Cultural orientation of trainee and faculty/supervisor</td>
<td>port initial success</td>
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<td></td>
<td>Multicultural competencies related to trainee, faculty, and program</td>
<td>Ensure that multiculturalism is an integral part of program and training</td>
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<td>Power dynamics related to cultural differences among faculty, trainee, and client</td>
<td>Assess how cultural dynamics and issues may be relevant, including exploring how the faculty’s (un)conscious biases may be at play in assessing potential cases of TPPC</td>
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### TABLE 1 (Continued)

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<tr>
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<tr>
<td>Diversity (Continued)</td>
<td>Disability status of trainee as related to ability to perform essential functions of profession</td>
<td>Remediation plans should be sensitive to trainee's cultural perspective and reality; include trainee in exploration of whether cultural factors are relevant. Make reasonable accommodations for students with disabilities; rely on standard evaluation criteria and professional judgment to determine if disabilities prevent students from carrying out essential functions of profession.</td>
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| Remediation plans | Remediation plan development, implementation, and monitoring | Remediation plans must:  
- consider logistical issues ensuring that trainee has resources and time to carry out plan  
- be reasonable and fairly applied  
- consider individual qualities/issues of trainee (trainee should be included in determining plan)  
- be consistent with current practice. Faculty must use well-reasoned professional judgment to determine which interventions may be appropriate for particular student PPC. |
| Guidelines for TPPC policies and procedures | Structure and comprehensiveness of policies and procedures  
- How trainees will be informed of policies and procedures  
- Due process rights of trainees | Policies/Procedures must:  
- be formal and written  
- outline how and when students will be evaluated  
- adequately describe/define PPC  
- provide procedures to be followed if trainee demonstrates PPC (see Be-mak et al., 1999; Lumadue & Duffey, 1999)  
 Include informal and formal remediation procedures  
 Address due process rights of trainees. |
| Continued evaluation of TPPC policies and procedures | Appropriate conceptualization, utility, and effectiveness of TPPC policies and procedures | Continually evaluate TPPC issues and update policies/procedures based on research, professional standards of practice, and program experience. Monitor effectiveness of procedures and remediation plans by collecting and analyzing remediation outcome data. |
References


