

NARACES Fall Newsletter

Spring 2020

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LETTER FROM THE PRESIDENT



Dear NARACES Members,

Most importantly, I hope you and your loved ones are healthy and minimally impacted by the COVID-19 disease that has touched all of our lives. I know that this disease has caused many Counselor Educators across the country to scramble to learn how to transition our courses to an online format. It has been heartwarming to see how our Counselor Education and Supervision community has come together to help one another find support and knowledge during this worldwide crisis. I'm not sure how each of you is doing with this new work at home lifestyle, but I find myself feeling more exhausted at the end of a work week, which in and of itself has been hard to boundary. I am finding a new approach to my days, which includes my commitment to our region and making note of how some of these new changes can contribute to our mission and vision moving forward. The entire NARACES board continues to meet monthly, and in the last few months, many of us have been holding several meetings per week; one especially important topic includes our NARACES conference in Pittsburgh.

One of the initiatives our region and board decided to prioritize at our conference is that of Inclusion and Equity. I think we could all agree that inclusion, equity, and accessibility are part of being culturally competent practitioners. However, I think we can do a better job of being culturally competent in our approach to our conference. I had the pleasure of speaking with Lynn Pierce, NARACES nominee for ACES GSR and learned there is still so much more we can be doing to make our conferences more reflective of cultural competence, but specifically with ability status.



The NARACES board began discussing how we could include the entire NARACES community at the conference, and as a result, I created an ad hoc Inclusion and Equity Task Force. The initial focus was on our conference 'on the ground', though I now understand the need to make this a priority for all conferences, regional and national. This task force, led by Amanda Minor and

Lynn Pierce, has met virtually for months to make the upcoming and future NARACES Conferences more accessible. A primary focus has been on physical accessibility and accommodations required by individuals with disabilities to fully engage with the conference environment. Additionally, this committee is committed to improving the conversation around and inclusion of diversity topics including race/ethnicity, sexual and affectional orientation, religious diversity as well as other identity factors that may influence access to the profession such as student status or financial means.

When the NARACES executive council met on April 17, 2020, we were faced with a decision of how to hold the conference, either as planned in Pittsburgh, in a virtual format, or in a hybrid format. After discussion, we came back to the vision Inclusion and Equity. If we held the conference in Pittsburgh, and not knowing the future impact and status of the COVID-19 disease for this fall, we would be jeopardizing members' access and inclusion to the conference. There are several, sometimes layered, factors that could prohibit a member from coming to the conference (e.g., financial, medical, and/or uncertainty or safety concerns), and for these reasons, we voted unanimously to cancel the conference in Pittsburgh and move our conference to a virtual format. At first this was a challenging decision, one that many of you might not agree with, but in the end, it was an easy decision when we went back to our focus on Inclusion and Equity.



In reflecting on what this pandemic has taught me, I now see that regardless of a pandemic, accessibility and inclusion has not been fair. It is my intention to work towards making our conferences accessible and inclusive to our membership.

Though at this time we are uncertain about specific details, rest assured that conference planning will continue and NARACES will hold an event for us to gather, share our work, and earn continuing education. Redesigning the event will take time and effort, but it will also be an exciting process. We have the opportunity to implement new ideas and make the event something that will be memorable and exciting. This is certainly new territory for the region, but current circumstances afford us the occasion to venture into a new direction and learn new skills in virtual conference planning. This will not only help us during the 2020 regional conference cycle but also in the future as we aim to improve accessibility efforts.

Sincerely,

Tracy

2020 NARACES CONFERENCE ANNOUNCEMENT

The COVID-19 pandemic has had significant impact on travel, conferences, and events across the nation. With our own conference slated for November 2020, the NARACES executive committee members have worked together to monitor the situation in an effort to make an informed assessment of our own event. Due to the uncertainty of the coming months, the NARACES executive council has decided to re-envision the 2020 conference, originally to be held in Pittsburgh, to a virtual format and work to renegotiate our hotel conference for the 2022 conference. Though this was a difficult choice to make; NARACES executive members were intentional and thoughtful in the process and considered multiple factors in the related discussion.

"In any given moment we have two options: to step forward into growth or step back into safety."

-Abraham Maslow

For the first time in NARACES conference planning history a new sub-committee, conceived and spearheaded by Lynn Pierce and Amanda Minor, on accessibility and inclusion was implemented. As a result, the planning committee has infused inclusion and equity throughout all parts of planning. In an effort to reflect this commitment to inclusion, the NARACES executive board believed that, with the uncertainty related to COVID-19, it is in the region's best interest to host a virtual event this year. Without knowing what future months hold related to the pandemic, the executive board did not want to exclude members unable to travel due to medical risk (e.g., underlying health concerns, pre-existing conditions). Knowing that the current crisis has impact on finances, both personally and at the university level, the executive board also wanted to ensure that members would not have to endure a financial hardship in travel related costs this fall. There are many other systemic impacts that this pandemic has on our

members with the potential for a multitude of reasons that could influence members' decision making regarding attending the conference at this time. Ultimately, the NARACES executive board wanted to ensure that choosing whether or not to travel and attend the conference did not cause undue stress to members in an already stressful time.



Making the decision to move the conference to a virtual event now opposed to closer to the fall not only allows NARACES members advanced notice, but also allows time to pivot our preparations. The 2020 Conference Planning Committee has been hard at work since the fall to create a memorable conference experience. Our efforts now will need to shift, and this will take some time and re-envisioning. Please be assured that we are still working to create and implement, for the first time ever, a virtual conference for members to come together in scholarship and earn continuing education. Though challenging, this is also an exciting time for NARACES. In the coming months we will learn new skills in virtual conference planning that can be transferable to future endeavors and potentially offer additional ideas in conference accessibility.

Respectfully,

Michelle Hinkle, NARACES President-Elect & 2020 Conference Planning Chair

NARACES 2020 *CALL FOR AWARDS*

It's that time of year again...where we get to acknowledge the hard work of our students, colleagues, peers, and those who have gone above and beyond to support our field. Nominations are being accepted for the following NARACES 2020 Awards:

Marijane Fall/NARACES Counselor Educator of the Year Award

Janine M. Bernand Outstanding Supervisor Award

NARACES Social Justice Award

NARACES New Professional Award

The Journal of Counselor Preparation & Supervision Outstanding Journal Article Award

Outstanding Graduate Student

-Master's

-Doctorate

Award applications can be found on the NARACES website <https://naraces.org/> with detailed instructions. Nominations are due no later than June 1st, 2020. Any questions or concerns, can be emailed to Meredith Drew, drewm2@wpunj.edu

"Life grants nothing to us mortals without hard work."

-Horace



VOICES FROM THE FIELD

Gender Representation in Research and Counselor Supervision: What We Say Matters!

Stephanie Gotay, Ed.D., NCC, CRC, Arkansas State University

Helen Jennings-Hood, Ed.S., LAC, TA, Arkansas State University

If you've been paying attention, you're seeing big changes in the way language is shifting perspectives about gender, specifically the use of *they* as a singular pronoun. This is important because the language that we use influences the



way society thinks about people, which impacts how we treat each other. As researchers and counselor educators, we attempt to promote inclusion through thoughtful data representation and course curriculums that inspire students to address their biases, including gender biases. For us (a counselor educator and new counselor), this is important because we have seen an increase among students and clients whose gender identities are nonbinary. However, the use of gender-neutral pronouns extends beyond those who identify as nonbinary. Using gender-neutral pronouns also increases the favorability of women and LGBT individuals (Tavits & Perez, 2019). Considering gender identities are relevant for everyone, these shifts in the way we think and talk about gender matter!

Professional Language is Catching Up

In 2015, the American Dialectic Society (2016) selected the singular *they* as the Word of the Year because of its usefulness and increasing prevalence as a nonbinary gender pronoun option. Since then, there has been an increasing shift in the way *they* is accepted in dictionaries (e.g. *Merriam-Webster Collegiate Dictionary*) and style writing guides (e.g. *Publication Manual of the American Psychological Association*, *The Associated Press Stylebook*, and *The Chicago Manual of Style*).

Until recently, the American Psychological Association (2010) promoted equitable representation of sex and gender by encouraging authors to use pronouns that matched the gender of the person they were describing or using alternating gender pronouns (e.g. he, she). Though the sixth edition of the *Publication Manual* (APA, 2010) acknowledged alternating gender pronouns could be distracting to readers, this practice was permissible. That is no longer the case.

On October 1, 2019, the American Psychological Association released the seventh edition of the *Publication Manual* (2020). Now, authors are directed to use *they* when the person being described uses this pronoun or when “the pronouns used

by the people being described” are unknown (p. 121). To clarify, this means *they*, *them*, and *their* may now be used to refer to a single person whose gender is unknown or irrelevant to the context of the narrative, as well as for an individual whose identified pronoun is *they*. Finally, professional language is catching up.

This small change has met some resistance as folks grapple with the grammatical shifts associated with using *they* as a singular pronoun. But it is not just about a word. For some people, the struggle centers on thinking about gender outside the binary categories of male and female, which can challenge beliefs, values, and social behaviors connected to gender identity. The recent changes in the *Publication Manual* (APA, 2020) will change how gender is presented in research, how counselor educators train students to write and speak about gender, and how counselors engage with clients. In addition to the expanded use of singular *they*, the seventh edition of the *Publication Manual* (APA, 2020) instructs authors to no longer use the word *other* when writing about sex or gender; instead, use the word *another* to avoid implying that sex and gender are binary. This shift toward a more fluid, nonbinary conceptualization of sex and gender may be difficult for some people to understand, and it will fall to counselor educators to help students reconsider their previous notions about sex and gender. Students are not the only ones who may be challenged by these shifting ideas; counselor educators may be as well. Fortunately, the *Publication Manual* (APA, 2020) clearly addresses these changes, and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) (Harper et al., 2012) identifies competencies that are helpful when working with clients whose gender identities are nonbinary.

“The recent changes in the *Publication Manual* (APA, 2020) will change how gender is presented in research, how counselor educators train students to write and speak about gender, and how counselors engage with clients.”

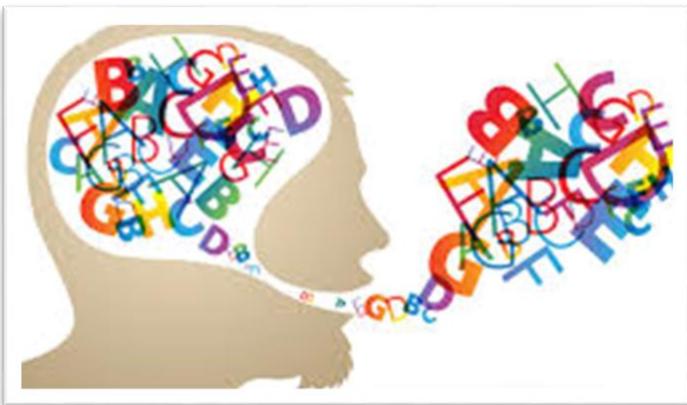
-Gotay & Jennings-Hood,
2020

Nonbinary Gender Discussions in Supervision

Using ALGBTIC’s guidelines (Harper et al., 2012), counselor educators and supervisors can proactively help students and supervisees become familiar with these competencies preparing them to practice effectively with all clients, but the first step is to broach the topic and talk about it! Researchers have shown that younger Americans are more familiar with gender-neutral language, using

nongendered language, and are more familiar with populations that identify as nonbinary (Geiger & Graf, 2019). Asking questions during supervision to ascertain the supervisee’s level of competence is an important place to start the conversation. Counselor educators and supervisors can use awareness of shifting social norms to facilitate discussions about the process of gender development, relevant social and environmental factors, prejudice and discrimination, and intersecting identities a client may experience. Counseling supervisors can encourage students and supervisees to recognize privileges associated with heterosexism and binary gender identities and help them identify and process

personal and religious biases related to nonbinary gender identities. Finally, and perhaps most importantly, counseling supervisors can model affirmation of persons who have nonbinary gender identities through their own language and



actions. It is just as important to create an accepting and inclusive space in the supervisory relationship as it is in the counseling relationship.

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Clinical Supervision for School Counselors

Sarah L. Zalewski, Ph.D., NCC, BC-TMH, ACS, LPC

School counselors are in need of clinical supervision, perhaps more so now than at any point in time previously. The nation's K-12 students are struggling with increasing mental health needs (CDC, 2019). Perhaps these mental health needs are due to the rise in social media, the lack of outside playtime, the decline of the "traditional" family, or perhaps the pressures of entering a "good" college. The origin of the pressure on our students is uncertain, but the fact remains, our students are struggling.

"However, during that stressful first year after graduation they [school counselors] are on their own, at the mercy of administrators who may not be familiar with their developmental supervisory needs."

-Zalewski, 2020

Suicide rates have risen dramatically (Miron, Yu, Wilf-Miron, & Kohane, 2019). Students are using substances, sometimes in their very classrooms. Bullying is a national epidemic (National Center for Education Statistics, 2019). And among all of this chaos and need, our school counselors are on the forefront, doing their best to help our students. And they're doing it with huge caseloads – the average school counselor is serving 455 students (American School Counselor Association [ASCA], 2019). ASCA recommends a caseload of 250 students for each school counselor.

Historically, school counselors have received supervision from the administration in their building, usually principals or assistant principals with no training in mental health or supervision. Some school counselors are lucky enough to receive clinical supervision, but the rate is extraordinarily low, with approximately 10% receiving weekly clinical supervision (Perera-Diltz & Mason, 2012). Further compounding this problem is that few school counselors receive training in providing supervision during their master's programs; therefore, once they become experienced school counselors, they are unsure and perhaps even unaware of supervision theories and techniques. However, during that stressful first year after graduation they are on their own, at the mercy of administrators who may not be familiar with their developmental supervisory needs.

As an educator of school counselors, I am concerned for my students. When they're with me as internship or practicum students, I know they are being afforded good quality supervision by someone trained in clinical supervision theories and techniques. During that first-year school counselors are faced with ethical, clinical, and staffing situations that most likely stymie them. Luckily, most manage to find their way through the conundrums of that first year. However, I am certain that we have lost some amazing school counselors because they were not supported appropriately as fledgling school counselors.



I compare the training of clinical counselors and school counselors in Connecticut: both have the same practicum and internship supports as students. However, after graduation their experiences are worlds apart. Our clinical counselors in CT must receive clinical supervision consistently for at least their

first 3000 hours of experience to obtain their independent clinical licensure. Our school counselors, often the only mental health professionals in contact with their students, are often not afforded any supervision at all after graduation. They are left to fend for themselves.

What could we do differently? As counselor educators, we can form supervision groups for our school counselors after graduation. We can work on maintaining relationships with our students so that they know they could lean on us if necessary. We can maintain lists of school counselors who are trained in supervision and willing to be clinical supervisors for our graduates. We can explore technological interventions for our new school counselors to obtain clinical supervision. But most importantly, we can advocate.

We can advocate to our legislatures to recognize the importance of school counselors receiving supervision by someone trained in mental health needs, not just a building administrator. We can outreach to the educational leadership programs at our universities and let prospective administrators know what school counselors do and how best to support our school counselors. We can speak to groups of administrators to let them know what their school counselors need in terms of both professional development and supervision. And most importantly, we can teach our students to be their own voices and to advocate for themselves. When school counselors advocate for their clinical supervision needs, they are truly advocating for the well-being of the students they serve.

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Suicide Prevention and the public health model

Karen Mason, Ph.D., L.P.C., Gordon-Conwell Theological Seminary

“Suicide prevention is at a crossroads. Despite record efforts ... suicide rates continue to rise, and suicidal despair continues to impact our loved ones, our communities, and ourselves.”



I have been working and researching in the suicidology field for many years. Before joining the faculty at Gordon-Conwell, I managed the Office of Suicide Prevention at the Colorado Department of Public Health and Environment. One thing I know is that preventing suicide is everyone’s business and counselors are at the forefront of preventing suicide on a daily basis. But how can we

help reverse these climbing rates? Here are three ways that are consistent with our counseling values and practices:

- Counselors value equity consistent with Healthy People 2020: “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” For example, we know that suicide rates are higher among sexual minorities. Counseling students need to know about these disparities and advocate for equity.
- Counselors value evidence-based counseling practices. When counselors assess suicide risk and intervene, they can use a variety of evidence-based models such as (a) the Zero Suicide Model (Brodsky, Spruch-Feiner, & Stanley, 2018) which uses AIM-SP (Assess, Intervene, Monitor) (b) the Dialectical Behavioral Therapy Model, or (c) The Collaborative Assessment and Management of Suicidality (Jobes, 2016). Counselors use validated instruments like the Columbia Suicide Severity Rating Scale. The counseling profession recognizes the importance of “suicide prevention models and strategies” (CACREP Standards, 2016, F.5.1).
- As counselor educators, we may focus on teaching students how to intervene with a person at risk of suicide and not teach a prevention model. The prevention model behind all approaches is the public health approach which focuses on promoting health, preventing disease and prolonging life. These values are consistent with the counseling profession. But what is the public health model and how does it apply to a counselor?

“The counseling profession recognizes the importance of “suicide prevention models and strategies (CACREP Standards, 2016, F.5.1).”

-Mason, 2020

The public health approach follows specific steps: (1) Define the problem through surveillance, (2) Identify risk and protective factors, (3) Develop and test interventions, (4) Implement interventions, (5) Evaluate interventions. How do each of these steps apply to a counseling students?

- Counselors can find out what the suicide rates are in their state. They find this out from the Centers for Disease Control and Prevention (CDC) which



gathers and reports suicide data for each U.S. state. The CDC uses several tools including the Youth Risk Behavior Surveillance System, the Behavioral Risk Factor Surveillance System, and the National Violent Death Reporting System. Results from these surveillance systems are reported in the Morbidity and Mortality Weekly Report.

- Counselors can identify their clients' risk and protective factors. Research studies report risk and protective factors. For example, a risk factor for suicide is a history of abuse of any kind. Religious service attendance is a protective factor. But what students need to

understand is that correlation is not causation. For example, U.S. spending on science, space and technology correlates with suicides by hanging, strangulation and suffocation.

- Counselors can use program evaluation steps to develop a suicide prevention approach in a community setting using a case study, and then plan to implement it and evaluate it, all important steps in the public health approach.

The public health approach is not an approach most of us learned in our own training but can be useful to counselors, counseling students, and counselor educators.

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Counselors Fitting into the Medical Model

Lorraine Nelson-Gordon, PhD

*Have you ever gotten into a situation that left you asking:
how did I get here and how do I get out?*

I am a counselor educator and an assistant professor at Townsend Institute at Concordia University Irvine, and I can truly say “I LOVE MY JOB”. I also worked for a teaching Catholic Healthcare System with 470 acute care beds. This is not a psychiatric hospital. I manage a multidisciplinary team of employees in a population health project. The team consist of Counselors, Advance Practical Nurses, nutritionists, Social Workers, data analyst, an Administrative assistant, community health workers, a Psychologist and a boss who listened. The project is a \$23 million grant funded program for adults who are 18 years or older, low income, under-insured, uninsured and diagnosed with a chronic medical disorder/s.

“According to the National Institute of Mental Health (NIMH), People with chronic medical conditions have a higher risk of depression and people with depression are at a higher risk for acquiring other medical conditions.”

*-Nelson-Gordon,
2020*

According to the National Institute of Mental Health (NIMH), People with chronic medical conditions have a higher risk of depression and people with depression are at a higher risk for acquiring other medical conditions. Depression causes noncompliance to chronic illnesses. American Psychological Association (2017). The medical staff identified high risk clients who were non-compliant with their medical condition and referred them to counselors and psychologist. Treating the depression or other mental illness while treating the medical condition at the clinic, have yielded marked improvement in blood sugar levels, blood pressure, cholesterol levels, and just showing up for their appointments. The clients reported feeling happier and more hopeful. The clientele increased from 32 when we started to just under 1700 currently. Clients are actively engaged in their care and have expressed the difference in care when they have their mental health addressed; they are more able to focus on their medical condition/s Giammanco & Gitto (2016).



The healthcare system has also seen an unexpected economic benefit from the program. The economic value has increased. Clients are managing their depression and are better able to adhere to medical treatment, hence less hospitalization. This spells money for the hospital.

I was getting ready to separate from the organization because I thought my mission was accomplished, when my boss asked if I would be willing to request credentialing privileges from the Hospital to officially be on the medical and dental staff as the first counselor in the healthcare system to do so. This is a position that is usually held by a Psychiatrist and Psychologist. I did apply for

privileges, and it was granted. I am now a member of the medical and Dental staff. I am seen as a peer by other members of the medical staff and are also consulted by them.

As a counselor educator, this model is not new, but it is imperative that we as a profession bring to the awareness of counseling learners the possibility of obtaining privileges from medical staff just as our peers in other helping profession do. The credentialing process took six months, but it was worth it. Part



of the process was to meet with the department chairpersons, such as the chair of medicine, the chair of psychiatry, etc. This experience made me realized that my mission begins where I was, not where I think I should be. Although I wanted to separate from the organization, I am enjoying this new normal and hopes that others in the profession will see this model as having a seat at the table.

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Feminist Pedagogy in Counselor Education

Shana Gelin, MA, NCC

Doctoral Candidate, Syracuse University

Within counselor education, there is a lack of feminist literature and use of feminist pedagogy (Murray, 2006). The most cited articles of feminist literature and pedagogy in counselor education exist in a special issue in the *Journal of Multicultural Counseling and Development* (Constantine, 2004; Enns, Sinacore, Ancis & Phillips, 2004; Smith-Adcock, Ropers-Huilman, & Choate, 2004). Additional feminist literature can be



found in other multicultural or postmodern counseling discourse (Brady-Amoon, 2011; Crethar, Rivera, & Nash, 2008; Williams & Barber, 2004), or located within counselor education dissertations (Perez, 2017; Speedlin, 2015). Through these articles, feminist pedagogy has been used to challenge students' cultural norms and biases, restructure power dynamics in the classroom, and build a community within counselor education courses (Enns, et al., 2004; Smith-Adcock, Ropers-Huilman, & Choate, 2004). Even still, individuals may not use feminist pedagogy in their classrooms due to programmatic expectations and feminist stereotypes (Lamantia, et al., 2016). This article

will offer counselor educators some feminist pedagogical strategies that can be used to embody the importance of knowledge collaboration within the classroom.

Explaining Feminist Pedagogy and its Misconceptions

bell hooks (1994) describes feminist pedagogy as creating locations where professors are “striving to create participatory spaces for the sharing of knowledge” (p. 15). The constructs of power and gender, use of empowerment, and critically critiquing one pathway of knowledge are core values of feminist pedagogy. This approach strives to resist assumptions about students' social locations and provides a place for student transparency and autonomy. In doing so, a feminist pedagogical goal for a course/lecture, for example, could be to privilege student voices and opinions within the classroom. Instructors could start class with student personal narratives or have them represent counseling knowledge through current world media. This positions students as being collaborators of knowledge, instead of looking strictly to the instructor as the main source of knowledge (Tice, Jackson, Lambert, & Englot, 2005). Some instructors also arrange the classroom in a circle, where all the students are facing one another instead of the instructor. This physically represents this co-collaboration of knowledge by changing the traditional classroom format.

“Feminist pedagogy enhances the education environment for all students by including their voices within the context of learning.”

-Gelin, 2020

In conceptualizing the uptake of feminist pedagogy, it is important to clarify that using these pedagogical strategies does not mean instructors are teaching feminism (LaMantia, Wagner, & Bohecker, 2015). Feminist pedagogy is an approach with principles that evolved from second wave feminism to facilitate classroom learning (Tice, et al., 2005). For example, combating racial power

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Gatekeeping: How Does this Work Anyway?

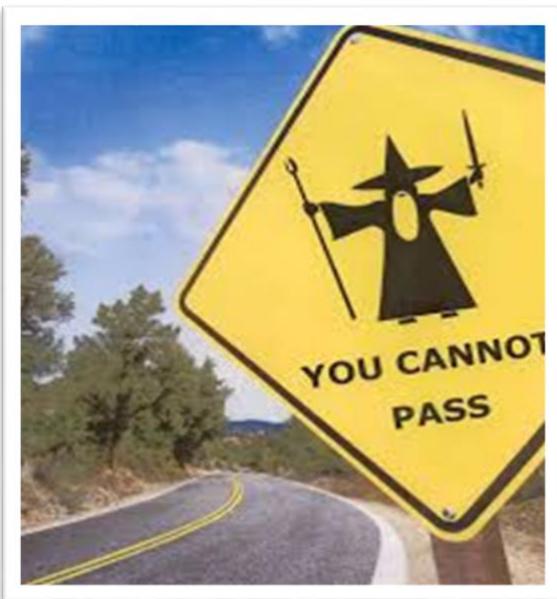
Krista Kirk, Ph.D., NCC

John J. S., Harrichand, Ph.D., LMHC, LPC, NCC, CCMHC, CCC

Brittany Lashua, Ph.D., LPC

Stemming from its original meaning to control news outlets and determine which publications made the editorials, the term *gatekeeping* has been adopted in the counseling profession to represent a counselor educator's (CEs) and supervisor's responsibility to ensure only competent counselors are entering the field (Homrich, 2018). Not only is the gatekeeping process an ethical mandate of the counseling profession (American Counseling Association, 2014; Bernard & Goodyear, 2019; Council for Accreditation of Counseling and Related Educational Programs, CACREP, 2015), the need in determining fit for the field through professional and personal dispositions, in addition to a person's implications for development, begins at admissions to a program (Homrich, 2018; McCaughan & Hill, 2015), follows through coursework (Baldwin, 2018), academic experiential classes (Dean et al., 2018), then through post-degree supervised experiences (DeLorenzi, 2018).

The process of gatekeeping can involve many challenges as CEs seek to protect the field by remediating students who do not reflect the required dispositions (i.e. knowledge base, skills, and professional behaviors) (Dollarhide, 2013). Unclear



or differing definitions of what constitutes gatekeeping including plagiarism, professional dispositions, or competent clinical skills, can impede faculty from fulfilling their gatekeeping responsibilities (Gullifer & Tyson, 2014; Vehvilainen et al., 2018). To make matters more complex, many CEs report feeling institutional pressures to avoid gatekeeping because of administrative goals of enrollment (Harrichand et al., 2019). Despite these potential barriers, it is important for institutions, supervisors, and CEs to adequately evaluate the counselor-in-training (CIT), providing feedback in hopes of promoting growth. This evaluation is meant to ensure the trainee is competent to interact with future clients in an ethical way, as incompetent CITs who graduate and practice could be potentially free to impart harm (albeit, usually unintentionally) on current clients (Brear et al., 2008). Homich (2018) explains that CEs and clinical supervisors are directly held responsible for any harm

that might be caused by the CIT, especially if these mistakes are known and not addressed within the supervisory relationship. To contextualize the level of responsibility required by CEs and clinical supervisors, the state of Louisiana decided an institution was liable when Louisiana Tech University failed to “insure

that its graduates are competent in the area in which the certificate or degree is bestowed” (Chronical of Higher Education, 1994, p. A6).

At any rate, Crawford and Gilroy (2013) explain that when faculty do practice gatekeeping with students, they are required to provide the student with due process. This can range “from meeting with the program director to informal hearings” (p. 33), both of which can be time consuming. Regardless of the due process outcome, the challenges can continue for faculty after the gatekeeping process is complete. Faculty can also have a fear of litigation (Sowbel, 2012) as reflected in previous legal cases because the case can be opinion-based (i.e. faculty opinion vs. student opinion) (Bemak et al., 1999). In addition to the many responsibilities faculty hold in the gatekeeping process, Coogan (2018) states the main way to combat the fear of litigation and ensure efficient gatekeeping practices is to take copious notes regarding all details (e.g., what happened, faculty response, remediation plan, faculty consultation). Yet this level of documentation requires immediacy, commitment to detail, and an adherence to institution policy, all of which require a substantial time-commitment from the faculty.

“However, even those faculty who did seemingly value the process of gatekeeping still reported internally struggling with the gatekeeping process.”

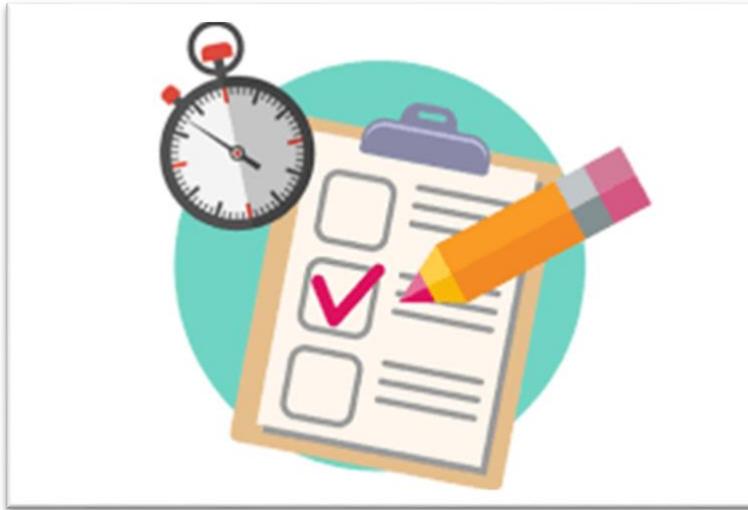
-Kirk, Harrichand & Lashua, 2020

Even with the understanding of the ethical obligations to protect the counseling profession, faculty members still struggle with what Brear and Dorrian (2010) consider *gate slippage*. Gate slippage occurs when faculty members endorse the CIT even though the faculty does not consider the CIT competent nor suitable for the counseling profession. Schuermann et al. (2018) discovered that one of the main causes for gate slippage is an inconsistency in gatekeeping protocols, expectations, and follow-through across and within programs. Specifically, the authors revealed this inconsistency was across perspectives regarding the seriousness of gatekeeping; while some faculty valued the process of gatekeeping, it was these faculty’s perceptions that others (faculty and administration) did not value the process at all. However, even those faculty who did seemingly value the process of gatekeeping still reported internally struggling with the gatekeeping process. These faculty reported experiencing a sense of guilt, questioning their responsibility in the student’s incompetency (Sowbel, 2012; Vehvilainen et al., 2018).

A recent qualitative study of pre-tenured faculty found transparency to be an important theme when engaging in the gatekeeping process (Harrichand et al., 2019); transparency appears to minimize shame and allows the CIT to feel safer, by demystifying the gatekeeping process (Foster & McAdams, 2009). As a result, research has focused on gatekeeping models (Bemak et al., 1999; DeLorenzi, 2018; Letourneau, 2016; Wilkerson, 2006) to guide counselor educators and clinical supervisors. For example in Bemak’s et al. (1999) model, step one involves clearly communicating program expectations in writing to the CIT, that the CIT then signs. The model also includes due process and ongoing feedback, where the CIT is provided opportunities to share and discuss their views related to the gatekeeping process.

McAdams et al. (2007) explain that during the long court proceedings, in which the authors were the defendants, they discovered important avenues in which CEs can both protect the field, the students, and themselves from any repercussions of

gate slippage: (1) It is important to have an objective evaluation (one which is congruent with ethical and CACREP guidelines) where faculty provide feedback on the student's development (this ongoing assessment benefited the authors' defense, where a deficit performance justified dismissal); (2) The student must be given due process, clearly outlining specific ways for the student to address deficiencies; (3) Program leadership should consult with administrative leadership; and (4) All concerns must be addressed formally, as informal deliberations will not benefit the university nor the student. Furthermore, Schuermann (2018) encourages CEs who are teaching in programs that do not



have the above-mentioned protocols in place to conduct a comprehensive and ongoing review of gatekeeping policies. CEs will be advocating for the closure of any gaps in adherence to policies, and engaging all faculty in conversations about gatekeeping, which “increases faculty buy-in and demonstrates a valuing of ... [the] professional experience” (p. 64). Additionally, to support faculty and supervisors in their training roles, the Association for Counselor Education and Supervision (ACES; 2011) published *Best Practices in Clinical Supervision* for guidance in evaluation of trainees, communicating feedback, and remediating competencies. With these strategies in place, administrators, CEs, and clinical supervisors will

have a better understanding of the gatekeeping process, aiding in the development of future counselors.

Researchers recommend having clear communication with all stakeholders including the CIT, department faculty/clinical supervisor, and administrators, thereby increasing transparency and consistency in the gatekeeping process (Foster & McAdams, 2009) and decreasing uncertainty for all involved (DeDiego & Burgin, 2016). Faculty are also encouraged to seek out mentorship and professional development opportunities to better understand and engage in the gatekeeping process (Nelson et al., 2006; Tarvydas, 1995). Future research should examine the internal conflict counselor educators and clinical supervisors continue to experience in balancing the roles of supporting and engaging in gatekeeping with CIT's while meeting enrollment and administrative requirements. Overall, it is important to continue the dialogue of best practices in remediation to cultivate academic and professional climates which ensure the endorsement of competent counselors.

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NARACES promotes Counselor Education and Supervision master's and doctoral students, faculty, and site supervisors in the Northeastern United States by encouraging quality education and supervision of professional counselors who specialize in addictions counseling, career counseling, clinical mental health



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