

Article 27

Requiring Personal Therapy for Counselors-in-Training: Application of an Ethical Decision-Making Model

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Lisen C. Roberts and Tiffany B. Franzo

Roberts, Lisen C., is an Associate Professor and the Program Director for Counseling Programs at Western Carolina University. She teaches ethics in counseling, among other subjects.

Franzo, Tiffany B., is an Offender Services Clinician with Meridian Behavioral Health Services in Western North Carolina. She graduated from the Clinical Mental Health Counseling program at Western Carolina University in May 2013.

Abstract

Is it ethical for counselor education programs to require students to participate in personal therapy? We follow the Forester-Miller and Davis (1996) seven-step ethical decision-making model to explore this dilemma.

Faculty within counseling training programs are the gatekeepers of the profession as they regulate the sending of new professionals into practice. The gatekeeping role requires that counselor educators monitor students' progress academically as well as personally, and intervene in cases when a student does not meet the necessary standards. Programs are ethically bound to assess trainees in order to identify any who are not up to par professionally, personally, and/or academically for clinical practice. Counselor educators not only uphold the rights of their students, but also uphold the integrity and safety of their program, the profession, and the public (Bryant, Druyos, & Strabavy, 2013; Crawford & Gilroy, 2013; Evans, Carney, Shannon, & Strohl, 2012; Glance, Fanning, Schoepke, Soto, & Williams, 2012; Homrich, 2009; Russell, DuPree, Beggs, Peterson, & Anderson, 2007; Ziomek-Daigle & Bailey, 2010; Ziomek-Daigle & Christensen, 2010).

One facet of counselor educators' gatekeeping responsibilities is remediation (Dufrene & Henderson, 2009). Dufrene and Henderson (2009) defined remediation as a "documented procedural process that addresses observed inabilities in trainees' performance with the intent to provide trainees with specific means to remedy their inabilities" (p. 151). Remediation of students is complex as it can involve various behavioral issues, language used to label the issues, and means of intervening with those issues (Henderson, 2010). Ziomek-Daigle and Christensen (2010) identified four phases of gatekeeping: preadmission, postadmission, remediation planning, and remediation

outcome. Aspects of the remediation planning phase involved either increased supervision and/or “personal development,” which included recommending remedial personal counseling (Ziomek-Daigle & Christensen, 2010, p. 411). Discussing the option of or encouraging program withdrawal was undertaken by faculty with students who did not acquiesce with the recommendation (Ziomek-Daigle & Christensen, 2010).

As we read current literature about personal therapy for counselors-in-training, we were aware that our Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited master’s program had no formal policy regarding personal counseling for students. As a CACREP-accredited program we do require students to experience 10 hours of group counseling (CACREP, 2009, standard 6e, p. 93). However, to date, we have no formal policy about individual counseling and specifically, under what conditions we would require or recommend it. We, the program director and a student, undertook the task of wrestling through the ethics of required therapy for students. We had a sense of discomfort with the notion of required personal therapy, yet at the same time we were aware that some students have a need for personal or professional development that may be best addressed through counseling. We followed the American Counseling Association (ACA) edict that: “When counselors are faced with ethical dilemmas that are difficult to resolve they are expected to engage in a carefully considered ethical decision-making process” (ACA, 2005, p. 3). While the ACA does not advocate for a specific ethical decision-making model, they do make one available at their Web site. The Forester-Miller and Davis (1996) model offers direction for clinicians in making fair and just decisions in their practice, a kind of step-by-step road map professionals can follow in making such decisions. We apply their ethical decision-making model, which entails the following seven steps, to our dilemma of whether or not and under what conditions to require personal therapy for counselors-in-training.

- 1) Identify the problem (i.e., identify the specific situation including what and who are involved).
- 2) Apply the *ACA Code of Ethics* (i.e., determine if the *Code of Ethics* delineates how the problem should be addressed).
- 3) Determine the nature and dimensions of the dilemma (i.e., reflect on the moral principles of autonomy, justice, beneficence, nonmaleficence, and fidelity; review appropriate literature; consult professionals and associations).
- 4) Generate potential courses of action (i.e., brainstorm possible action plans).
- 5) Consider potential consequences of all options and determine a course of action (i.e., review action plans considering the implications and consequences of each for everyone involved).
- 6) Evaluate selected course of action (i.e., analyze chosen action plan for implementation and determine if there are any additional ethical dilemmas; apply tests of justice, publicity, and universality; if further dilemmas are noted, repeat evaluation process).
- 7) Implement the course of action (i.e., put the chosen plan into effect; follow up to determine if the plan went as expected; Forester-Miller & Davis, 1996).

Step 1: Identify the Problem

The literature reveals that some counselor education programs recommend or require personal therapy as remediation for counseling graduate students, while others go even farther and actively recommend that all programs require it for all students (Elman & Forrest, 2004; Homrich, 2009; Russell et al., 2007). Making a referral to or requiring counseling is widely cited as an option as part of an individual student's remediation plan (Crawford & Gilroy, 2013; Elman & Forrest, 2004; Evans et al., 2012; Glance et al., 2012; Henderson & Dufrene, 2011; Homrich, 2009; Li, Lampe, Trusty, & Lin, 2009; Russell et al., 2007; Ziomek-Daigle & Christensen, 2010). Yet the literature also reveals concerns about requiring or perhaps even recommending personal counseling for students (e.g., Elman & Forrest, 2004; Russell et al., 2007). One concern is simply the fact that there is no evidence that mandated counseling is particularly effective in the professional growth and development of students (Henderson & Dufrene, 2011; Homrich, 2009; Russell et al., 2007). Henderson (2010) found that personal counseling recommended to students as a form of remediation was seldom effective.

This issue of personal therapy for counselors-in-training is one that affects students, program faculty and administrators, and ultimately perhaps, the public at large. This issue pits student confidentiality against program accountability and responsibility to protect the public. Our dilemma—whether or not to require personal therapy for counseling graduate students, and if so, under what conditions—is an ethical one. It also has the potential to be a legal dilemma as Henderson and Dufrene (2011) and Gilfoyle (2008) pointed out that requiring personal therapy for counseling graduate students has not yet been tested in the courts.

Step 2: Apply the ACA Code of Ethics

Beginning and continuing therapy is the choice of the individual according to the ACA Code of Ethics section A.2.a. (ACA, 2005). Section F highlights issues related to supervision, training, and teaching. Both Section F.5.b and Section F.9.b specify that in the supervisor role, faculty will “assist supervisees in securing remedial assistance when needed” (p. 14, 16). If remediation may involve personal counseling, Section F.5.c clearly indicates the ethical violation of faculty providing the counseling services to students: “If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to supervisees” (p. 14). Section F.8.b indicates that it is a student's responsibility to recognize their own impairment:

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. (p. 15)

However, it may not be the student's responsibility alone, as Section F.9.c specifies: “If students request counseling *or if counseling services are required as part of*

a remediation process, counselor educators provide acceptable referrals” (p. 16, emphasis added). To further highlight the potential for programs to require counseling, Section F.7.b states, “Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency” (p. 15). Thus, there is a clear ethical obligation for counselor educators and students themselves to actively remediate impairment issues. Additionally, it is acceptable for faculty to require students to undergo counseling as part of remediation provided that faculty themselves do not act as trainees’ counselors. Yet there remains a lack of specific direction about how and under what circumstances to encourage or require personal therapy for counselors-in-training (Dufrene & Henderson, 2009).

Step 3: Determine the Nature and Dimensions of the Dilemma

Personal counseling is often cited in the professional literature, sometimes as a remedial tool that is either recommended or required, and sometimes as a general recommendation to all counselors-in-training (Crawford & Gilroy, 2013; Evans et al., 2012; Glance et al., 2012; Henderson & Dufrene, 2011; Homrich, 2009; Kress & Protivnak, 2009; Li, Lampe, Trusty, & Lin, 2009; Russell et al., 2007). With this, at least four moral principles come into play with our ethical dilemma of requiring counseling for students: autonomy, nonmaleficence, beneficence, and justice. In addition to these principles, other factors come into play when considering the conditions and reasons to require as well as to not require personal counseling for counselors-in-training.

Moral Principles

Some of the moral principles that are the very foundation of the counseling profession are at potential odds with this dilemma of required therapy for counselors-in-training. The counseling profession values client autonomy; that individuals participate in therapy on their own free will (Remley & Herlihy, 2010). While self-initiated individual therapy clearly follows this principle, is student/client autonomy upheld when a program requires all counselors-in-training to undergo personal therapy, or when counseling is required as part of a remediation plan for an individual student (Russell et al., 2007)? Given that Evans et al. (2012) found that personal counseling was among the least commonly cited self-care practices of counselors-in-training, we question that required therapy upholds student/clients’ right to autonomy.

Nonmaleficence and beneficence are two more principles that the counseling profession holds in high regard. These represent doing no harm and in fact doing good (Remley & Herlihy, 2010), which are at the heart of the counselor educator gatekeeping role. Educators are to ensure the safety of all involved by preventing incompetent individuals from practicing, while at the same time training competent individuals to provide high quality services to clients.

Justice is another principle valued by the counseling profession. It speaks to the way in which one individual is treated in comparison to another individual. In treating one person differently from another, justification for this disparity needs to be provided by the counselor (Remley & Herlihy, 2010).

Conditions and Reasons to Require Counseling

While we cannot know the exact incidence of impairment or problematic behaviors among counseling students, the literature is clear that such challenges exist. For example, Li et al. (2009) reported on 86 cases of impaired students by 35 counseling program directors. Crawford & Gilroy (2013) found that 92% of 112 programs surveyed reported having had at least one student with a professional impairment. Even students themselves are aware of impairment as evidenced by Brown-Rice and Furr's (2013) finding that 74% of 389 counseling students reported having classmates with problems of professional competency.

Many authors cited personal counseling as an example of a remediation activity, whether required or recommended (Crawford & Gilroy, 2013; Evans et al., 2012; Glance et al., 2012; Henderson & Dufrene, 2011; Homrich, 2009; Kress & Protivnak, 2009; Li et al., 2009; Russell et al., 2007). Kress and Protivnak (2009) proposed guidelines for a counselor education professional development plan (PDP; i.e., written remediation plan). They shared a sample PDP that included written instructions to a hypothetical student: "Attend counseling sessions with a licensed mental health professional to improve interpersonal dynamics... A letter from the mental health professional indicating that you have successfully addressed the aforementioned issues in counseling will be required before you can reenroll in practicum" (p. 165). Russell et al. (2007) reported that when given vignettes of student behaviors involving mental health concerns, marriage and family therapy faculty chose referral to counseling as the third most desired option, following individual conversations and increased interaction with the student. As an avenue of consultation, we conducted our own informal review of ten CACREP-accredited program student handbooks available online. We found that five of ten programs publicized that counseling may be required as a component of remediation. Clearly, personal therapy as part of remediation for counseling graduate students, whether required or recommended, is an option used in counselor education and related programs.

Another option appears to be requiring or recommending personal therapy for all counseling graduate students as a standard training issue. For example, Russell et al. (2007) wrote that programs may appropriately encourage all students to consider personal therapy during their counselor training program. Homrich (2009) disclosed that her program requires first-year students to attend ten sessions of individual personal counseling with their choice of a licensed mental health professional; documentation of having met this obligation is required. Furthermore, deVries and Valadez (2006) suggested that "it may be feasible to make personal counseling for counseling students a CACREP requirement for all accredited counseling programs" (p. 85).

In summary, the literature reflects that some programs do include the use of personal counseling. Whether recommended or required, it has been noted to be used as part of an individual remediation plan or in general for all students. Therefore, it appears there are two primary reasons to require or recommend counseling – to fulfill a remediation plan (e.g., Kress & Protivnak, 2009; Russell et al., 2007) and/or as an experiential aspect of training (e.g., Elman & Forrest, 2004; Homrich, 2009).

Reasons to Not Require Counseling

The literature also includes reasons against required or perhaps even recommended personal counseling for students. One concern is the boundary crossing from education to clinical care, or dual-relationships. Furthermore, faculty requiring students to attend counseling may be implying that they have diagnosed the student, which in itself could present an ethical violation (Homrich, 2009; Russell et al., 2007). An issue posed by Elman and Forrest (2004) was that of the power differential between faculty and students. Training directors in their study who took a “hands-off approach” (p. 126) were concerned that to require therapy of students could be seen as coercive given that faculty are in a position of power over the students.

Another category of concern relates to a student/client’s privacy and confidentiality (Crawford & Gilroy, 2013; Elman & Forrest, 2004; Glance et al., 2012; Henderson & Dufrene, 2011; Homrich, 2009). In therapy, clients determine the issues they wish to discuss, yet mandated student/clients are given therapy directions on which to focus. In being given such directives, another concern arises, whether the student/client will or will not in actuality initiate the faculty-required academic or personal concerns. To ensure this, faculty need to follow-up on the student/client’s adherence to required therapy, but to do so breaches the student’s counseling confidentiality. With all of this comes the possibility of potential harm to the counselor-client relationship as the counselor educator becomes involved in goal setting and evaluation, or the therapist becomes involved in the education of the student/client (Brown-Rice & Furr, 2013; Glance et al., 2012; Homrich, 2009). Russell et al. (2007) noted that while it may be acceptable for particular issues to be pointed out by faculty that a student must address for continued success in their program and/or to suggest a student may pursue personal counseling as remediation, they cautioned against requiring this.

Relatedly, establishing and working toward counseling goals may present a conflict with academic time frames and training requirements. Reaching goals in counseling can be time consuming. While it is necessary to include a specific time frame and behaviorally measureable goals (Bryant et al., 2013) it may not be feasible. Additional reasons for not requiring counseling include concerns of (dis)respecting cultural differences (Goodrich & Shin, 2013; Homrich, 2009) and concerns about potential legal violations, particularly in relation to the Americans with Disabilities Act (Brown-Rice & Furr, 2013; Bryant et al., 2013; Crawford & Gilroy, 2013; Glance et al., 2012; Goodrich & Shin, 2013; Homrich, 2009).

In summary, several reasons for not requiring personal therapy are noted in the literature. First is the possibility of dual-relationships between faculty and students, as well as power differential concerns (e.g., Elman & Forrest, 2004; Russell et al., 2007). Second is the student/client’s confidentiality and balancing that with the ability of faculty to ensure the student is addressing the goals set by faculty (e.g., Elman & Forrest, 2004; Henderson & Dufrene, 2011). Third are the aspects of the student/client meeting counseling goals in a timely manner, as well as cultural and legal concerns (e.g., Glance et al., 2012; Goodrich & Shin, 2013).

Step 4: Generate Potential Courses of Action and Step 5: Consider Potential Consequences of All Options and Determine a Course of Action

We have concluded two possible courses of action in regard to our ethical dilemma of whether to require individual counseling of our graduate students, and if so, when. The first option is requiring counseling, whether as a remedial tool or a standard part of training. The second is recommending counseling, whether as a remedial tool or a standard part of training.

Require Counseling

The literature reflects that while some counselor educators are in favor of the notion of required counseling for counselors-in-training/students, others are not (e.g., CACREP, 2009; Elman & Forrest, 2004; Homrich, 2009). We have reviewed the research as well as conducted our own informal review of counseling graduate program handbooks found online. Through this we are able to determine our position regarding the issue of required counseling for our students.

Homrich (2009) reported on one master's program for counselors-in-training in which students were required to participate and provide proof of personal counseling for at least 10 hours. Along those lines, CACREP standards require students of accredited programs to engage in at least 10 hours of a group counseling experience (CACREP, 2009). Some authors noted that making personal therapy an integral part of a counselor education program has its benefits, such as modeling respect for the therapy process, advancing students' self-knowledge, and providing the chance for counselors-in-training to experience the therapy process from a client point-of-view (deVries & Valadez, 2006; Elman & Forrest, 2004; Homrich, 2009).

Kress and Protivnak's (2009) sample professional development plan included required counseling as part of remediation. Despite anecdotal notes of its use, there appears to be no empirical evidence that using counseling as a remedial tool, whether required or recommended, will be effective (Henderson, 2010; Henderson & Dufrene, 2011; Homrich, 2009; Russell et al., 2007). If we choose to require counseling for students in remediation, we cannot assume our strategy will result in the desired outcome. Similarly, if we decide to require counseling of all students, we cannot assume this will lead to better client outcomes after graduation (Elman & Forrest, 2004). In addition, such a requirement could be viewed as forming a dual-relationship, invading student/client privacy and confidentiality, presenting a potential conflict between counseling goals and academic parameters, and/or violating student cultural traditions or legal rights (Elman & Forrest, 2004; Gilfoyle, 2008; Goodrich & Shin, 2013; Henderson & Dufrene, 2011; Russell et al., 2007). We risk creating unnecessary faculty-student dual relationships and invasion of student/client privacy and confidentiality as faculty act as both academic instructors and mental health evaluators. Students required to attend personal therapy may feel coerced, a condition potentially antithetical to counseling goals (Elman & Forrest, 2004; Glance et al., 2012).

Additionally, we are concerned about whether required counseling will be clinically beneficial (Henderson, 2010; Henderson & Dufrene, 2011; Russell et al., 2007). We are further concerned about the need for faculty follow-through or monitoring of required counseling. Homrich's (2009) program requires students to attend and provide

evidence of personal counseling. This indicates the need for faculty to invest administrative time and effort toward enforcing such a requirement.

Our informal search revealed that only one CACREP-accredited program out of the ten reviewed mandates therapy for all students as part of their training requirement, which can involve individual or group sessions. Thus, despite its use or recommendation by other sources as a remedial or training tool requirement, it does not appear to be widely used as a routine part of training. Ultimately we are not comfortable with requiring personal counseling for individual students as part of remediation or regular training. We appreciate the positive potential, both personal and professional, that can result from counselors-in-training undergoing personal therapy. However, given the possibility of dual-relationships, invasion of privacy and confidentiality, and the difficulty in delineating timely goals and ensuring such goals have been met, as well as cultural and legal concerns, we are not comfortable with a blanket requirement for all of our students to initiate and experience personal therapy.

Recommend Counseling

While some counselor educators are for or against the idea of required counseling, the milder avenue of recommended counseling, whether as remediation or a part of training, is favorable with others (Elman & Forrest, 2004; Ziomek-Daigle & Christensen, 2010). Several reasons this could be beneficial are also noted, such as self-awareness and insight into the client experience (deVries & Valadez, 2006; Elman & Forrest, 2004; Homrich, 2009; Russell et al., 2007). Again, through our review of this literature as well as our own informal review of program handbooks, we are able to determine our position regarding the issue of recommended counseling, whether for remediation or as part of training, for our students as well.

Recommending personal therapy as a remedial tool is widely cited as a method of remediation in counseling and related programs (Crawford & Gilroy, 2013; Evans et al., 2012; Glance et al., 2012; Homrich, 2009). It was specifically cited as a corrective tool by eight CACREP-accredited programs (Ziomek-Daigle & Christensen, 2010). Thirteen of 14 APA-accredited counseling psychology programs reported a “hands-off approach” when considering counseling for impaired students (Elman & Forrest, 2004, p. 126). This meant that counseling was verbally recommended in an informal fashion, and that faculty did not seek out the name or credentials of the student’s therapist, nor did they follow-up to see if counseling had indeed been undertaken (Elman & Forrest, 2004). There are several positive reasons for having counselors-in-training take part in his/her own personal therapy. These include gaining personal knowledge, gaining insight into the client’s experience, and being able to see a therapist at work (Elman & Forrest, 2004; Homrich, 2009; Russell et al., 2007).

While it seems more training programs implement personal therapy as a recommended, rather than required, means of remediation, previously noted risks remain. For instance, the potential for student-faculty dual relationships exists whether therapy is recommended or required and relatedly, given the power differential, recommended counseling may *feel* like required counseling to students. Privacy and confidentiality for the student and the potential conflict between therapy goals and academic parameters exist whether the counseling is required or recommended. Likewise, cultural and legal

concerns, while perhaps lessened with recommended as opposed to required counseling, remain (Elman & Forrest, 2004; Goodrich & Shin, 2013; Henderson & Dufrene, 2011).

In the review we conducted of CACREP-accredited program handbooks available online, four of ten programs specified that they include personal therapy as a recommended remedial tool. The majority (nine) of the ten CACREP-accredited program handbooks reviewed encouraged for all and/or recommended therapy as part of student remediation. We have decided against a general practice of recommending personal counseling as a means to meet remediation goals; however, we recognize that we may need to consider recommending therapy on a case-by-case basis. Still, if we are to do so, to avoid dual relationships, breach of privacy and confidentiality, issues related to attaining goals in our academic time frame, and/or cultural or legal concerns, we will make the recommendation verbally and informally, making use of an approach similar to the “hands-off” approach noted by Elman and Forrest (2004, p. 126). In this regard, we would not formally follow-up with whether the student acted upon faculty recommendation and we would not intentionally seek out the identification and credentials of the therapist.

In light of the aforementioned concerns of requiring therapy in any context, as well as the positive attributes that the experience of personal therapy can bring to a student, we will recommend counseling to all of our students. Choosing this option allows us the ability to encourage all of our students to utilize counseling not only as a learning experience, but also as a method of self-care. It is hoped that should they utilize it, they will reap the benefits of a deeper understanding of themselves as well as the counseling process (Elman & Forrest, 2004; Homrich, 2009).

Step 6: Evaluate the Selected Course of Action

Our decision is to recommend counseling for all students as a component of personal growth and training and to consider in individual cases recommending it informally as part of a remediation plan. As we evaluate our course of action, we feel confident in our application of this dilemma to the three tests of justice, publicity, and universality (Forester-Miller & Davis, 1996). The first of these tests is determining whether we would be fair in our treatment of all students regarding our decision. We conclude that we would be fair in recommending counseling to all students and in implementing the recommendation as remediation on an as-needed basis. For the second test, as recommended in the literature (Bryant et al., 2013; Elman and Forrest, 2004; Glance et al., 2012; Homrich, 2009), we will publicize this information to all current and potential students to increase awareness of our policy. Lastly, the third test involves reviewing the universality of our decision. As nine of ten CACREP-accredited programs we reviewed offered the same path—encouraging counseling for all students and recommending counseling for some students in remediation—we feel secure in our position.

Step 7: Implement the Course of Action

Counselor educators are the gatekeepers of the counseling profession. We monitor students’ progress and help ensure the safety and integrity of the students, the program,

the profession, and the public (Bryant et al., 2013; Homrich, 2009; Russell et al., 2007; Ziomek-Daigle & Bailey, 2010; Ziomek-Daigle & Christensen, 2010). The gatekeeping responsibility includes student remediation (Crawford & Gilroy, 2013; Dufrene & Henderson, 2009; Evans et al., 2012). One avenue of remediation is personal therapy. Realizing that we had no formal policy regarding personal counseling for our students, we decided to apply Forester-Miller and Davis's (1996) ethical decision-making model to our dilemma in an effort to define the most appropriate use or nonuse of personal therapy for students in our program.

We identified the problem (i.e., Step 1), whether or not to require personal therapy for counseling graduate students, and if so, under what conditions. We applied the ACA (2005) *Code of Ethics* in Step 2. Therapy is an individual's choice. Nonetheless, faculty can aid students in getting needed remediation as long as dual-relationships do not occur (i.e., faculty cannot act as students' counselors). It was also noted to be the student's responsibility to seek remediation when issues arise (ACA, 2005).

In determining the nature and dimension of the dilemma (i.e., Step 3), we noted several moral principles, specifically: autonomy, nonmaleficence, beneficence, and justice. Through the literature we found that personal counseling, whether required or recommended, is being used for remedial purposes by a number of programs (e.g., Henderson & Dufrene, 2011; Kress & Protivnak, 2009; Li et al., 2009; Russell et al., 2007). In addition, benefits (e.g., increased self-understanding) as well as risks (e.g., privacy and confidentiality) were noted (Elman & Forrest, 2004; Henderson & Dufrene, 2011; Russell et al., 2007).

Next we generated potential courses of action and considered potential consequences to determine our course of action (i.e., Steps 4 and 5). We generated two possible actions—requiring or recommending counseling. Positive and negative consequences of each avenue were determined. Positive benefits included experiencing the therapy process firsthand and increased self-awareness (Elman & Forrest, 2004; Homrich, 2009). Negative consequences included the lack of guarantee in effectiveness, the possibility of dual relationships, breaches in confidentiality, a potential conflict between academic and personal goals as well as the established time line for meeting them, and cultural and legal concerns (Elman & Forrest, 2004; Gilfoyle, 2008; Goodrich & Shin, 2013; Henderson, 2010; Henderson & Dufrene, 2011; Homrich, 2009; Russell et al., 2007). In essence, the negative consequences outweighed the positive. Thus, we decided to recommend or encourage counseling for all students as they independently deem it necessary or helpful and to recommend it in remediation on a case-by-case and informal basis.

Our sixth step was to evaluate our decision. We applied the three tests (i.e., justice, publicity, universality) and concluded that we feel confident in our decision. In implementing our course of action (i.e., Step 7), we will carry out our decision to encourage counseling for all students by informing students of the program policy in writing. Additionally, we will continue to monitor the outcome and practice of our decision. We have followed the Forester-Miller and Davis (1996) ethical decision-making model to reach our decision. Having a step-by-step guide allowed us to intentionally think through our ethical dilemma of whether or not to require counseling and when, and it aided us in coming to the best conclusion for our program.

References

- American Counseling Association. (2005). *Code of ethics*. Retrieved from <http://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Brown-Rice, K. A., & Furr, S. (2013). Preservice counselors' knowledge of classmates' problems of professional competency. *Journal of Counseling and Development, 91*, 224-233. doi: 10.1002/j.1556-6676.2013.00089.x
- Bryant, J. K., Druyos, M., & Strabavy, D. (2013). Gatekeeping in counselor education programs: An examination of current trends. In G. R. Walz & J. C. Bleuer (Eds.) *Ideas and Research You Can Use: VISTAS 2013* (Article 51). Retrieved from <http://www.counseling.org/knowledge-center/vistas>
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *CACREP 2009 standards*. Retrieved from <http://www.cacrep.org/doc/2009%20Standards%20with%20cover.pdf>
- Crawford, M., & Gilroy, P. (2013). Professional impairment and gatekeeping: A survey of master's level training programs. *Journal of Counselor Preparation and Supervision, 5*(1), 28-37.
- deVries, S. R., & Valadez, A. A. (2006). Counseling students' mental health status and attitudes toward counseling. *Journal of Professional Counseling: Practice, Theory & Research, 34*(1/2), 77-87.
- Dufrene, R. L., & Henderson, K. L. (2009). A framework for remediation plans for counseling trainees. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.) *Compelling counseling interventions: VISTAS 2009* (pp. 149-159). Alexandria, VA: American Counseling Association.
- Elman, N. S., & Forrest, L. (2004). Psychotherapy in the remediation of psychology trainees: Exploratory interviews with training directors. *Professional Psychology: Research and Practice, 35*(2), 123-130. doi: 10.1037/0735-7028.35.2.123
- Evans, A. M., Carney, J. S., Shannon, D., & Strohl, D. (2012). *Counselors-in-training problematic behaviors: A pilot study*. Retrieved from http://www.counseling.org/resources/library/vistas/vistas12/Article_13.pdf.
- Forester-Miller, H., & Davis, T. (1996). *A practitioner's guide to ethical decision making*. Alexandria, VA: American Counseling Association. Retrieved from: http://www.counseling.org/docs/ethics/practitioners_guide.pdf?sfvrsn=2
- Gilfoyle, N. (2008). The legal exosystem: Risk management in addressing student competence problems in professional psychology training. *Training and Education in Professional Psychology, 2*(4), 202-209. doi: 10.1037/1931-3918.2.4.202
- Glance, D., Fanning, G., Schoepke, A., Soto, W., & Williams, M. A. (2012). Gatekeeping in counselor education. Retrieved from http://www.counseling.org/resources/library/vistas/vistas12/Article_11.pdf
- Goodrich, K. M., & Shin, R. Q. (2013). A culturally responsive intervention for addressing problematic behaviors in counseling students. *Counselor Education and Supervision, 52*, 43-55.
- Henderson, K. L. (2010). *The remediation of students in counseling graduate programs: Behavioral indicators, terminology, and interventions* (Doctoral dissertation, University of New Orleans). Retrieved from <http://scholarworks.uno.edu/td/1135>

- Henderson, K. L., & Dufrene, R. L. (2011). *Student remediation: Practical considerations for counselor educators and supervisors*. Retrieved from http://counselingoutfitters.com/vistas/vistas11/Article_45.pdf
- Homrich, A. M. (2009). Gatekeeping for personal and professional competence in graduate counseling programs. *Counseling and Human Development, 41*(7), 1-23.
- Kress, V. E., & Protivnak, J. J. (2009). Professional development plans to remedy problematic counseling student behaviors. *Counselor Education and Supervision, 48*, 154-166.
- Li, C., Lampe, R., Trusty, J. G., & Lin, Y. (2009). Cluster analysis of impaired counseling students: A survey of master's level CACREP-accredited programs. *Journal of Professional Counseling: Practice, Theory, and Research, 37*(1), 38-50.
- Remley, T. P., & Herlihy, B. (2010). *Ethical, legal, and professional issues in counseling* (3rd ed.). Upper Saddle River, NJ: Merrill.
- Russell, C. S., DuPree, W. J., Beggs, M. A., Peterson, C. M., & Anderson, M. P. (2007). Responding to remediation and gatekeeping challenges in supervision. *Journal of Marital and Family Therapy, 33*(2), 227-244.
- Ziomek-Daigle, J., & Bailey, D. F. (2010). Culturally responsive gatekeeping practices in counselor education. *The Journal of Counseling Research and Practice, 1*(1), 14-22.
- Ziomek-Daigle, J., & Christensen, T. M. (2010). An emergent theory of gatekeeping practices in counselor education. *Journal of Counseling and Development, 88*, 407-415.

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