

## RESPONDING TO REMEDIATION AND GATEKEEPING CHALLENGES IN SUPERVISION

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*Thirty faculty in randomly selected Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) programs representing four geographical regions of the United States were asked to respond to a survey that included seven brief vignettes depicting gatekeeping and remediation challenges supervisors may face when working with therapists-in-training. Research participants were asked to select from among a range of 17 response options and were also asked to provide a rationale for the selection of their responses. The response rate for the mailed survey was 34%. Telephone interviews were conducted with three respondents who had provided especially detailed responses to the open-ended portions of the mailed survey and who also volunteered to be questioned regarding how supervision decisions are made. Results support the conclusion that COAMFTE faculty take their gatekeeping function seriously as they balance commitments to multiple stakeholders. When presented with hypothetical "bare-bones" vignettes, the supervisors in our study consistently recommended talking with the student in order to more fully understand the context of the student's performance problem before deciding how to proceed. Supervisors recommended a variety of remediation efforts, but reserved the most severe consequences, such as probation, dismissal, and filing an ethics complaint, for the vignette involving dishonesty and lack of personal integrity.*

Supervisors in marriage and family therapy programs are faced with balancing the needs of multiple stakeholders, including clients, student therapists, the training program, the profession, and the public at large. In addition to assessing academic performance, supervisors must assess students' personal characteristics as they relate to professional practice, allegiance to ethical standards, and clinical skills (Brady, Guy, & Norcross, 1995; Lumadue & Duffey, 1999). Supervisors must assess how much oversight each student therapist needs, must recognize failure to meet program standards, and once identified, must decide how to address deficits. The options for responding can be placed on a continuum running from mild, such as having a conversation with the supervisee, to severe, such as filing an ethics report or dismissal from the training program. The research reported here provides insight into the process underlying the decisions

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faculty in programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) make regarding students they perceive to be in need of remediation during training.

## ACCOUNTABILITY AS EDUCATORS

Supervisors in accredited programs function as educators, but are also therapists. As such, they may go to great lengths to empathize with student therapists and may be reluctant to move toward dismissal (Gazara, 1997; Kerl, Garcia, McCullough, & Maxwell, 2002). Yet, if deficiencies are not adequately addressed during training, the public is at risk and the educational institution is vulnerable to a suit from clients as well as employers of incompetent graduates (Custer, 1994). The overall rate of dismissal from COAMFTE programs is not known. However, Russell and Peterson (2003) reported that the average COAMFTE program director in their sample was able to identify 2.5 impaired students during the last 5 years. The majority of these students either dropped out or took a leave of absence from the program; 17% were reported to have been dismissed from the program.

It is not only faculty who are concerned about student therapists who fail to meet program standards. Fellow students also notice and are concerned. Oliver, Bernstein, Anderson, Blashfield, and Roberts (2004) reported that clinical psychology students experience frustration as well as concern for peers who show significant signs of impairment. Students resented having to work harder on group projects when a fellow student underperformed and complained that these students diverted classroom discussion in directions that were unproductive. Though some respondents thought signs of impairment might be noticed sooner by fellow students than by faculty, they clearly expected faculty to take action to protect clients as well as the functioning of the training program.

## TERMINOLOGY RELEVANT TO SUPERVISORS' GATEKEEPING RESPONSIBILITIES

The clinical training literature uses the terms *professional impairment* and/or *distress* to identify students in need of remediation or dismissal (Forrest, Elman, Gizara, & Vacha-Haase, 1999; Lamb et al., 1987; Sherman, 1996.). We will briefly define these terms and provide a rationale for asking our research participants about *supervisory challenges* rather than using the terms *distress* or *impairment* in the body of our survey instrument.

The concepts of "distress" and "impairment" both have implications for a clinician's ability to offer professional service competently or a student's ability to accomplish learning objectives. The concept of distress focuses attention on personal discomfort and assumes a certain degree of self-awareness about the possible impact of one's dysfunction upon professional practice. While a distressed professional recognizes his or her personal state, he or she *may or may not* be professionally impaired (Sherman, 1996). Impairment involves substandard professional performance. Lamb et al. (1987) offer one of the most frequently used definitions of professional impairment in the context of clinical training. They define impairment as

An interference in professional functioning that is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (b) an inability to acquire professional skills to reach an acceptable level of competency; and (c) an inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning. (p. 598)

Such a definition addresses ethical lapses and a lack of skill development as well as “self of therapist issues” (Aponte, 1994, 2003) that may interfere with professional performance.

Burgess (1994) offers a definition of impairment that also addresses openness to feedback on the part of a supervisee. Burgess’s definition includes the phrase “impervious to feedback,” emphasizing resistance to corrective feedback. This is a very rigorous definition of impairment, and is the one used by Russell and Peterson (2003) in their investigation of impairment and remediation in COAMFTE programs.

Increasingly, clinical programs are describing expectations for students in objective behavioral terms and providing these expectations for students at the beginning of their training. Such specificity allows faculty to focus on performance and to separate themselves from the reasons for poor performance, such as a *DSM* diagnosis. It would not be appropriate for faculty to provide a diagnosis for a student for whom they have academic or supervisory responsibilities. Tribbensee (2003) cautions that reference to the *person* of a student as “impaired” is not appropriate. However, it is appropriate to measure students against program performance standards.

Because we conceptualize gatekeeping as a continuous process that is intimately tied to everyday functions of supervision, we framed our research vignettes as supervisory challenges. We were interested in the strategies supervisors use to get problem students “back on track” and how supervisors might come to the decision that dismissal is the appropriate action to take. Directions to our respondents were as follows: “Please read each of the following vignettes and select one or more responses to address each. In the space provided please include a brief rationale for your choice of actions. Your rationale enables us to more fully understand why specific actions were chosen. You may assume that all students are student members of AAMFT.”

Our research questions included the following:

1. Which supervision interventions are used most frequently?
2. Are there consistencies across supervisors in how they address specific supervisory challenges?
3. What is the “threshold” for dismissal for COAMFTE supervisors?
4. How do COAMFTE supervisors balance the needs of various stakeholders in addressing their gatekeeping responsibilities?

The supervisory challenges included in our research were informed by open-ended responses to a question in our earlier research that asked respondents to describe the most troublesome student to come to their attention (Russell & Peterson, 2003). The vignettes included lapses in confidentiality, student therapist’s mental health, dishonesty, a dual relationship, poor therapeutic skills, incomplete paperwork, and loose personal boundaries. These issues are also consistent with the results reported by Fly (1995) in her survey of training directors regarding the ethical lapses of students in clinical psychology programs. The final selection of vignettes included in our research, and their wording, were informed by a pilot study using American Association of Marriage and Family Therapy (AAMFT) supervisors-in-training as respondents.

## METHOD

### *Sampling Procedure*

The sample population consisted of all COAMFTE-accredited master’s level programs. As the purpose of the study was to investigate how supervisors of novice student therapists address supervisory challenges, institutions offering both master’s and PhD programs and those offering only postgraduate MFT training were excluded from the sample population. The total possible number of programs eligible for inclusion in the study was 35.

In order to obtain a sample with a uniform geographic distribution, the authors divided the training programs that met the initial study criteria into four geographic areas: West, South, East, and Central. Five training programs from each of the four geographic areas were

randomly selected for inclusion in the sample. The number of faculty members within these programs ranged from three to ten, and the total number of faculty eligible for our study across the 20 programs was 88.

#### *Efforts to Preserve Anonymity and Increase Response Rate*

Every effort was made to preserve the anonymity of the individuals included in the sample. To ensure confidentiality, a neutral third party assigned an identification code to the questionnaires. The identification code was based on the respondent's geographic region and case number. The neutral third party was the only person aware of respondent names, and this person did not have access to surveys returned by respondents. However, those respondents selected for a follow-up phone interview were asked to forgo anonymity and provide a name and phone number where he or she could be reached.

#### *Modified Dillman Procedure*

A modified Dillman approach (Dillman, 2001) was used, which employed a self-administered mail survey and follow-up e-mail reminders. In addition to the survey instrument, each survey packet included an introductory letter explaining the purpose of the study, anticipated length of time to complete the survey, a statement of informed consent, and a postage-paid return envelope. Approximately 2 weeks after the first full survey packet was sent to the entire sample, a follow-up postcard was sent to individuals who had not yet responded, requesting their participation. A second follow-up postcard was sent 2 weeks after the first, and an e-mail reminder was sent one week following the second postcard. Each reminder postcard and the reminder e-mail contained information on how to obtain a second copy of the survey if needed. A second full survey packet was sent to the remaining sample members approximately 6 weeks after the first. This packet was followed by a reminder postcard approximately 2 weeks later. Two weeks after this, the final reminder e-mail was sent to all survey recipients who had not responded.

#### *Survey Instrument*

The survey utilized in this study consisted of seven supervision vignettes or scenarios presented in short paragraph form. The vignettes were based on the authors' supervisory experiences and previous research (Russell & Peterson, 2003), consultation with other AAMFT supervisors, and similar research in counseling psychology (Fly, 1995). The survey was pre-tested with a group of AAMFT supervisors-in-training. Responses to the pretest were used to expand and clarify the seven vignettes and the objective response options following each scenario. In all, the vignettes in the final version of the survey addressed seven different supervisory topics: boundary violations, inappropriate physical contact, confidentiality, maintenance of case notes, therapist self-care, psychological health, and therapeutic competency (see Table 1).

Following each vignette, the respondent was asked to indicate which of 17 objective responses he or she would utilize in dealing with the supervisory challenge presented in the vignette (see Table 2). Response options were listed from least punitive (i.e., Have a conversation with the student about the perceived problem) to most punitive (i.e., File a complaint with the AAMFT Ethics Committee). Respondents were asked to choose as many of the responses as they deemed to be appropriate for the given situation. Respondents were provided space in which to further elaborate on their reasoning for their choice of objective responses.

A five-point Likert scale was used to assess the validity of each of the supervisory vignettes presented in the survey. The scale asked respondents to rate each vignette on how *realistic* they believed it be and how *similar* the vignette was to the respondents' supervisory experience. A rating of "1" indicated the vignette was not at all realistic or similar to the participants' experience, and a rating of "5" indicated that the participants believed the vignette to be very realistic or very similar to their experience.

Table 1  
*Supervision Vignettes*

*Vignette 1: Confidentiality*

You discover that a student you are supervising has regularly taken confidential client information (case notes, client files, and client intake forms) outside of the clinic to nonsecure locations, including home, classes, and vehicle.

*Vignette 2: Mental Health*

This supervisee, who has demonstrated excellent clinical skills in the past, has recently changed in appearance and behavior, become withdrawn, irritable, and less careful about personal hygiene. Though the supervisee continues to meet with his clients regularly, he has been canceling supervision appointments and missing classes. You contact the supervisee and express concern about his absences and behavior change. He discloses to you that he had been treated for bipolar disorder but is not currently on medication.

*Vignette 3: Dishonesty*

You discover that your supervisee has been inflating reports of client contact hours and fabricating sessions to discuss during supervision.

*Vignette 4: Dual Relationship*

You are supervising a novice therapist at the University Clinic who is approaching termination with her first client. The client has been very complimentary about the therapy she has received and at one point asked her therapist if the therapist would be one of the bridesmaids in her wedding. Knowing this would not be appropriate, your supervisee brought the issue to supervision and developed a plan for talking with the client about the difference between being a therapist and being a friend. Later that week you discover your supervisee having lunch with her client at a local coffee shop.

*Vignette 5: Skills*

You are supervising a beginning therapist who has an unusually high client dropout rate. You have observed the therapist in session on several occasions and have pointed out how the therapist's low activity level and lack of "presence" in the session makes it difficult to engage clients in the therapy process. You have role-played new ways of behaving in the therapy room, but the feedback has made little difference. The supervisee continues to have difficulty engaging and retaining clients.

*Vignette 6: Case Notes*

You are supervising a middle-aged therapist who is caring for aging parents as well as teen-aged children. In a routine quality assurance check in the University Clinic, you find that the therapist has not been doing case notes for the past two months.

*Vignette 7: Loose Personal Boundaries*

You are becoming aware that your supervisee has a pattern of inappropriately commenting on the dress and appearance of persons of the opposite sex. You have observed this student putting their arm around the shoulders of clients as they leave session. This student does not appear to be aware that his/her conduct is inappropriate.

On the final page of the survey, respondents were asked to describe a situation where they used one or more of the 17 supervisory responses included in our research vignettes and where a positive outcome was reached for both supervisor and supervisee. Respondents were cautioned not to use information or names that would identify a particular student or training program. Respondents were asked to indicate their gender and the number of years they had been supervising.

Table 2  
*Vignette Response Options*

- Have a conversation with student about perceived problem
- Discuss problem with other faculty
- Referral for psychological or psychiatric assessment
- Referral for personal therapy
- Leave of absence
- Increased supervision
- Repeat coursework (Specify course \_\_\_\_\_)
- Increase informal communication and interactions with student
- Assign a peer mentor for student to shadow
- Assign a co-therapist
- Observe student more during sessions with clients
- Letter of concern
- Written remediation plan
- Counsel out of program
- Probation
- Dismissal
- File complaint with AAMFT Ethics Committee

#### *Phone Interviews*

To further investigate how supervisors determine how to respond to supervisory challenges, the authors developed a set of open-ended questions for a semistructured phone interview. These questions emerged from comments offered by research participants in open-ended sections of the survey. Interview questions addressed such topics as thresholds for dismissal, attitudes about impairment, means of identifying supervisees in need of attention, the cultural context of gatekeeping, and how supervisors developed the “wisdom” needed to supervise effectively (see Table 3).

Those who volunteered to participate in a follow-up interview were contacted by the neutral third party, who verified that the respondent was willing to forgo anonymity by personally speaking with a researcher. The phone interviews took approximately one hour to complete and were recorded and transcribed.

## ANALYSIS

#### *Structured Response Options*

In the initial analysis of the data, frequency distributions were computed and histograms were created for responses to each vignette. In order to search for patterns, the 17 structured response options were further collapsed into 6 categories: TALK (have a conversation with student, discuss with faculty), REFERRAL (referral for assessment, referral for therapy), START DUE PROCESS (letter of concern, remediation plan), INCREASE INTERACTION (increase supervision, repeat coursework, increase informal communication, assign peer mentor, assign co-therapist, more live observation of student’s therapy), MUTUAL GATEKEEPING (leave of absence, counsel out of program), and UNILATERAL GATEKEEPING (probation, dismissal, file ethics complaint).

Using the collapsed response categories, the data was subjected to further statistical analysis. Because of the small sample size, a preliminary test for normality (Kolmogorov–Smirnov)

Table 3  
*Phone Interview Questions*

1. What are the factors that make gatekeeping functions more difficult, and what factors help faculty in their gatekeeping functions?
  - (a) In general terms, how would you describe the experiences that have contributed to your developing “professional wisdom” in responding to students who are struggling with professionalism and may be impaired? In other words, what have you learned over the years and how long did it take you to learn it?
  - (b) Tell me about a circumstance you can imagine that would warrant dismissal. How quickly would you, a program faculty, want to act to remove the student from clinical responsibilities in this situation?
  - (c) How do faculty identify students who are distressed or impaired?
  - (d) Many of our respondents have indicated the importance of considering the student’s personal culture when determining how to respond to issues of impairment. We are interested in knowing what is being implied when respondents speak of “culture.” When considering a student’s cultural background, what factors/characteristics do you include?
  - (e) How would you describe the culture and attitudes by faculty in your program toward students perceived to be distressed or impaired? Distress is when a student is having issues and is aware of having them. Impairment is having issues and not recognizing or being aware of them or failing to receive feedback about them.
  - (f) How would you describe the culture and attitudes by students in your program toward fellow students who are perceived to be impaired?
  - (g) Does a continuum of functioning (normal to distress to impairment) make sense to you?
  - (h) Many of the scenarios presented in the survey involved judgment calls by the student. In your experience, can “good judgment” be taught? Is “good judgment” a universal skill or is it dependent on other things such as personality, personal interests, or life or work experience? If a student shows “good judgment” in some areas but not in others (i.e., good boundaries with families and couples but poor boundaries with individuals, good pacing/timing with children but not with adults, recognition of other’s impairment but not their own), how active should faculty be in steering students to areas where they exhibit better judgment?
  - (i) What would you do with information about possible supervisee impairment that came to you from another supervisee or student?
2. Many supervisors limit their supervisory interventions regarding therapist impairment to situations where they have been able to observe a decline or inadequacy in the supervisee’s clinical work. If you were made aware that a supervisee’s personal issues were overlapping with and might possibly interfere with their clinical work (i.e., newly divorced person working with a couple considering divorce, pregnant therapist working with a client considering an abortion), how might you intervene before there is evidence of a problem with the supervisee’s performance?

was run, which indicated a deviation from normality. Thus, subsequent analyses were performed using nonparametric tests.

#### *Open-Ended Responses*

A content analysis was performed on the rationale statements following each vignette and open-ended responses regarding positive outcomes with “problem students.” This was done by identifying repetitive themes. The first author did the initial analysis of the open-ended survey

responses and the third author did the initial analysis of the three phone interviews. Because of technical difficulties, one of those interviews was not fully transcribed, and the analysis relied upon notes taken during the interview. The first and third authors reviewed one another's coding. The open-ended data and interviews were used to interpret the quantitative data and thus are integrated into the presentation of the quantitative data in the following section.

## RESULTS

### *Description of Sample*

Thirty completed surveys were returned, for a response rate of 34%. Sixteen respondents indicated they were male, 11 indicated they were female, and three did not report gender. The mean number of years supervising was 12.4. Ten respondents were supervising in the South, four in the West, seven in the East, and nine in the Central states. All respondents completed each of the objective questions regarding the supervision vignettes in their entirety, and all wrote at least one rationale statement. Nineteen of the respondents (63%) offered a written rationale for *each* of the seven vignettes. Eleven of the 30 respondents volunteered for the phone interview. Those who wrote the most detailed rationale statements on the survey were selected for interviews. One male and two female respondents were selected to participate in a phone interview.

### *Validity of Vignettes*

All respondents answered the five-point Likert items regarding how realistic and how similar the vignettes were to their experience (see Table 4). Across all seven vignettes, the mean "realistic" response was 3.9, and the mean "similar" response was 3.2. The vignette to receive the lowest validity scores was the one on dual relationships.

Sixty-three percent of the respondents answered the final survey question, which asked that they provide an example of a supervisory dilemma they had experienced that had a positive

Table 4  
*Descriptive Statistics for Vignette Responses*

	<i>N</i>	Minimum	Maximum	Mean	<i>SD</i>
Confidentiality risk (realistic)	30	1	5	4.23	1.104
Mental health issue (realistic)	30	2	5	4.00	.947
Dishonesty (realistic)	30	1	5	3.70	1.149
Dual relationship (realistic)	30	1	5	3.37	1.426
Poor therapy skills (realistic)	30	1	5	4.30	1.022
Incomplete case notes (realistic)	30	2	5	4.33	.922
Loose personal boundaries (realistic)	30	2	5	3.67	1.028
Confidentiality risk (similar)	30	1	5	3.67	1.398
Mental health issue (similar)	30	1	5	3.07	1.461
Dishonesty (similar)	30	1	5	2.77	1.547
Dual relationship (similar)	30	1	5	2.40	1.404
Poor therapy skills (similar)	30	1	5	4.00	1.232
Incomplete case notes (similar)	30	1	5	3.70	1.208
Loose personal boundaries (similar)	30	1	5	2.87	1.479
Valid N (listwise)	30				



outcome for both the program and the student. Several of these responses paralleled the seven vignettes, which provides another source of their validity.

#### *Which Supervision Interventions Are Used Most Frequently?*

By far the most frequently used response category was TALK, which included "Have a conversation with student about perceived problem" and "Discuss problem with other faculty." This was followed by START DUE PROCESS, INCREASE INTERACTION, and REFERRAL. GATEKEEPING, whether mutual or unilateral, was the least used category (see histograms in Appendix A).

#### *Are There Consistencies Across Supervisors in How They Address Supervisory Challenges?*

Friedman's ANOVA was used to examine differences between vignettes regarding use of each response category (Talk, Referral, Due Process, Mutual Gatekeeping, and Unilateral Gatekeeping). This analysis was used to explore the possibility that responses would reveal a unique profile for each vignette. Vignette responses were significantly different for Referral ( $\chi^2 = 69.78$ ,  $df = 6$ ,  $p < .05$ ), Due Process ( $\chi^2 = 16.13$ ,  $df = 6$ ,  $p < .05$ ), Increase Interaction ( $\chi^2 = 52.26$ ,  $df = 6$ ,  $p < .05$ ), Mutual Gatekeeping ( $\chi^2 = 29.20$ ,  $p < .05$ ), and Unilateral Gatekeeping ( $\chi^2 = 51.55$ ,  $df = 6$ ,  $p < .05$ ). There were no significant differences among vignettes for Talk ( $\chi^2 = 4.46$ ,  $df = 6$ ,  $p = .667$ ). Post hoc analysis using the Wilcoxon indicated which responses were significantly different. A Bonferroni correction was applied so that all effects are reported at the .007 level of significance. Significant differences are reported in Table 5.

Virtually all respondents ( $N = 30$ ) indicated a preference for responding first with less severe actions, such as talking to the student or consulting with other faculty, before implementing more severe consequences. Drawing from responses to the open-ended survey question, the majority of respondents also indicated that their response would be tempered by two other factors. First, supervisors would consider whether the supervisee was demonstrating this behavior for the first time or whether it was a behavior or problem that had been previously addressed. Second, supervisors indicated potential risks to clients would influence the course of action taken to address the situation. A third factor considered by some respondents was the culture of the student, especially in response to inappropriate physical contact.

Respondents were likely to respond to poor therapy skills (vignette 5) and loose personal boundaries (vignette 7) by increasing interaction with the student through more direct observation, more supervision sessions, and/or more informal interaction. Increased interaction was also a common response to the dual relationship vignette (vignette 4), along with starting due process. Supervisors also considered due process in response to failure to complete case notes (vignette 6) (see histograms in Appendix A).

#### *What Is the "Threshold" for Probation and Dismissal?*

Honesty and personal integrity (vignette 3) describe the threshold for dismissal responses to our vignettes. Dishonesty regarding the reporting of clinical hours drew the most severe response, with 16 of the 30 respondents indicating they would consider probation an appropriate action and nine indicating that dismissal would be an appropriate option. Vignette 3 was significantly different from all other vignettes in use of unilateral gatekeeping (see Table 5). Though not as strong a pattern, risks to client confidentiality (vignette 1) were also regarded by some respondents as requiring unilateral gatekeeping, with six respondents indicating that probation was an appropriate option and three indicating that dismissal would be an appropriate option. Supervisee mental health (vignette 2) was considered by seven of the respondents to be a reason for probation.

Table 5  
*Significant Differences in Use of Response Category by Vignette*

Category (vignettes)	T	r*
<b>Referral</b>		
Vignette 1–vignette 5	0	-.46
Vignette 1–vignette 7	1	-.55
Vignette 2–vignette 1	0	-.80
Vignette 2–vignette 3	0	-.75
Vignette 2–vignette 4	0	-.81
Vignette 2–vignette 5	0	-.71
Vignette 2–vignette 6	1	-.71
Vignette 2–vignette 7	2	-.60
<b>Due process</b>		
Vignette 2–vignette 5	3	-.46
Vignette 4–vignette 6	2	-.60
Vignette 5–vignette 6	3	-.56
<b>Increase interaction</b>		
Vignette 1–vignette 2	2	-.58
Vignette 1–vignette 4	1	-.54
Vignette 1–vignette 5	2	-.76
Vignette 1–vignette 7	3	-.69
Vignette 2–vignette 6	3	-.54
Vignette 3–vignette 5	3	-.67
Vignette 3–vignette 7	4	-.55
Vignette 4–vignette 5	4	-.59
Vignette 5–vignette 6	1	-.78
Vignette 6–vignette 7	3	-.68
<b>Mutual gatekeeping</b>		
Vignette 1–vignette 2	1	-.53
Vignette 1–vignette 5	1	-.51
Vignette 2–vignette 4	1	-.56
Vignette 2–vignette 7	2	-.48
Vignette 3–vignette 5	2	-.40
Vignette 4–vignette 5	1	-.54
<b>Unilateral gatekeeping</b>		
Vignette 3–vignette 1	3	-.51
Vignette 3–vignette 2	2	-.61
Vignette 3–4	0	-.79
Vignette 3–5	0	-.79
Vignette 3–6	2	-.69
Vignette 3–vignette 7	1	-.71

\*Wilcoxon signed ranks test with a Bonferroni correction so that  $p < .007$ .

*How Do COAMFTE Supervisors Balance the Needs of Various Stakeholders?*

Supervisors in our sample address the needs of multiple stakeholders by moving deliberately to collect information from the student, to understand the context, and to consult with

colleagues. This was apparent both in the survey and the follow-up phone interviews. Open-ended responses on the survey highlighted the importance of developing a contract with the student that identifies the supervisor as having gatekeeping responsibilities so that the supervisee understands that the supervisor is more than an educator or mentor. Other recommendations included being direct with supervisees about concerns, using live observation, especially for new supervisees, and providing periodic written feedback to students. Our interviewees mentioned the importance of reviewing case notes and other written documentation in order to assess conceptualization skills and to scan for strengths and problem areas not otherwise brought to supervision.

One interviewee voiced the belief that assessing student functioning and balancing the needs of multiple stakeholders is one of the most difficult aspects of supervision. This interviewee also expressed concern that supervisors sometimes work so hard on relationships with supervisees that providing corrective feedback is sometimes delayed. All three interviewees indicated that clear expectations are essential and that, at the earliest opportunity, the supervisor and supervisee must review and sign a formal written contract that clearly identifies the expectations of the program, the supervisor, and the supervisee. Regular, written reviews of the supervisee's progress based on the written contract carry the gatekeeping function of supervision forward. Evaluations provide the basis for a formal discussion between the supervisor and supervisee regarding the supervisee's progress.

Interviews also helped to emphasize the importance of timely feedback to students. Each interviewee related a supervision experience wherein he or she had doubt about a supervisee's functioning but did not address it immediately or did so only indirectly. In each instance, the interviewees said that had they addressed the perceived problem sooner rather than later in a very direct manner, future supervision dilemmas would have been avoided.

Overall, interviewees described supervisors as giving careful thought to how to best assist, educate, and train students who were not performing up to program standards. In their experience, dismissal decisions are never made suddenly or "out of the blue." One interviewee thought that the best results occurred when the student and the faculty mutually agreed that it would be best for all parties if the student discontinued clinical training. Because a mutual decision is not always possible, the interviewees stressed the importance of accurately and completely documenting all conversations and meetings between the supervisee in question and faculty or supervisors.

## DISCUSSION

This section will include a discussion of the steps our research participants went through in responding to the supervisory challenges in our seven vignettes. In addition, we will discuss the threshold for dismissal and how admission procedures, an understanding of the American Disabilities Act (ADA), and performance-based contracts may support faculty in their gatekeeping responsibilities.

### *Understanding Context*

Perhaps the clearest finding in our research was the commitment of our participants to understanding context before proceeding with an intervention. Potentially relevant contextual issues identified by participants included previous feedback given to the student, the student's culture and how that articulates with the dominant culture, and efforts on the student's part to address stressors (including those outside of the program). We would add to this list the student's openness to feedback and willingness to keep the faculty informed about ways identified deficiencies are being addressed. Risk, in our opinion, goes up when the student is not an engaged partner in the process of remediation and when the student is not talking with the faculty.

### *Managing Risk While Engaging in Remediation: Increasing Interaction With Students*

None of the study vignettes described situations where clients were at immediate risk. Taking a student off a case was not one of the 17 response options listed, and none of the respondents spontaneously offered such an intervention. Rather, the bulk of interventions chosen by our respondents, after discussion with the student and consultation with other faculty, were directed at increasing interaction and surveillance of the student. Repeating coursework was not a popular option, suggesting that respondents assessed the student deficits in our vignettes as motivational, perceptual, or skill-based rather than information-based.

### *Due Process for Students*

As a group, our respondents were careful to establish due process when addressing the dilemmas posed by our vignettes. Supervisors recommended conversations to understand the context of the situation, providing students with written feedback (including letters of concern), and developing written remediation plans. These steps provide “due process” for the student in that he or she receives advance notice that his or her performance does not meet program standards and provides a way to address the identified deficiencies.

It is important that students receive feedback early and regularly so that they have time to respond to deficiencies that are identified. How long should a student have to bring his or her performance up to an acceptable level is unclear (Jordan, 2003). Supervisors must consider the impact of impaired student behavior on the learning of other students in the program as well as clients being seen by the therapist-in-training. As one of our interviewees pointed out, students invest a great deal of time and money in their training, and it is unfair to allow, or encourage, a student who is not well suited to the profession to drain program resources and staff time. Increasingly, the supervision literature is urging timely response to a student whose performance does not meet program standards (Forrest et al., 1999; Jordan, 2003; Lamb et al., 1987; Lumadue & Duffey, 1999; Mearns & Allen, 1991; Miller & Koerin, 2002; Storm, Todd, Sprenkle, & Morgan, 2001). Our data do not directly address the question of how long to work with a student before moving to dismissal, but the three phone interviews reflected an appreciation for the negative effects of prolonging the process.

### *Therapy as a Remediation Tool*

Referral for psychological evaluation or requiring therapy was a frequent response option selected by our participating supervisors. Yet, evidence for the effectiveness of mandating therapy for students who are not meeting program expectations is lacking (Schoener, 1999). In addition, some have written about legal and ethical reasons why such a recommendation from program faculty may not be appropriate. Referring a student to therapy may imply that faculty have diagnosed the student. By doing this, faculty may confound their educational relationship with the student with one that has clinical overtones. In addition, from the perspective of the American Disabilities Act, referring a student for a psychological evaluation or therapy could be interpreted as discrimination based on a disability (a mental illness). Faculty may advise a student of specific behaviors that must be improved and work with that student to devise a remediation plan, being clear about the consequences of not reaching an acceptable level of performance. Personal therapy is an option *the student may propose* to address inadequacies in professional performance, but faculty should exercise discretion in initiating it as a requirement. Quoting Tribbersee (2003, p. 22), the program’s “legitimate interest is only that the behavior is corrected.” This is not to say, however, that programs may not appropriately encourage personal therapy outside the program *for all students* as an adjunct to the educational experience. Nor does it suggest that a student who discloses active suicidal ideation should not be helped to find professional care outside the program. Psychotherapy as an integral part of training for supportive and preventive purposes is different from selecting out students for therapy as a part of remediation.

### *Threshold for Dismissal*

While our respondents frequently recommended initiating due process in a formal way, the threshold for dismissal appeared to us to be high. Even for the dishonesty vignette, only nine of the 30 respondents recommended dismissal. Because supervisors are trained to be empathic and supportive, it may be difficult for them to shift to a gatekeeping mode (Gazara, 1997; Kerl et al., 2002). Supervisors may threaten the gatekeeping process by seeking clinical explanations for why a student is not meeting program standards. The responsibilities of supervisors with respect to the supervisee are academic, not clinical in nature. Assessing personal problems complicates the supervisor's relationship with students and moves them into dual relationships. Occupying multiple roles with students may actually encourage supervisors to tolerate behavior that otherwise they would recognize as not appropriate (Tribbensee, 2003). Understanding the implications of diagnosing underlying problems in students and requirements of the ADA will assist supervisors in making wiser decisions regarding retention and dismissal.

The dual relationship vignette, the dishonesty vignette, and the loose personal boundary vignette used in this research all received lower validity scores than we would have liked (less than four points on a five-point scale). If respondents found these vignettes implausible, this may have contributed to their reluctance to select more severe response options.

### *Recommendations for Balancing Needs of Multiple Stakeholders*

We will discuss four processes that may position supervisors more favorably for the challenges of gatekeeping. These processes include use of performance-based contracts, training supervisors in gatekeeping functions, and clarifying to students the gatekeeping function of faculty. To the extent that these processes lessen the stressful nature of gatekeeping for supervisors, our guess is that faculty will be less reluctant to move toward dismissal when it is appropriate.

*Performance-based contracts.* Lamb (1999) and Storm et al. (2001) have written at length about the importance of developing clear contracts with students early in training. Such contracts articulate learning objectives, require periodic performance reviews, inform students of the gatekeeping responsibilities of the faculty, and require signatures from faculty and students on evaluation documents. Procedures such as these provide clarity for students and help faculty to focus on behaviors that define professional competence. Program materials should also make it clear that students must accept and be responsive to clinical supervision and follow the AAMFT Code of Professional Ethics (2001), which defines ethical and, to some degree, competent professional practice. Our survey made it clear that supervisees were student members of AAMFT. If our vignettes also had included a description of a training contract that specifically addressed the gatekeeping responsibilities of faculty, it is possible that the "probation" and "dismissal" options would have been selected more often.

*Continuing education training in gatekeeping.* Supervisors receive little training in how to carry out their gatekeeping responsibilities and how to move toward dismissal when that is appropriate. Programs would benefit from more systematic ways of thinking about gatekeeping and continuing education for supervisors on how to address supervisory challenges such as the ones included in our survey. The function of gatekeeping is a complex one, made even more so by the need for coordination between campus and off-campus placements (Miller & Koerin, 2002). Coordination would be enhanced by the development and sharing of formal statements of training or learning outcomes together with a statement regarding how those outcomes will be assessed.

Three "bottom line" questions may help supervisors balance the needs of students with those of other stakeholders. These questions are (1) Would I be comfortable hiring this person? (2) Would I be willing to supervise this person as my employee? 3) Would I refer a family member to this therapist? Whether supervision is conducted on campus or off, training supervisors to understand institutional policies, standards, and learning outcomes, to maintain

communication among all supervisors working with students, to write clear supervision contracts, and to ask themselves “bottom line” questions such as the ones identified above should help supervisors manage their gatekeeping function.

*Clarifying gatekeeping role with students.* Students need to understand that clinical faculty have a responsibility to screen out student therapists who are not able to accomplish learning objectives set forth by the program. This can be done by including performance standards and evaluation procedures in a variety of program documents, including materials distributed to program applicants. These materials should also include a description of the responsibility of supervisors to protect the interests of clients, the profession, and the program as well as therapists-in-training. Written statements such as these will help avoid a sense of betrayal in students when problems emerge during training. In addition, therapists-in-training need to be aware that they also have a role to play in addressing unethical or inappropriate behavior that they may observe on the part of colleagues (Welfel, 2002). It seems that students recognize unprofessional behavior when it occurs, but may not know how to address it (Oliver et al., 2004). Professional studies classes might include opportunities to role-play approaching a colleague about unprofessional behavior.

It is important for students to believe that faculty know what is going on in their program and take action when it is appropriate. Yet, because remedial action and gatekeeping decisions must be private ones between the faculty and the students involved, it is the student who must communicate to his or her peers any actions taken regarding his or her performance in the program. Nevertheless, where learning outcomes are clearly stated on the syllabi for each course within the program, including practicum, and where there is a history of faculty responding appropriately to deficient performance, it would seem to us that students would be more likely to believe that faculty are responding to performance concerns appropriately.

## LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

This research is limited by its small sample size. Nevertheless, the rate of response (34%) is consistent with response rates for similar research in clinical and school counseling programs, where rates ranged from 7.7% to 31.5% (Huprich & Rudd, 2004; Tribbensee, 2003). A second limitation is its focus on the supervision of students in master’s programs to the exclusion of doctoral programs and post-degree institutes. It is possible that master’s programs screen out problems, thus making supervision in doctoral and post-degree institutes less challenging. However, it is also possible that, given the high level of faculty effort devoted to research and supervision of dissertations and the greater likelihood that students are assumed to be competent by virtue of licensure, subpar clinical work is easier to overlook in doctoral programs (Huprich & Rudd, 2004).

Should our vignettes be used in future research, we recommend that the directions include information about a supervision contract, including a description of the gatekeeping function of the supervisor. We would also suggest that the response option “limit or eliminate client contact” be added, and that a new dual relationship vignette be developed that is perceived to be more realistic. We believe it would be appropriate to continue to use vignettes similar to ours, but suggest including more background information on the student, such as previous feedback from supervisors. We’d also suggest pretesting vignettes with experienced supervisors as opposed to supervisors-in-training. These changes should increase validity of the vignettes and help tease out perspectives on the appropriate threshold for dismissal decisions.

Our study focused on the strategies supervisors use to address common challenges in supervision with beginning therapists. Given the stressful nature of gatekeeping and the need to provide better training for supervisors in how to perform their gatekeeping responsibilities, it would be helpful to know more about the experience of gatekeeping from the perspective of both supervisors and the supervisee. A recent dissertation by Jonathan Davis (2004)

addresses this need from the perspective of the supervisor. This study documents the experience of gatekeeping for supervisors and describes the process of assessing the “fixability” of problems and the unique challenge posed by students who appear to be doing no harm yet are not effective in their work with clients (the “subcompetent student”). In addition to follow-up studies of the process of gatekeeping from the perspective of supervisors, the field is in great need of research that describes gatekeeping and remediation from the perspective of students, especially those with “fixable” problems who have found supervisory intervention to be helpful.

## CONCLUSION

Our data support the conclusion that COAMFTE supervisors take their gatekeeping role seriously and that they proceed respectfully and fairly with supervisees who are in need of corrective action. While supervisors do consider dismissal to be an appropriate response under certain circumstances, the supervisors in our sample sought to understand the context of the student therapist’s behavior and generally preferred to involve the student in an assessment of his or her appropriateness for a career in marriage and family therapy as opposed to moving unilaterally toward dismissal. We believe marriage and family therapy would benefit from further research and discussion regarding circumstances under which unilateral dismissal is warranted and necessary for the protection of clients, the student, and the profession.

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## APPENDIX

### Appendix A: Histograms

- Talk = 1
- Referral = 2
- Due Process = 3
- Increase Interaction = 4
- Mutual Gatekeeping = 5
- Unilateral Gatekeeping = 6







