

Student Clinical Competence in Master's Counselling Programs

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ABSTRACT

The Coordinators of Master's level Counselling Programs in Canada were surveyed in order to determine the incidence of student counsellor incompetence, to examine the mechanisms that programs use to identify students who may be inappropriate for counselling work, and to learn how faculty and programs are managing student incompetence when it is identified. Of 21 deliverable surveys, 13 usable returns were yielded providing a response rate of 62%. Descriptive analysis was conducted on the data and patterns in the manner that programs are identifying and managing incompetency was noted. Noteworthy was the fact that eight programs (62%) reported having a formal written policy to deal with clinical incompetence. Transcripts, Resume/Previous Experience, and Reference Letters were reported as the most commonly used procedures to determine student applicants appropriateness for counselling work. Ten respondents (77%) reported one or more occurrences of incompetence in the past five years with lack of response to supervision and inadequate counselling skills reported as being the most common types of incompetence. Referral to personal counselling and increasing supervision were the most common methods of remediation. Seven respondents (55%) reported

having dismissed one or more students in the past five years due to clinical incompetence. Analysis was conducted on the returned policies according to due process guidelines.

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TABLE OF CONTENTS

Abstract.....	ii
Table of Contents.....	iv
List of Tables.....	viii
Acknowledgments.....	ix
Chapter One- Introduction.....	01
Research Questions.....	04
Purpose of the Study.....	04
Limits of Study.....	06
Assumptions.....	06
Definition of Terms.....	07
Incompetence.....	07
Due Process	09
Chapter 2: Literature Review - Introduction.....	12
Previous Research.....	12
Ethical Codes.....	18
Canadian Counselling Association(CCA).....	19
Canadian Psychological Association (CPA).....	19
American Counseling Association (ACA).....	19
American Association for Marriage and Family Therapy (AAMFT)	20
Due Process.....	21
Program Policies.....	23
Frame and Stevens-Smith Model.....	24
Baldo, Softas-Nall and Shaw Model	26
Lumadue and Duffey Model	28
Types of Remediation.....	31

Personal Psychotherapy.....	32
Repetition of Course Work	33
Repeat Practica.....	33
Increasing Supervision.....	33
Leave of Absence.....	33
Alternative Program Placement.....	34
Supervision.....	34
Confidentiality.....	34
Nonmaleficence and Beneficence.....	35
Chapter 3 - Methodology.....	38
General Approach and Research Design.....	38
Sampling.....	39
Instrumentation.....	40
Data Collection.....	39
Procedure for Data Analysis.....	41
Chapter 4: Results.....	42
Response Rate.....	42
Characteristics of Respondents and Demographics of Programs.....	43
Counselling Program Faculties	43
Counselling Program Departments	43
Demographics of Counselling Students in Programs	43
Master's Program Accreditation	44
PhD Program Accreditation.....	45
Demographics of Program Faculty.....	45
Procedures Used in Selecting Students for Master's Counselling Programs.....	45

Procedures Regarded as the Most Useful for Selecting Students into Counselling Programs.....	47
Existence of Program Policy.....	48
Method of Informing Students of Official Policy	49
Regular Evaluation Procedure.....	50
Evaluation of Students' Readiness for Counselling Work	52
Incidence of Incompetence in the last Five years.....	52
Specific Issues Related to Incompetent Students.....	53
Remediation Tools.....	54
The Effectiveness of Each Remediation Tool	55
Dismissal of Students from Counselling Program in the Past Five years.....	57
Specific Issues that Resulted in Student Dismissal	57
Written Policies Returned with Survey.....	59
Policy #1	60
Policy #2.....	62
Chapter 5:- Discussion.....	66
Research Question One	67
Research Question Two.....	69
Research Question Three.....	72
Research Question Four.....	73
Research Question Five.....	74
Limitations of the Study.....	78
Future Research.....	80
References.....	83

Appendices

Appendix A.....	89
Appendix B.....	95
Appendix C.....	97

List of Tables

Table 1 <u>Frequency and Percentage of Students in Counselling Degree Streams</u>	44
Table 2 <u>Frequency and Percentage of Procedures Used for Selecting Students for Counselling Programs</u>	47
Table 3 <u>Sum, Percentage, and Mean of Entrance Procedure Ratings by Usefulness</u>	48
Table 4 <u>Frequency and Percentage of Programs with Official Written Policies</u>	49
Table 5 <u>Frequency and Percentage of Methods Used to Inform Students of Official Policy</u>	50
Table 6 <u>Frequency and Percentage of Competency Issues Identified in the Past Five Years</u>	54
Table 7 <u>-Frequency and Percentage of Remediation Tools Utilized</u>	55
Table 8 <u>Sum and Mean of Remediation Tool Ratings by Perceived Effectiveness</u>	57

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Chapter 1: Introduction

Introduction

With the exception of Quebec, counselling is not regulated by statute in Canada. As a result, all individuals outside of Quebec in Canada can call themselves a counsellor regardless of their education or experience. As well, there is no requirement for individuals calling themselves a counsellor to belong to professional counselling organizations which govern and require members to adhere to a professional code of ethics. Only the Canadian Counselling Association offers a voluntary national certification process for members who have been educated at the Masters level. Thus, the need for graduate counselling programs in Canada to be rigorous in ensuring competent counsellor graduates is essential to the protection of the public.

At the same time, the professional literature on counselling, primarily from the US, recommends strongly the need for counselling graduate programs to be effective in their assessment of student competence and management of issues of student incompetence. This is evident in a 1994 article published by Custer in the APA Monitor titled: "Can universities be liable for incompetent grads?" The article discussed the case of a client, Diana Stett, who sued her therapist for "incompetent and unethical practice" (p.8). Stett's attorney then proposed that the university that trained this therapist should also be held accountable. The

attorney remarked, "We're testing a new theory, I believe that a university has an obligation not only to the degree participants, but also to the public, to ensure that a person who graduates from its program is competent in the area in which the degree is bestowed" (p.9).

In a study on what determines if someone is a good counsellor, Wheeler (2000) stated, "It is relatively easy to assess [academic] knowledge, where criteria can be clearly stated and some objectivity assured" (p. 81). However, it is the evaluation of a student's clinical and personal suitability for counselling that becomes more difficult to evaluate. The question of initial and ongoing assessment of competence becomes a concern because while academic knowledge is easily and regularly evaluated in graduate training programs, clinical competence may be more difficult to assess, due to subjectivity and lack of policy and procedure, thus making it more difficult to identify and manage.

While the question of students' clinical competence was considered prior to the 1994 legal issue discussed above (Boxley, Drew & Rangel, 1988; Eberhage & Ward, 1988; Knoff & Prout, 1985; Miller, 1979; Stadler, Willing & Stern, 1984), the Stett (1994) case appeared to propel university programs and faculty to attend more closely to this issue. This assumption is made from exploring relevant scholarly journals where articles have been published. One only needs to look in recent journals to realize the interest in this

topic. In 1999, The Counseling Psychologist discussed student counsellor impairment in detail. Forrest, Elman, Gizara and Vacha-Haase (1999) published a lengthy and comprehensive article on this very topic. Included in this publication were responses to the lead article from other counselling professionals (Schoener, 1999; Vasquez, 1999).

Authors representing counselling training programs have also published articles regarding the procedures that account for fairness (due process) for students in the remediation and dismissal process when clinical competence is a concern (Forrest, Elman, Gizara, Vacha-Haase, 1999; Frame & Stevens-Smith, 1995; Iovacchini, 1991; Knoff & Prout, 1985; Lumadue & Duffey 1999; Miller, 1979; Olkin & Gaughen, 1991; Procidano, Busch-Rossnagel, Reznikoff & Geisinger, 1995). Other authors have presented models used at their universities that address student incompetence, remediation and/or dismissal (Baldo, Softas-Nall & Shaw, 1997; Frame & Smith, 1995; Lumadue & Duffey, 1999).

This thesis examined student clinical competence in relation to Master's level Counselling Programs in Canada. There were three general objectives of this study: to determine the incidence of student counsellor incompetence, to examine the mechanisms that programs use to identify students who may be inappropriate for counselling work, and finally, to learn how faculty and programs are managing incompetence when it is identified. The last objective specifically examined the existence of policies and

procedures that account for due process and regular evaluation of clinical skills. To gain information on these objectives a self-report survey was sent to coordinators of all Counselling Programs in Canada.

Research Questions

The survey was designed to answer the following five research questions.

1. What selection criteria are used in the admission selection of graduate students for Master's level counselling programs in Canada?
2. What is the incidence of incompetence and what types of incompetence are found?
3. What methods of remediation are used when incompetence is identified?
4. What is the frequency of students dismissed from Master's level counselling programs due to competency issues?
5. Are there policies and procedures in place for dealing with incompetence, and do the policies follow the guidelines of due process?

Purpose of the Study

There are three primary reasons why this study is timely and useful. The counselling profession in Canada is presently not licensed and therefore is not regulated by

government or a regulating body such as a College, with the exception of the province of Quebec. Thus, the need for graduate counselling programs to be rigorous in ensuring competent counsellor graduates is even more important because once graduated, counsellors are not required to belong to professional associations and adhere to standards of practice and codes of ethics. Many of these organizations demand a certain level of competence for membership and if competence is not maintained, members of the public or members of that association may address these concerns through an ethics committee review. However, without the requirement of membership in a professional association, counselling programs must assume some of the gatekeeping responsibility in the counselling profession.

This study is also in the interest of public protection. Counsellors work with people at a time when they are emotionally vulnerable. Clients often seek out counselling because they require a competent professional to help them work through difficult personal issues. It is this researcher's experience that clients will often assume the clinical competence of their counsellor if the counsellor participated in graduate counselling training. Thus, some clients may assume that a graduate degree in counselling ensures competent and ethical counselling service. Because this assumption is made by some members of the public, university programs need to ensure that all

graduates are attaining an acceptable level of clinical competence.

Lastly, it is vital that graduate programs determine if student counsellor competence concerns exist because this will compel counselling programs to create, implement, and maintain policies that guide and support faculty in evaluating and managing student incompetence while ensuring that students due process rights are protected.

Limits of Study

This study will be limited to examining Canadian University Master's Counselling Programs. The study is further limited because the survey, the instrument of measure used, will only represent the views expressed by the coordinator of each program. The data collection of this study was accumulated between May and July of 2001. All variables, conditions or populations not so specified in this study will be considered beyond the scope of this investigation.

Assumptions

The researcher has assumed that the following will prevail throughout this study.

1. The participants are expected to be honest with their responses.
2. The participants are expected to accurately carry out the instructions provided by the researcher.

Definition of Terms

Incompetence

Kitchener (2000) states that the definitional terms of impairment, incompetence and unethical behaviour are debated among professionals in the counselling and psychology profession. In review of the literature, (Kitchener, 2000; Forrest, et al. 1999; Sherman & Thelen, 1998; Orr, 1997; Emerson & Markos 1996; Procidano et al., 1995; Herman, 1993; Stadler, Willing, Eberhage & Ward 1988; Boxely et al., 1986; Kutz, 1986; Laliotis and Grayson, 1985) this author certainly noted the confusion and debate surrounding these two terms. The terms impairment and incompetence were often used to define both different and similar concepts. Some of these will be presented below.

Procidano et al. (1996) used the term professional deficiency throughout their study but did not provide a detailed definition of their use of this term. Although the purpose of their study was to assess the incidence of student deficiency, Orr (1997) discusses the concern of psychologist impairment, and defines it as: "the presence of an illness or illnesses that render or are very likely to render the professional incapable of maintaining acceptable practice standards" (p. 293). Orr further expands on this definition stating that for one to be defined as impaired he or she would have an illness diagnosable on Axis I, II, and/or III of the Diagnostic and Statistical Manual of

Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994).

In the Boxely et al. (1986) study of clinical trainee impairment in APA internship programs, the term impairment was again used and broadly defined as: "any physical, emotional or educational deficiency that interferes with the quality of the intern's professional performance, education, or family life" (p. 50). Emerson and Markos (1996) believe that the difference between impairment and incompetence is not needed but do provide a definition of impairment: "burnout; depression; temporary emotional imbalance or disturbance, such as reaction to personal tragedy; drug and alcohol abuse; sexual exploitation; over involvement and overwork; and contagion" (p. 109). Stadler et al. (1988) examine the implication of impairment for the counselling profession and also adopt the term impairment drawing from terms used for physicians that refer to the presence of a chemical dependency and/or mental illness.

Forrest et al. (1999) provide a lengthy overview of how the terms impairment and incompetence have been presented in the literature. From this, Forrest et al. provide a summary definition of the terms impairment and incompetence. They define impairment as, "to indicate situations of diminished functioning (e.g. a person has established a baseline of adequate competence, but the baseline is currently compromised, hopefully temporarily) and incompetent as, "having never reached a baseline of

adequate competence" (p. 631). These definitions are also supported by those that Kitchener (2000) offers, impairment as a deterioration of professional abilities, and incompetence as, "the professional never achieved a reasonable standard of competence or failed to maintain it" (p. 159).

Although the term "impaired" is often used to describe incompetent and unethical behaviour it is important to recognize the differences as the definitions guide trainers, education programs and professional associations in identifying problem behaviours, and in considering remediation and/or termination (Forrest et al. 1999). Because the term impairment has often referred to those individuals who have achieved a certain level of practice and have failed to maintain it due to mental health issues and/or chemical dependency this term will not be used for this study. For the purpose of this study, the term incompetence will be used. For this study, incompetence will be defined as: the inability of a person [student] to achieve an acceptable standard of clinical practice that could be due to a variety of reasons, such as: lack of personal awareness, emotional/personality problems, poor interpersonal skills, or other inappropriate behaviour for direct human service.

Due Process. Uhlemann and Turner (Eds., 1998) provide an alternate term for due process which is more descriptive

of the concept: procedural fairness. They defer to The British Columbia Ombudsman's Code of Administrative Justice that states that three main elements must be accounted for in the decision making process to ensure that due process has been followed: an adequate opportunity to be heard that includes early notification to the person that a problem exists, an unbiased decision-maker, and clear reasons for the decision. Iovacchini (1991) further builds upon this and provides a succinct definition of due process that specifically refers to student incompetence. Iovacchini states that it is the process that ensures fair, non-prejudicial, objective assessment and the subsequent proper procedural handling of a case of student incompetence.

For the purpose of this study, the two definitions stated above will be combined. Therefore, due process will be defined as the process that notifies the individuals involved, ensures objective, unbiased assessment and decision making, provides the student with the opportunity to respond to faculty feedback throughout the process, and allows for an appeal procedure.

Summary

Student counsellor incompetence has come to be an important issue for universities, counsellor educators and in the professional counselling psychology literature. This chapter has provided information as to the purpose, limitations and assumptions of this study. The following

chapter is an overview of relevant literature that provides an historical and professional context from which this study was conducted.

Chapter 2: Literature Review

Introduction

The following chapter presents a thorough review of literature relevant to counsellor training and student counsellor incompetence. Areas of discussion are as follows: previous research, review of ethical codes, due process, program policies, types of remediation, and supervision considerations.

Previous Research

Although much has been written on the topic of counsellor incompetence and more recently student counsellor incompetence, very little research exists. Three frequently cited research studies on this topic are presented below.

One of the earliest research articles presented on student counsellor incompetence was by Boxley, Drew and Rangel (1986). This study consisted of a mail-out survey to APA accredited pre-doctoral internship programs in the United States and Canada. Incompetence (impairment was the term used) was defined as: "any physical, emotional or educational deficiency that interferes with quality of the intern's professional performance, education, or family life" (p. 50). The director of each program was asked to answer a 62 item questionnaire. Areas explored included: due process procedures, admission procedures, types of

identified student problems and prevention and/or supportive mechanisms in place for students. Results from the study indicated that approximately 66% of internship sites had identified having impaired students in the past five years. In 63% percent of the cases the impairment was dealt with on an informal basis. Annual student incompetence rates were rated between 4% - 21%. However, this finding should be cautiously noted due to a low questionnaire return rate of 29%.

The most common methods used in identifying potential incompetence, in order of occurrence, were letters of reference, personal interview, and written statements. While 80% of the programs stated that they assessed the applicants psychological suitability; 94% of the programs did not use standardized psychological testing and procedures

The researchers also found that the majority (44%) of training programs did not take a preventative stance for dealing with incompetence and had not instituted any formal due process procedures. Twenty four percent of the sites reported a formal due process policy, but of this 24% only 14% had included an appeal procedure.

Twenty-six case examples were provided where the director was asked to provide case examples that were considered representative of incompetent students. Although the researchers found no distinction between gender or marital status it was noted that the 28-33 age group

appeared to have more problems related to incompetence than any other group. Of these cases the most frequently cited reasons for incompetence were: personality disorder (35%), depression (31%), and emotional problems (31%). Other reasons cited included: marital problems, physical illness, social problems, fatigue, academic deficiency and maturity. Psychotherapy (46%) was noted as the most common remediation tool required for impaired students, followed by termination from the program (12%). The study also showed that 20% of the cases had not been resolved at that time.

Eighty nine percent of the programs cited supervision of clinical/practicum training as the preferred method in preventing student incompetence. The majority of programs also implemented classes, provided a faculty advisor to each student, and offered problem solving support groups to help students deal with the transition into professional roles.

In their concluding remarks the researchers stated that many programs appeared to have a reactive rather than a proactive stance and were "waiting for the axe to fall" (p.52). The researchers called for: further implementation of formal policy that accounts for due process, reevaluation of the assessment and evaluative measures used upon a students application to programs, and further education of preventative measures that could be used to offset incompetence.

Olkin and Gaughen, (1991) surveyed universities who offered a master's degree in clinical and counselling

program in the United States to specify the policies and procedures used in the evaluation and dismissal of students. The researcher's designed a 30 question questionnaire which began with a definition of "problem students: problems of such a nature or severity that s/he (a) comes to the attention of the faculty, and (b) requires some response from the faculty" (p. 282).

The study showed that 74% of the programs identified between one to three problem students each academic year. A median rate of 3.3% was found for dismissal rate of students, which is similar to the range reported by Boxley et al. (4.9%). Only 55% of the schools reported having a written policy and procedure and over 40% percent reported not providing students with this information.

The respondents were asked to rank in order the type of problem identified. These were: academic deficits (88%), clinical skills (77%), pervasive interpersonal problems (70%), problems in supervision (58%), and intrapersonal problems (i.e. substance abuse, personality disorder) (54%). The most common forms of remediation were: personal therapy (77%), repetition of course work (70%), repetition of practicum (64%), and leaves of absence (62%).

Olkin and Gaughen (1991) provided several recommendations for further research and program evaluation and development. The strongest of these is that programs appear to be reactive rather than proactive in dealing with incompetent students. The researchers suggested

operationalizing definitions of expected behaviours, providing students with a written policy upon entrance to the program, regular and consistent evaluation, develop remediation plans that specifically target the identified problem(s), and dismiss those students who are identified as incompetent.

Procidano, Busch-Rossnagel, Reznikoff and Geisinger (1995) conducted a study similar to the one discussed above. In this study chairpersons of graduate psychology programs were sent a professional competence survey. They used the term "professional deficiency," stating, "Professional competence is a complex multidimensional construct that includes both applied skills and psychological fitness. Deficiencies in these areas have proven difficult both to identify and to ameliorate" (p. 426). The survey, which consisted of seven open-ended questions, was randomly sent to programs in the United States and Canada.

The survey found that 89% of graduate programs surveyed reported one or more cases of counsellor incompetence in the last five years. Limited clinical skills (46%) and personality/emotional problems (34%) were the most common problems reported. Seventy four percent of the programs stated that a policy existed to deal with student incompetence and 54% percent of this was a written policy. Eighty seven percent of the programs reported have a formal means of screening applicants to circumvent those who may be inappropriate. These were: interviewing (75%),

recommendation letters (38%), personal statements (18%) and previous clinical experience (6%). Eighty-nine percent reported a formal policy in place for evaluating students' performance such as: clinical supervisors' assessment (46%), practicum grade (20%) and observation and/or interview (7%).

The study reported that the dispositions of choice were: dismissing students from the program (39%), psychotherapy (28%), transferring to other department within the same program (23%), counselling students to leave the program (18%), leave of absence (11%) and increasing supervision (12%).

In their concluding remarks, Procidano et al. (1995) stated, "some acceptable degree of consensus is needed on ways to conceptualize professional deficiencies and competencies" (p. 432). Perhaps this consensus would lead to more consistent guidelines in identifying and dealing with student incompetence, as was also suggested. Procidano et al. suggest further research into the validity and reliability of screening procedures and greater clarity in dealing with specific types of incompetence such as when there are emotional/personality concerns. It was suggested that follow up on the effectiveness of psychotherapy for incompetent students would also be valuable.

It is evident that due process changes were made after the 1986 and 1991 study. For Boxley et al. (1986) and Olkin and Gaughen (1991) both showed 24% and 55% respectively of the programs had a written due process

policy. In Procidano et al. (1995) this had increased to 74% (with 54% of this written). Although it would appear that graduate programs have recognized the importance of due process, policy and implemented policy, much work still needs to be done in this area, especially in regards to a formal written policy available to faculty and students.

This research study will build upon the Procidano et al. (1995) study. All of these studies were focused on graduate programs in the United States, with little research taking place in Canada. Thus, currently a baseline from which to conceptualize this issue in Canada does not exist. This study will provide the counselling profession in Canada a further understanding of the issues and concerns in Canadian university programs.

Ethical Codes

Ethical codes provide guidelines for counselling professionals to help them navigate their counselling clinical practice, research and supervision. A review of pertinent excerpts from code of ethics is necessary when examining the ethical obligation that faculty members have in evaluating and dealing with student incompetence. Relevant excerpts from the Canadian Counselling Association (CCA) (1999), Canadian Psychological Association (CPA) (2000), American Counseling Association (ACA) (1999), and the American Association for Marriage and Family Therapy (AAMFT), (1998) are provided below.

Canadian Counselling Association (CCA). In the recently revised ethical code for Canadian Counsellors (1999), section F directly pertains to Counsellor Education, Training, and Supervision.

Counsellors who engage in counselling supervision of students or trainees take steps to ensure the welfare of clients during the supervised practice period, and intervene, when necessary, to ensure that this obligation is met.

Canadian Psychological Association (CPA). The ethical code for psychologists (2000) state:

II.4 Refuse to advise, train, or supply information to anyone who, in the psychologist's judgment, will use the knowledge or skills to harm others.

II.25 Facilitate the professional and scientific development of their employees, supervisees, students, and trainees by ensuring that these persons understand the values and ethical prescriptions of the discipline, and by providing or arranging for adequate working conditions, timely evaluations, and constructive consultation and experience opportunities.

American Counseling Association (ACA). The ACA (1999) provides detailed information regarding the responsibility of counselling educators and programs.

F.2. Prior to admission, counselors orient prospective students including but not limited to the following:
(1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required clinical field experiences,

(6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

F.3. Limitations. Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed, and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or refer students or supervisees for assistance. Counselors ensure that students and supervisees have recourse to address decisions made to require them to seek assistance or to dismiss them.

American Association for Marriage and Family Therapy

(AAMFT). The AAMFT (1998) has a specific section of their code related to the responsibilities of counselling trainers.

4.2 Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

While all of these codes of ethics differ, they all address the general issue of client and trainee welfare and ethical behaviour for both trainers and trainees. In the above excerpts there are elements of due process, evaluation, supervision, remediation and dismissal of incompetent students. These concepts will be defined and explored in more detail in the following sections.

Due Process

In investigating student incompetence and dismissal, it is necessary to review the notion of due process. Several authors in the psychology and counselling professions comment on the importance of due process in evaluating student incompetence and/or dismissal (Forrest, Elman, Gizara, Vacha-Haase, 1999; Frame & Stevens-Smith, 1995; Iovacchini, 1991; Knoff & Prout, 1985; Lumadue & Duffey 1999; Miller, 1979; Olkin & Gaughen, 1991; Procidano, Busch-Rossnagel, Reznikoff & Geisinger, 1995). Procidano et al. (1995) state, "Intrinsic in assessing competency are complex issues of due process - that is, ensuring that systematic procedures have been followed and that the action cannot be viewed as capricious or arbitrary."

Knoff and Prout (1985) reviewed the concept and importance of due process in dismissing students. These authors state that the burden of proof, when dismissed, is the student's responsibility, who must prove that the dismissal occurred because of "arbitrary, capricious, or prejudicial treatment by the program faculty...[or] with too little notice or without the opportunity for a hearing or formal defense by the student." Knoff and Prout and Iovacchini (1991) extensively review the literature of student dismissal. They refer to the dismissal of medical student cases as important for counsellors to be aware of because these cases provide legal precedent.

In the past, dismissals of students have been categorized into disciplinary and academic dismissals (Procidano et al. 1995). A disciplinary dismissal usually resulted from the student violating an aspect of the student code of conduct, criminal and/or unethical behaviour. An academic dismissal results from a lack of knowledge or required skills. Knoff and Prout cite the case of Greenhill vs. Bailey (1975), where academic performance was defined as "...knowledge technical and interpersonal skills, attitudes, and professional character." From this case of a incompetent medical student Knoff and Prout state, "The inclusion of professionally related interpersonal skills within the academic domain provides a firm rationale for the evaluation and, if necessary, dismissal of psychology graduate students" (p. 792). Although this case refers to medical students, these authors make the case that this precedent would easily transfer in evaluating a counselling student's performance.

Iovacchini (1991) divides due process into two categories: substantive and procedural. Substantive due process refers to the training program establishing and clearly following the policies and procedures, without capricious or arbitrary behaviour. This essentially means that the program faculty must demonstrate a consistency in dealing with each case. Procedural due process refers to the training program providing the incompetent student with notice and information regarding evaluation criteria,

personal and performance deficiencies, and the opportunity for the student to address the concerns. Iovacchini asserts that the most important element of providing due process is appropriate notice. The student should be regularly evaluated and informed (in writing) of any deficiencies. Thus, a sudden notice to the student indicating the need for remediation and/or dismissal would not be appropriate.

From this overview of due process, it becomes obvious that the concept of due process is critical in dealing appropriately with student incompetence. Milam and Marshal (1987) note that if due process is applied, that legal courts in the past have supported the university and faculty's decision. The following section will discuss the development of policies that pertain to remediation and dismissal when a student is deemed incompetent. It will be obvious to the reader when reviewing these policies that due process was a central component in their development.

Program Policies

The topic of program policies that guide educators in identifying, remediating and/or dismissing incompetent students has been written about in the counselling psychology and clinical psychology literature (Baldo, Softas-Nall & Shaw, 1997; Frame & Stevens-Smith, 1995; Lamb, Cochran & Jackson, 1991; Lumadue & Duffey, 1999). The goal of these policies is to protect the students' rights as well as the rights and responsibilities of the program faculty

(Frame & Stevens-Smith, 1991). In this section a review of the three policies that have been presented in the counselling literature in the past decade will be provided. These three policies were the only ones found in the review of the literature that specifically outline the program policy. Furthermore, these are the program policies that other sources frequently cite. These three are outlined to provide an overview of how the elements of due process, remediation, ethical codes and supervision interplay to inform the conception of a policy.

Frame and Stevens-Smith Model (1995). This model was implemented for the Counselling Psychology program at the University of Colorado. The faculty developed a policy statement that consisted of nine characteristics that they considered essential and necessary for a counselling student to display. These nine characteristics involved the student's ability to be: open, flexible, positive, cooperative, accepting of feedback, aware of their impact on others, able to deal with conflict, able to accept personal responsibility, and express feelings effectively and appropriately. These nine characteristics originated from an extensive literature review. From these characteristics a five point Likert instrument (Personal Characteristic Evaluation Form) was developed to evaluate each student at the mid-term and end of each semester. This was done by the instructor of every course. To meet the minimum standard a student must have a rating of 3/5 or above on each

characteristic of the evaluation form. This evaluation policy is listed in the student handbook and each student is required to read the handbook and confirm their agreement to abide by the policies included by signing the handbook.

If a problem is identified from the evaluation form, three steps are implemented to guide remediation and dismissal procedures. For each of the following three steps, the student and entire faculty are provided with a written copy of the evaluation form, along with any additional comments from the course instructor.

If a student receives one evaluation in a semester that indicates incompetence, the faculty meets and discusses the issue. Following a discussion by the faculty, that particular course instructor and student meet to discuss a recommended remediation program. If a student receives more than one evaluation during a one to two semester period, the student meets with his or her supervisor and discusses a possible remediation to be taken and/or consideration for discontinuation in the program (following a faculty meeting). If a student receives three or more evaluations in one semester, the student meets with his or her supervisor, and two other faculty members, to determine if he or she should continue in the program. Following this meeting, the committee considers if the student's problems and/or behaviour is of a severe nature and/or inappropriate for the counselling profession. If this is the case, the student would be denied continuance.

Frame and Stevens-Smith (1995) followed up the effectiveness of their model one year after it had been implemented. They randomly surveyed students and faculty regarding their perceptions of the evaluation process. As a result of the policy, six faculty members stated that they had confronted students whom they deemed as incompetent. Eighty-six percent of the faculty stated that the evaluation model had made them become more aware of evaluating student's personal suitability. Eighty-one percent of both students and faculty indicated that faculty members have an ethical responsibility to evaluate students.

Frame and Stevens-Smith (1995) state that the student is given the opportunity for remediation at each of three levels listed above if this is appropriate. They state that the policy was developed and guided by the requirements of substantive and procedural due process. However, it is unclear what role the student may take in defending themselves if there is an appeal process. It appears rather ambiguous in the article, if the meeting and discussion that takes place at each level allows the student opportunity to provide information and clarification in their own defense.

Baldo, Softas-Nall and Shaw Model (1997). This model was developed by the Division of Professional Psychology at the University of Northern Colorado. Baldo et al. asserted that the Frame and Stevens-Smith model (1995) was of benefit to the profession, but that there were some concerns that they wanted to address in their model. The specific concern

was that "the faculty member(s) may become the focus of the student's feelings of aggression, attributing their "failure" in the program to the negative evaluation by the faculty member(s)" (p. 247). Baldo et al. stated that a model that involves the collective faculty rather than the judgment of an individual instructor would put the faculty member under less pressure. Thus, they endeavored to develop and implement a model that reflected this concern.

Students receive a copy of this model, in their student handbook, upon entrance to the program. This model views evaluation of counselling students as a continuous process. Faculty members can raise concerns about a student's progress during any of the regularly scheduled faculty meetings. If a concern is raised, faculty members will schedule another session to specifically address the issue. The faculty also holds an annual meeting for the specific purpose of assessing the progress of all students. At this point, students who are not progressing satisfactorily meet with their supervisor and the retention committee to develop a remediation plan. The student would be informed of these remediation and probational terms in writing. These terms behaviourally define the problem areas and the way they will be evaluated. This plan will be submitted to the faculty for final approval before implementation. Towards the end of the probationary period, the program faculty asks for feedback forms from those involved in the student's remediation plan. This is then

reviewed by the faculty, where four choices are discussed: a) granted continuation in the program with no probation or remediation required, b) remediation and probation is continued with an updated remediation plan prepared, c) recommendation that the student voluntarily resign from the program, d) student dismissal from the program if the student has failed to achieve the goals. The student is notified of this decision in writing and will be asked to meet with his or her supervisor for further feedback. If dismissal is required, the student will have 30 days to present a written response to the faculty for a request for a review of the termination decision. If a student disputes the decision through this process, the faculty will allow the student to present his or her case to the program faculty. The faculty will review the student's case and consider the following issues: the student's progress, the student's behaviours as related to professional standards, the student's remediation progress. At this point the faculty will inform the student in writing if the original decision is upheld or changed. If the student wishes to further debate this decision he or she may employ the appeals procedures of the university.

Lumadue and Duffey Model (1999). This model was developed by the counselling faculty at Southwest Texas State University. Lumadue and Duffey stated that in developing this model they included the benefits of the models presented above but go, "a step further by offering a

behaviourally specific student evaluation instrument" (p. 101). The aim of the model was to achieve the following six goals:

- 1) identify the qualities and behaviors expected of students,
- 2) reach faculty consensus on the expectations for student fitness and performance,
- 3) devise a rating form listing these qualities and behaviors,
- 4) standardize evaluation procedures within the department by using these forms,
- 5) communicate these expectations to all students in each class,
- 6) include these expectation in the admissions packet issued to interested students" (p.102).

The faculty developed a four point rating evaluation (Professional Performance Fitness Evaluation) that targeted five areas: counselling skills, professional responsibility, competence, maturity and integrity (Lumadue and Duffey Model, 1999). Each of these components are behaviourally defined for students. Students are notified of this evaluation policy upon application to the program and again in their first day of classes, verbally and in their course syllabus. The evaluation of professional and personal competencies is conducted by each instructor at the end of each semester and a student must achieve satisfactory scores from the evaluation to pass the class. The forms are reviewed with each student. If a concern is identified, the student meets with a faculty member. If it is not resolved at this point, a three member faculty review committee convenes to determine if: a) the student can continue,

b) the student can continue with a remediation plan, c) the student will be dismissed from the program. The student is notified in writing and may attend this review meeting and bring a representative to assist. The student may appeal this decision. If the student intends to appeal, they submit this intention in writing to the chairperson of the department. The student will meet with the chairperson who will decide to support or not support the committee's decision. If the student disagrees with the chairperson's decision, they may appeal to the dean of the college. If the appeal is again not revoked the student can then proceed with legal action.

Lumadue and Duffey (1999) stated that this model improves on the previous two presented because the evaluation criteria assesses specific behaviour. They believe this allows for greater consistency among the faculty.

All of the three models presented in this section share many similarities. They all inform the student from the beginning of evaluative procedures, notify students in writing of concerns held by faculty member(s), and in most cases, students are given the opportunity for remediation prior to dismissal. While appeal procedures differ, it is evident that all three university policies embody, to some extent, the element of due process.

There are two major areas that these models differ on. The first pertains to the evaluative criteria and instrument

used in assessing student incompetence. Frame and Stevens-Smith (1991) developed with faculty colleagues the Personal Characteristic Evaluation Form, a five point scale, designed to evaluate nine characteristics. Baldo et al. (1997) did not identify a specific method of evaluation but identified a working definition of incompetence. Lumadue and Duffey (1999) also developed an instrument, the Professional Performance Fitness Evaluation, a four point rating that assessed the student's competency in five major areas. The second major difference included who was involved in the evaluative process. The Frame and Stevens-Smith (1991) model primarily involved one faculty member when meeting with the student, although the entire faculty meet and discuss the issue. Baldo et al. attempted to change the perception of individual faculty members meeting with students, thus they developed a retention committee to meet with the student, and all faculty members were involved in the decision making process. Lumadue and Duffey's (1999) model involved the use of a three person faculty committee. This committee was responsible for making the decisions and meeting with the student. However, it was the chairperson of the department who made any further decision if the student appealed the committee's decision.

Types of Remediation

Several authors comment on remediation practices that counselling and psychology programs utilize for addressing

student counsellor incompetence (Forrest et al. 1999; Jordan & Quinn, 1996; Knoff & Prout, 1985; Procidano et al. 1995). Knoff and Prout (1985) suggest that unless a student's incompetence is so severe as to warrant immediate dismissal, remediation should be considered. These authors state that the remediation plan should, "behaviourally define the student's problems" (p. 795). The following terms explain specific types of remediation commonly used. The terms included in this section represent those methods discussed in the literature.

Personal Psychotherapy. Olkin and Gaughen (1991) found that personal therapy was the remediation of choice in their study of graduate level students. This approach might be considered when a student's emotional issues are impeding their performance. However, Vasquez (1999) raised the concern of student's confidentiality if the therapist were also accountable to the program. Schoener (1999) also raised the point that there is no conclusive evidence that personal therapy will make a significant difference for the incompetent student. Schoener, also raises the ethical concern that if faculty arrange treatment and therapy for a student, they are engaged in the dual role of evaluator and instructor. The Committee on ethics of the Canadian Psychological Association (1988) proposed guidelines regarding the inclusion of psychotherapy in training programs. This group outlined how psychotherapy can be implemented under appropriate guidelines.

Repetition of Course Work. Olkin and Gaughen (1991) found in their study that this was the next preferred choice of remediation. If the student appears to lack knowledge in a specific area that is impeding performance then faculty may request the student to repeat a course(s).

Repeat Practica. Olkin and Gaughen (1991) found that 64% of student incompetence may be requested to complete further practica where additional supervision is provided. This may be appropriate for a student is having specific problems with a defined population. In this case a practicum placement could be organized to provide the student with an opportunity to work through these issues.

Increasing Supervision. In the Procidano et al. (1995) study it was reported that occasionally students were provided with additional supervision. In an article on a marriage and family trainee facing remediation, Jordan and Quinn, (1996) cited increasing supervision in three cases where the marriage and family counsellor was recognized as incompetent. In these cases, the authors recommended adding additional supervisors to the supervisory team. This was done by video or audio taping all supervision meetings. This also ensured that the student was receiving impartial and adequate supervision.

Leave of Absence. In Procidano et al. (1995) it was noted that 13% of incompetent students were encouraged to take a leave of absence. This differs markedly from Olkin and Gaughen (1991) findings of 62%. However, it is unclear

from both of these studies if further remediation was recommended during the student's leave of absence.

Alternative Program Placement. Knoff and Prout (1985) state that a school psychologist in training may be ineffective if he/she does not relate well to children. However, it is possible, depending on the nature of the student's deficiencies, that the student could change to working with an adult population. This alternative would only be appropriate for larger programs that have different streams of training.

Supervision

It is evident from the review of ethical codes that clinical and program supervisors view themselves as having a clear ethical responsibility to evaluate and address student incompetence. Corey, Corey, and Callahan, (1998), state that it is unlikely that students will acknowledge, recognize or address their own incompetence. Thus, the responsibility to address student incompetence in supervision becomes a necessary practical and ethical issue. Kincade (1998) and Lumadue and Duffey (1999) refer to faculty and supervisors as "gatekeepers" for the profession. The concepts of confidentiality, nonmaleficence and beneficence will follow, as they apply to supervision and student incompetence.

Confidentiality. Kitchener (2000) and Sherry (1991) both comment on the ethical issue of confidentiality in

supervision of students. Sherry notes that if a good relationship is established between supervisor and trainee, it may at times be similar to the relationship that can develop between client and therapist. Kitchener notes that supervisees often assume that because client information shared in the supervisory session is confidential that information that they share about themselves is also. This becomes a problem because of the larger supervisory ethical responsibility. Kitchener, asserts that in some cases, this may mean informing other people of information that the student has shared in order to develop a remediation process. Thus, in the spirit and respect for the student, students must be informed of the limits of confidentiality in the beginning of the supervisory relationship.

Nonmaleficence and Beneficence. Nonmaleficence and beneficence are two of the five ethical principles that Kitchener (1984) noted that influence the creation of ethical codes. Corey et al. (1998) defines nonmaleficence as "avoid doing harm...either intentionally or unintentionally" (p.12) and beneficence as "promoting good for others" (p.13). Sherry (1991) states, "These two ethical principles then present the horns of the dilemma inherent in supervising the work of less experienced therapists" (p.570). Sherry refers to these as dilemmas because the supervisor's responsibility becomes to do no harm and/or promote for the goodness of both the client and student simultaneously. This means that while a student is

less experienced and possibly not "doing [as] good" for the client as an experienced practitioner might, to withdraw this learning opportunity from the student can "do harm" to the student and client. The opposite is also true.

Kitchener (2000), however, clearly states that the welfare of the client must always be paramount. "Thus the tension between the needs of the client and the needs of the supervisee place the supervisor in the position of having to continually balance the needs of both" (Sherry, 1991, p.573).

The concepts of supervision discussed above demonstrate the need for the supervisor's awareness of their own ethical responsibilities and their responsibility to clients and students. Supervisors must be able to assess at what point the learning opportunity is useful and possibly remedial for the student yet at the same time protect the client's welfare.

Summary

This chapter has discussed several issues that reveal the complexities of dealing with student counsellor competence in counselling and clinical graduate education programs. One can see from the research reviewed that much work needs to be done in the area of research to further understand these complexities.

The ethical codes reviewed provide a further framework from which to view this topic. In this section, it becomes

clear that graduate programs, faculty, supervisors and students all have ethical responsibilities in dealing with student incompetence.

Perhaps one of the most central topics is that of due process. This appears to underscore the whole topic of student incompetence. The question becomes: how does a program effectively evaluate students and promote fairness and respect to the student? Three models were presented that demonstrate the importance of due process in dismissal and remediation. The section on remediation provides an overview of remediation methods and issues to consider with these methods. Finally, the discussion of supervision, which is also an underlying factor in all of the previous sections was presented.

From this overview it is evident that further descriptive research to understand the issues in Canada needs to be conducted. The issues of due process, remediation, program policies, and supervision must be explored further. The manner in which this was done will be discussed in the following chapter.

Chapter 3: Methodology

General Approach and Research Design

This is a quantitative, descriptive study. A quantitative study is an approach that attempts to measure events so that the results are generalizable to a larger population. Anderson and Arsenault (2000) state that quantitative descriptive studies are important, "because we often do not know the state of the things being described" (p.100). This is particularly true for the current area of research. No research, descriptive or otherwise, has occurred on the incidence and management of graduate student clinical incompetence in Canada, and little research has been conducted in this area in the United States. Thus an accurate description of these issues is needed to provide a base for more sophisticated studies in the future.

The study was conducted by using the methodological approach of a survey. The survey was a self-report, written questionnaire that was mailed to participants. The purpose of a descriptive study is to describe behaviour and events as it naturally occurs (Leavitt, 1991). It also allows the researcher to determine the frequency in which specific events occur (i.e. student counsellor dismissal).

External validity can be established because the entire population group was surveyed. Therefore, depending on the response rate the results are generalizable to all Master's level Counselling Programs in Canada.

Sampling

The surveyed population for this study was the coordinators of all Master's Counselling Programs in Canada (n=21). Because this number is relatively small the entire population of this group was surveyed.

Instrumentation

For the purpose of this study a survey was mailed to the coordinator of each Counselling Program in Canada. The survey being used in this study was broadly based on the one employed by Procidano, Busch-Rossnagel, Reznikoff and Geisinger in 1995. However, the current survey expanded on the previous one, is more detailed, and asks a wider range of questions than was present in the earlier survey. The Procidano et al. survey asked 7 open ended questions.

The current survey was divided into two parts. Part one was titled, "Demographics," which consisted of 6 questions that required the respondent to provide specific information about their Counselling Program. For example, one of the questions explored the type of degree streams offered, (i.e. MA. MEd.) and number of students admitted to each degree stream each year. Another question asked the participant to indicate the number of full time equivalent faculty in the Counselling Program.

The second part of the survey was titled, "Incidence and Management of Students with Issues of Competence." This

section was comprised of 12 questions that specifically explored the incidence of incompetence and student dismissal, types of remediation and their perceived effectiveness, and the existence of policies and evaluation procedures that guide program faculty. For a more detailed examination of this survey please refer to Appendix A.

Data Collection

Data was collected in the following sequence of events.

1. The researcher contacted, by telephone, each Counselling Program and verified the name, postal and e-mail address of the program coordinator.

2. Each program coordinator was sent a survey, accompanied with a letter of introduction and informed consent letter (Appendix B) via postal mail and e-mail in May, 2001

3. A reminder postcard was sent out 14 days later (via mail and e-mail) (Appendix C) after the initial mail-out.

4. The researcher received the data during the months of May, June and July and began the analysis, which is presented in Chapter 4.

5. A discussion was then generated based on the analysis which is presented in Chapter 5.

Procedure for Data Analysis

Descriptive analysis was conducted for each question in Part 1 and 2 of the survey. This information was presented in the form of tables that are located in Chapter 4. Descriptive analysis such as the frequency, mean, percentage and standard deviation is presented in these tables, where appropriate. Only descriptive analysis was used since this research was intended to provide a baseline understanding of student clinical competency issues in Canada.

Summary

The former sections have provided detailed information as to how this research study was implemented. The results of the data analysis and a discussion of these results will follow in the next two chapters.

Chapter 4: Results

There were three general objectives of this study: to determine the incidence of student counsellor incompetence, to examine the mechanisms that programs use to identify students who may be inappropriate for counselling work, and to learn how faculty and programs are managing student incompetence when it is identified. To gain information on these objectives a survey was completed by participants, who were coordinators of Counselling Programs in Canada. The following sections of this chapter outline the results of this study.

Response Rate

Originally, 21 survey packages were sent out and 13 surveys (62%) were returned. Of these 13 returns, all of them were usable for data analysis. In the first mailing, via postal and electronic mail, 8 surveys were returned. The additional 5 surveys were returned after reminder postcards via postal and electronic mail were sent. Thus, data analysis was conducted on 62% of the surveys that were sent out.

This response rate is much higher than that found in the Procidano, Busch-Rossnagel, Reznikoff and Geisinger (1995) study, which reported a 36% return rate. It is also higher than the Olkin and Gaughen (1991) study, which reported a response rate of 54%.

Characteristics of Respondents and Demographics of Programs

Before sending the surveys, the researcher contacted each Counselling Psychology Program to verify the co-ordinators' name, credentials, and postal and electronic mail address. With the exception of one program, all of the program co-ordinators held Ph.Ds. while the remaining one had a Master of Arts.

Counselling Program Faculties Counselling Programs were located in two main faculties: Education and Arts and Sciences. Twelve (92%) were in Education Faculties and one (8%) was in a Faculty of Arts and Sciences.

Counselling Program Departments Survey participants were asked to identify the specific name of their Counselling Program department. Four respondents (31%) stated that the Education faculty was non-departmentalized and the remaining nine respondents (69%) replied with specific titles. One survey participant refused to provide this information believing that it would identify the respondent. The researcher agreed that this may be a concern, therefore, a list of the specific names of the departments will not be listed here.

Demographics of Counselling Students in Programs Participants were asked to provide information as to how many students were admitted each year into each degree stream (i.e. MA, M.Ed., Ph.D., Diploma, Ed.D., or other) of their program. As demonstrated in Table 1, the most common

degree stream for counselling programs is the degree leading to a Master's in Education (M. Ed.) (n=186, 64%). The Master's of Arts (M.A.) stream was second with respect to number of students (n=35, 12%). The number of students in all degree streams are summarized in Table 1.

Table 1

Frequency and Percentage of Students in Counselling Degree Streams (n = 292)

<u>Category</u>	<u>Frequency</u>	<u>Percent</u>
M.Ed.	186	64
MA.	35	12
Other (MSc.)	33	11
Ph.D.	18	6
Diploma	15	5
Ed.D	5	2

Master's Program Accreditation. Participants were asked to indicate if their Master's program was accredited. Eleven respondents (85%) reported that their Master's program was not accredited and the remaining two respondents (15%) reported being accredited by a provincial governing board. An additional three (23%) indicated that their Master's program was in the process of becoming accredited. Those participants that indicated that accreditation existed or was in progress did not provide the name(s) of the governing board.

Ph.D. Program Accreditation. Participants were asked to indicate if their Ph.D. program was accredited. All thirteen respondents (100%) reported that their Ph.D. program was not accredited. However, one respondent (9%) indicated that accreditation was in progress. However, it was suspected by the researcher that several of the programs did not have a Ph.D. program but that the respondents simply checked that the program was not accredited. This assumption was made by examining Table 1, where participants indicated how many students were accepted into each degree stream per year. Since the amount of students accepted into a PhD. stream was very low, based on 13 Counselling Programs across Canada, it was assumed that not all of the programs offered this degree. Therefore these results should be interpreted with this limitation.

Program Faculty. The respondents were asked to indicate the number of full-time equivalent faculty within their program. The total sum of full-time faculty among the 13 respondents was 60.5. The range of their responses was from 2 to 12.5 with a mean of 4.6 (SD = 2.9).

Procedures Used in Selecting Students for Master's Counselling Program. Respondents were asked to indicate the procedures used to select appropriate students for their counselling program. They were given the following eight options: in-person interview, video interview, telephone interview, reference letters, transcripts, resume/personal experience, exams, and other. Those respondents who

indicated that they use in-person interviews also indicated that telephone interviews are performed as well. It was assumed by the researcher that telephone interviews (n = 3) were conducted when in-person interviews were not possible. Therefore the in-person interview and telephone interview categories were collapsed into one category and the number was only noted for the in-person interview (n = 6). Seven respondents checked and elaborated on the "other" category with the following: letter of intent/personal statement (n = 4), evaluation of skills (n = 1) and evaluation of practice skills (n = 1). Because those that indicated letter of intent or personal statement are tools that are similar, in that they require applicants to provide personal information, this category was combined and titled, "Other - personal statement." The evaluation of academic and practice skills were grouped together and labeled, "Other - evaluation of skills." Table 2 shows that Transcripts, Resume/Previous Experience, and Reference Letters are commonly used procedures. The results indicating the use of these procedures are found in Table 2.

Table 2

Frequency and Percentage of Procedures Used for Selecting
Students for Counselling Programs (n = 13)

<u>Category</u>	<u>Frequency</u>	<u>Percent</u>
Transcripts	13	100
Resume/Previous Experience	12	92
Reference Letters	11	85
In person Interview	6	46
Other - Personal Statement	4	33
Other - Evaluation of Skills	2	17
Video Interview.	1	8

Procedures Regarded as the Most Useful for Selecting
Students into Counselling Programs. Program coordinators were asked to rank the selection procedures their Counselling Program determined to be most useful in evaluating applicants' appropriateness for entrance to their programs. To answer this question, the most useful procedure was to be ranked as number one (1). The next most useful procedure was to be ranked as number two, etc. Therefore the rating was inversely proportional to the perceived usefulness of the tool.

The ranking of procedures is presented in Table 3. The sum and mean are supplied for each procedure. The sum is the total of all reported numbers for ranking each procedure. The mean is provided to demonstrate the overall

rating of the procedure. Thus, the category with the lowest mean represented the procedure considered to be the most useful. The findings indicate that the most useful procedure was the in-person interview, followed by (in order): resume/previous experience, transcripts, written evaluations, reference letters, personal statements, and video interview.

Table 3

Sum and Mean of Entrance Procedure Ratings by Usefulness

(Sum = 121)

Category	Sum	Mean
In person Interview	13	1.86
Resume/Previous Experience	26	2.17
Transcripts	31	2.38
Other - Written	5	2.5
Reference Letters	28	2.8
Other - Personal Statement	13	3.25
Video Interview.	5	5

Existence of Program Policy. Respondents were asked if their counselling program had an official policy for dealing with student competency issues. They were given the following three options to check: written policy, oral policy, or no policy. The findings in Table 4 indicate that eight programs (62%) had a written policy and five programs (38%) had no policy. No programs had an oral only policy.

One respondent indicated that a written policy existed but that it was only used and provided to foreign students. Further elaboration on this policy and its existence for this purpose was not provided. This response was combined with the written policy category.

Table 4

Frequency and Percentage of Programs with Official Written Policies (n = 13)

<u>Category</u>	<u>Frequency</u>	<u>Percent</u>
Written Policy	8	62
No Policy	5	38

Method of Informing Students of Official Policy. The study also asked how students were informed of program policies when dealing with student incompetence. The options provided were Student Handbook, Course Syllabus, University Calendar, Graduate Student Calendar, Students are not informed of the policy, as well as an "other" category. Table 5 outlines the findings. It was notable that none of the respondents circled the option that "students are not informed," which is consistent with the protocol of due process. Some of the respondents checked more than one option, meaning that students were informed of the policy in several different ways. Three respondents checked the "other" category and elaborated upon their procedures. One respondent stated that students are provided with a copy of

the policy in their application package to the program. The second respondent stated that students are only informed orally of the policy, stating:

Students are told orally that their supervision committee of their graduate program is there to help them with any difficulties that come along during their program. We do not go on to say that if they have problems with serious competence or other issues that it is likely that the supervisory committee will consult with the entire counselling section faculty.

The third respondent reported that students are provided with a booklet that contains a code of ethics for clinical and research work and "guidelines for clinical training." Descriptive statistics are provided in Table 5.

Table 5

Frequency and Percentage of Methods Used to Inform Students of Official Policy (n = 13)

Category	<u>Frequency</u>	<u>Percent</u>
Course Syllabus	4	31
Student Handbook	3	23
Other	3	23
University Calendar	2	15
Graduate Student Calendar	1	8
Students are not informed of policy	0	0

Regular Evaluation Procedure. Respondents were asked if their programs had a regular evaluation procedure that

was consistently used to ensure students were progressing at an acceptable competency rate through the Master's program. They were asked to give a "yes" or "no" answer with the option to elaborate. Ten respondents (77%) responded that their programs did have a procedure to regularly evaluate students. Five of these ten respondents elaborated on the procedure they use. Two of the five indicated that a student's progress is evaluated through their coursework; both academic and skill development on an on-going basis. Another respondent reported that practica in their program extended over the year and evaluation was conducted throughout, specifically at mid-year and at the end. It was not clear who was involved in this evaluation. Another respondent stated that his/her program attempted to identify, "early any students in trouble and work as a team with that student." To facilitate this, the professors meet on a bi-weekly basis to "constantly review the progress of all students in our program." As well, the on-site practicum supervisors and program professors formally evaluate and provide feedback to students at mid-year and a summative evaluation at the end of the year. The other respondents stated that the on site supervisor provides feedback to program faculty and the student twice each term.

The remaining three respondents (27%) indicated that they did not have an evaluation procedure in place. One of the respondents stated that although no evaluation procedure was in place, it was understood that faculty would speak

with the student's supervisory committee if they had a competency issue or concern about a student.

Evaluation of Students' Readiness for Counselling Work.

It was also explored whether Counselling Programs had an evaluation procedure in place to assess students' readiness for counselling work, such as practica. Respondents were asked to provide a "yes" or "no" answer with the option to elaborate. Ten respondents (77%) indicated that they did evaluate a student's readiness for counselling work. Seven of the respondents elaborated on this procedure and a pattern was noted in the seven responses. The respondents reported that students were required to initially take "skill building," or "individual counselling/pre-practicum" or "core courses," and must demonstrate a satisfactory level of competence in these applied courses before they could move on to practicum placements.

The remaining three (27%) indicated that they did not have an evaluation procedure in place. However, one of these three respondents stated that their program had identified the need for evaluation of readiness for counselling work and was implementing a pre-practicum component in the next academic year.

Incidence of Incompetence in the last Five years. The frequency of incompetence issues among students in the last five years was explored. Ten respondents (77%) reported one

or more issues of incompetence within this time frame. The remaining three respondents (27%) reported no issues of incompetence. The total number of incidents was 33, with a range of incidents per program of 2 to 5, a mean of 2.5 (SD = 1.8), and a mode of 3. On a per year rate, the approximate mean of incidence is 0.5% for the 13 responding programs.

Specific Issues Related to Incompetent Students.

Respondents were asked to identify competency issues that the program has encountered in the last five years. A list of possible competency issues was given with an "other" category provided for additional issues not represented. Beside each issue, the respondents were asked to circle the number of times that specific issue had been identified in the last five years.

Table 6 shows that lack of response to supervision, inadequate counselling skills and lack of personal awareness are the most common kinds of incompetence identified.

Table 6

Frequency and Percentage of Competency Issues Identified in
the Past Five Years (n = 103)

<u>Category</u>	<u>Frequency</u>	<u>Percent</u>
Response to Supervision	22	21
Inadequate Counselling Skills	19	18
Personal Awareness	17	17
Inability to deal with Conflict	13	13
Cooperation	9	9
Mental Illness	6	6
Dual Role Relationships	6	6
Honesty	5	5
Boundary Violations	3	3
Cultural Awareness/Sensitivity	1	1
Confidentiality Concerns	1	1
Substance Abuse	1	1
Other	0	0

Remediation Tools. Respondents were asked to indicate what remediation tools had been utilized when incompetence was identified. A list of possibilities was provided: Counselling, Repeat Course Work, Repeat Practica, Increase Clinical Supervision, Leave of Absence and the opportunity to identify additional tools in the "other" category. As seen in Table 7, counselling and increased clinical supervision are the most commonly used remediation tools.

One of the respondents indicated that their program used peer and faculty mentoring as a remediation tool. These two options were collapsed into one category, as "Other - Mentoring." Two respondents also used the "Other" category, stating that their program had requested a student to leave their programs. Table 7 presents the frequency and percentage of tools that programs use. The frequency represents the number of programs which used each remediation tool and the percentage is based on the horizontal axis so that it corresponds with each frequency.

Table 7

Frequency and Percentage of Remediation Tools Utilized(n = 13)

<u>Category</u>	<u>Frequency</u>	<u>Percent</u>
Counselling	12	92
Increase Clinical Supervision	12	92
Repeat Practica	9	69
Repeat Course Work	6	46
Leave of Absence	4	31
Other - Requested to Leave Program	2	15
Other - Mentoring	2	15

The Effectiveness of Each Remediation Tool. The respondents were asked to indicate which remediation tools, in their opinion, were most effective in addressing competency issues. Each remediation option was provided

with a 5 point Likert scale, with 1 as "not effective" to 5 as "highly effective." The respondents were asked to circle the number that represented their opinion of each remediation, if it had been used.

One respondent identified extending practica as an effective remediation tool. This response was placed in the "repeat practica" category since it is similar.

There are three columns in Table 8. The first column represents the number of respondents that provided a response for each remediation tool. The second column indicates the sum of respondents opinion of the effectiveness of each tool. The third column provides the mean for that category. Note that remediation tools with higher means are considered more effective since the Likert rating scale increased with perceived effectiveness. While only three respondents indicated using mentoring as a remediation tool, those respondents found it to be quite valuable, resulting in a higher mean value skewed slightly higher than other methods. While there was relatively little variation in the rating of remediation tools, the order of ratings from most useful to least was: mentoring, repeat practica, increased clinical supervision, counselling, repeat course work and leave of absence.

Table 8

Sum and Mean of Remediation Tool Ratings by Perceived Effectiveness (Sum = 172)

Category	n = # of respondents	Sum	Mean
Other - Mentoring	3	12	4
Repeat Practica	11	41	3.8
Increase Clinical Supervision	12	44	3.67
Counselling	11	39	3.55
Repeat Course Work	7	23	3.29
Leave of Absence	4	13	3.25

Dismissal of Students from Counselling Program in the Past Five years. Respondents were asked to report if their counselling program had dismissed any students in the past five years due to incompetence, and report the number of students dismissed. Seven respondents (55%) reported having dismissed one or more students in the past five years. Six (46%) stated that they had not dismissed any students. The total sum of dismissals was 8, with a range of 1 to 2, and a mean of 0.62 (SD = 0.65).

Specific Issues that Resulted in Student Dismissal. Respondents were asked to narratively describe the specific issues that led to student dismissal. Seven respondents

indicated that their counselling program had dismissed one or more students in the past five years. These seven respondents provided additional information. Four of the respondents reported the following issues as the reason for student dismissal: "too many personal problems and inadequate counselling skills," "personal difficulties that interfered with counselling skills," "lack of demonstrated skills; lack of ability to engage in theoretical deliberations and lack of willingness to do anything about these issues," "did not show satisfactory work in the practicum, the student wrote a threatening letter to the on-site supervisor and stalked a university professor." One respondent gave a more detailed explanation:

The student had very poorly developed social and interpersonal skills. He had entered counselling to understand himself and for status. He lacked empathy and the ability to listen, clients reported being more distressed after seeing him than before. Although he had a desire to be helpful, he was unable to adapt to and accommodate the perceptions of the client within the counselling context. He also lied on a regular basis to instructors and fellow students, could not grasp, let alone implement, ethical practice, and interfered with the learning environment of others. He was clearly unsuitable for this profession, as he was unable to successfully incorporate feedback to increase his learning.

Another respondent simply stated that a student had, "a lack of aptitude." The seventh respondent reported that the student did not perform well in practicum and was therefore dismissed.

Interestingly, two respondents who did not report dismissing any students in the last five years, did state

that students have dropped out of the program and switched to a "general ed psych program that does not require a practicum and does not lead to certification as a counsellor." These numbers have not been included in the total dismissal incidence because they were not official dismissals. However, the fact that some students changed programs prior to possibly being dismissed is worthy of note, as the actual incidence of student dismissal may be higher if students are dropping out or switching to a different program first.

There appears to be a common issue that emerged from these seven respondents. Each respondent, with the exception of one, referred to a student lacking the ability to achieve a satisfactory level of clinical competence. It would appear that the most common reason for this lack of ability was the existence of personal problems that interfered with students' ability to develop satisfactory counselling skills.

Written Policies Returned with Survey. Respondents were asked to send a copy of their written policy, if one existed having removed identifying information, with the return of the survey. Of the eight programs that stated that they have a written policy, three sent the researcher documentation of their policies. One of the respondents, who stated that a policy existed, sent a university calendar. The researcher reviewed the university calendar

and was unable to find any policy that pertained specifically to counselling students. Four programs did not send a copy of their policy. However, three of these four respondents provided an explanation. One stated, "ours is confidential," another chose not to send it because it was written in French and the last one stated that the policy was only for foreign students and not applicable to all students. It remains unclear as to why the other two respondents chose not to provide a copy of their policy.

The researcher analyzed the two policies according to the definition of due process that was proposed in Chapter one. In Chapter one there were three factors that were identified that must be completed in order to meet due process protocol. First, throughout the entire process the involved party must be consistently notified. Second, the process must ensure objective, and unbiased assessment and decision making. Finally, students must be given the opportunity to respond to faculty feedback throughout the process, including the opportunity to appeal a decision. A summary of both policies, labeled policy #1 and policy #2, and an analysis of due process procedures follows.

Policy #1. This policy is provided to prospective students when they receive information about the counselling program. The policy specifically pertains to the student's performance in practica settings, asserting that practica is one of the most essential components of the counsellor

training program. The policy adopts a, "competency based approach" and outlines core competencies that a student must achieve by the end of their practicum placements. The policy states that when a concern about competency arises, students will be notified as soon as possible. When it becomes evident that a student is not meeting the required competencies, the student will be requested to withdraw from the practicum, and the student will be given a second opportunity to successfully complete a practicum. If the student does not pass the second attempt, the student will be asked to withdraw from the program. Aside from performance in practica, the policy also states that students who do not meet, "high professional and ethical standards," must also withdraw from the program. Students receive at least one evaluation by their supervisory committee during each practicum term, which usually occurs at mid-term. A final evaluation is also provided to the student at the end of the practicum. Included in this evaluation are the observations of the students' faculty supervisor, practicum supervisor, and the individual student's evaluation of him or herself.

In analyzing this policy in the context of the due process definition outlined, it would seem that the three guidelines are partially met, with two obvious points missing. This policy states that when there is a competency concern about a student that the program will notify the student as early as possible that additional practicum time

may be required. This practice meets the basic due process requirement of informing the person when a concern is identified rather than letting the situation continue on without the opportunity for correction. Secondly, involving faculty, practicum supervisors and the student in the evaluation is in keeping with an attempt to "ensure objective and unbiased assessment and decision making." This would also keep the student informed of the process as well as allowing the student the "opportunity to state his or her case." The policy does not outline what would occur if students were in breach of practice of "high professional and ethical standards," except to state that students would be required to withdraw. It is particularly noticeable that there is no mention of an opportunity for the student to appeal and/or to involve other "unbiased" individuals in the process. An appeal would be important if the student felt that there was a breach of the three elements of due process or if there was disagreement with the decision.

Policy #2. This policy was attached with the returned survey. It specifies four steps outlining specific details that must occur within each step. Although it is not clear from the policy, it appears that any course instructor and/or practicum supervisor could use this policy if a concern arises. The four steps of this policy are summarized below.

Step one: When a competency concern is raised, the instructor will contact teacher assistants, mentors, supervisor, and/or clients to gather more information as to the extent and specific issues of the concern. The student will be informed of these issues in a face to face meeting with all the involved parties and an "informal remedial action plan is discussed."

Step two. An informal remedial plan is developed and written between the student and instructor. A time outline in which to complete the remedial plan is set. During this time, supervision is increased, case consultations are encouraged, weekly meetings are planned with teacher assistants for feedback in the area of case notes and file maintenance, support from a mentor may be arranged, counselling service referrals are provided to the student and a weekly video review of counselling sessions are conducted. Regular supervision is initiated as well, and scheduled meetings are arranged to monitor the remediation progress and to review any new arising issues.

Step three. Weekly feedback is provided to the student from supervisors, teaching assistants, mentors and/or clients. Notes of the weekly meetings are maintained and the student and supervisor sign the notes. At this point if the student is continuing to experience difficulties, the instructor will consult with department administrators.

Step four. If the student's performance does not adequately improve over the time period noted in the prior

three steps, a formal contract will be arranged between the instructor and student, which will also involve other department faculty. At this point, consultation and involvement from other department faculty and administrators occurs. The contract will be signed by the student and instructor. The student will pass the course and continue in the program if the contract's requirements are met. If the student does not successfully meet contract requirements, dismissal from the program will follow.

In analyzing this policy according to the due process definition outlined, it would seem that the elements of due process were included. Throughout the entire policy, students are informed of the process and the program faculty's expectations. Students are involved in the informal remedial plan and, if necessary, the formal contract. Regular notes that must be signed by involved parties, including the student, are also maintained. There is also consultation and support provided to both the main supervisor/instructor and students through mentors, teacher assistants, and other faculty. This consultation would help to ensure unbiased, objective management of the process. Finally, it would also seem that students have several opportunities to present their concerns, as they are involved throughout the process in the arrangement of the remedial plan and contract. Thus, students have the opportunity to provide their opinion. The additional option that does not appear to be available to students in this

policy is the option to appeal the decision to move from a remedial plan to a formal contract and/or to be terminated from the program.

This concludes the analysis of the collected data. This chapter has reviewed the procedures used in selecting students for Master's level counselling programs, the existence of policies and how students are informed of these policies, evaluation procedures during a student's course of study, incidence of incompetence, specific types of incompetence, remediation tools used and the effectiveness of them, incidence and specific issues regarding dismissing students from programs, and analysis of policies. A discussion of this information will follow in the next chapter.

Chapter 5: Discussion

This section will discuss the results of the research. Each research question and the findings associated with that question will be discussed. Following this will be a discussion of the limitations of this study and suggestions for future research in the area of competency incidence and management in Master's level counselling programs.

Please note that although some parallels and relationships have been drawn in the following portion of this research the reader must be aware that these are not statistically validated. This study was intended to be an introductory, descriptive examination of this issue across graduate programs in Canada. Prior to this study no research had been conducted on the incidence and management of student competency issues in Counselling Programs in Canada. Although 62% of the Coordinators of Counselling Programs responded to the survey, the relatively small number of returned surveys (n=13) did not lend itself to statistical analysis. Thus, relationships and causation between aspects of the findings could not be determined by statistics. Regardless, at times the researcher took liberty in proposing relationships where it seemed sensible and appropriate.

Research Question One

What selection criteria are used in the admission selection of graduate students for Master's level counselling programs in Canada?

The procedures used by Canadian counselling programs are consistent with those found in the Procidano, Busch-Rossnagel, Reznikoff & Geisinger (1995) study. These researchers found that the majority of American programs used the following procedures: in-person interviews, letters of recommendation, personal statements, and previous clinical experience as methods to select appropriate students. However, what is particularly notable from this study is the absence of the use of transcripts, or any mention of their potential in this context. This is particularly noticeable since, as seen in Table 2, reviewing applicant's transcripts was conducted by all programs (n = 13, 100%) in this survey. In the present study, the next most frequently used methods appears to be examination of resume and previous experience (n = 12, 92%), reference letters (n = 11, 92%) and in-person interviews (n = 6, 46%).

Respondents were asked to rank the usefulness of these procedures in selecting students. In-person interviews were reported to be the most useful procedure, by the six respondents that reported using them. Therefore it would seem that those programs that have conducted in-person interviews have found them to be "very useful" in selecting

appropriate students. One respondent whose program does not use them reported, "We wish we had this." The researcher speculates that the cost and time required of both the prospective student and faculty prohibit the use of this procedure

It would seem that Canadian Counselling Programs are using a variety of methods to identify students who may be inappropriate for counselling work. Transcripts, reference letters, examination of previous experience, and in-person interviews seem to be the most commonly used and helpful methods. With the exception of transcripts, it would seem, to some degree, programs are attempting to assess a student's suitability for clinical work through the use of reference letters, previous experience and interviews. However, it was surprising that so few programs required an in-person interview.

It would seem that the best method of determining personal suitability would be to engage with student applicants in a personal manner. Because counselling faculty are also counsellors and have experience in assessing and observing individuals, it seems sensible that faculty would gain useful, additional information from first hand contact with applicants. This would provide faculty with a multi dimensional assessment of the student rather than the more limited view represented on paper. Although the use of in-person interviews presents obstacles for the faculty and applicants in terms of time, coordination, and

finances, it does appear that programs who use interviews find it to be worth the effort.

Lastly, future employment and other opportunities, such as entrance to lay counselling programs, require an interview to determine personal suitability so it would seem prudent and consistent for counselling programs to also consider this method of selection.

Research Question Two

What is the incidence of incompetence and what types of incompetence are found?

The majority of the programs (n=10, 77%) reported one or more cases of student incompetence in the past five years, with a total incidence of 33. This number is considerably lower than reported by Olkin and Gaughen (1991). In the Olkin and Gaughen study, 76% of programs reported one to three incidents on a yearly basis (not on a five year basis). However, in the current study a yearly mean of 0.5% of competency issues in Canadian programs does indicate that student competency issues occur on a somewhat frequent basis. As Olkin and Gaughen state, "while.. [these numbers are] not an alarmingly high number, it is a steady trickle that requires attention" (p.285).

It is interesting to note that when the type of incompetence was questioned in the present study, several respondents circled several different types of competency issues (n = 103). This is a much higher incidence than was

reported in the previous question on the survey, which questioned the number of times incompetence was identified in the past five years ($n = 33$). This researcher wonders if respondents discriminated between general competency issues prevalent in their student body that did not require attention, and specific incidents of incompetence requiring some remedial action. It may be that counselling faculty members see certain kinds of problems present in students, but do not define these problems as competency issues and therefore require remediation. This could have serious implications for students and ultimately the clients they serve. Remediation and action may be less likely to occur if defined in this manner, especially if program policies are only implemented if a student is identified as having difficulty achieving competence.

By far the most common types of incompetence reported by counselling coordinators were the following: lack of response or responsiveness to supervision (21%), inadequate counselling skills (18%), and lack of personal awareness (17%). These results are consistent with Procidano et al., (1995) who found that limited clinical skills (46%) and personality/emotional problems (34%) were the most commonly cited types of incompetence found among students. Similarly, Olkin and Gaughen (1991) found that limited clinical skills and personal problems (data not provided) were cited as two of the most common types of incompetence.

Lack of responsiveness to supervision and personal awareness were reported as being common types of incompetence. As will be discussed in Research Question Three, referral to personal counselling is a common form of remediation. This data raises several implications for the management of incompetence.

Counselling programs cannot compel a student to engage and participate in personal counselling nor dismiss them for not attending counselling. This results in a dilemma when personal counselling is the most suitable remediation. When a student refuses to engage in a counselling process, even though they are being trained to deliver this service, many questions arise such as their understanding of the process and their ability to reflect and resolve both personal and professional issues. Conversely, if the student does agree to counselling then the counsellor for the student becomes involved in an ethical dilemma where the privacy of the client/student and the protection of the public (in evaluating the student's suitability to resolve personal problems and achieve competence) will need to be addressed. Thus, the counsellor assumes a dual role as counsellor and evaluator. It is also possible, that the student may seek out counselling but the counsellor would choose not to engage in the role of evaluator. In this case the faculty would not know if the issue(s) impeding the student's clinical competence has been addressed. Therefore, whether the student can achieve competence still remains an issue.

Research Question Three

What methods of remediation are used when incompetence is identified?

The findings from this study demonstrated that both counselling and increased clinical supervision appear to be the most common types of remediation used. Both methods were reported to be used equally (n = 12, 92%). Referrals to counselling and increased supervision seem to make sense when one considers the most common types of incompetence as being lack of responsivity to supervision, inadequate counselling skills, and personal problems, as both of these tools are able to address these concerns. An increase of clinical supervision can provide additional support, feedback, and modeling to the student. Personal counselling can also address personal problems and increase personal awareness, both of which might affect responsivity to supervision and provide further modeling in terms of skill acquisition. The use of personal counselling as a preferred remediation tool is also supported in Procidano et al. (1995) and Olkin and Gaughen's (1991) study. Procidano et al.'s study found it to be the most frequently used and Olkin and Gaughen's study found it to be the second most frequently used remediation. This raised several implications which were presented in the discussion of Research Question Two.

Respondents were also asked to rank, in their opinion, the effectiveness of the remediation tools that they have employed. Mentoring was perceived to be the most effective intervention, followed by repeated practica, increased clinical supervision, and personal counselling. This ranking is consistent with the issues that programs are identifying, and the decisions they are making regarding remediation issues.

Research Question Four

What is the frequency of students dismissed from Master's level counselling programs due to competency issues?

Over half of the respondents reported having dismissed one or more students due to competency issues in the past five years. A total of 8 dismissals were reported by respondents. This number is consistent with Olkin and Gaughen's (1991) statement: "What happens to problem students? Very few are actually dismissed from programs" (p. 285). This finding raises several more questions. The fact that 33 incidents of incompetence were reported in this study, with many more types of competency concerns reported (n = 103), leads to several questions. Are programs reacting in a manner that supports the amelioration of competency concerns? Is the remediation that is being used so effective that once implemented the concerns are eliminated? Or, are programs reluctant to identify and

dismiss incompetent students because of fear of retribution by the student, such as a lawsuit? As Olkin and Gaughen questioned: are programs, "shunting the responsibility for dismissals to personal therapists or internship supervisors?" (p.286). These, and other, important questions are raised by this pattern of findings in this study and those reported in the professional literature. Some of these questions are, indirectly, answered in the discussion of research question five, because the existence of formal policies and regular evaluation would address many of the concerns regarding remediation, evaluation, and dismissal.

Research Question Five

Are there policies and procedures in place for dealing with incompetence, and do the policies follow the guidelines of due process?

Over half (n = 8, 62%) of the respondents' programs reported having an official written policy to guide faculty and students when competency is a concern. This is similar to the number reported by Olkin and Gaughen (1991) (55%) and the Procidano et al, study (1995) (51%).

As previously mentioned there are three elements of due process. It is a process where the faculty must consistently notify the students throughout the entire process. Also the faculty must ensure objective, and unbiased assessment and decision making. Finally, students

must be given the opportunity to respond to faculty feedback throughout the process, and should have the opportunity to appeal a decision. As due process involves developing standardized policies to guide faculty in the identification and management of student incompetence, this was examined in the current research.

It was notable that all of the programs that had a student competence policy, reported informing students of the details through a course syllabus, student handbook or in other written forms, such as a booklet containing a code of ethics and the policy. Some programs also reported that the policy was presented orally as well as in a written format.

It was difficult to evaluate if these policies followed the guidelines of due process, as only two policies were returned out of the possible eight. Policy #1 met due process guidelines but to a lesser degree than the second. Policy #1 shared one notable similarity with the Lumadue and Duffey Model (1999) and the Frame and Stevens-Smith Models (1995), as it contains a list of behavioural competencies that students were evaluated upon. However, unlike the two models presented in the literature, Policy #1 did not outline a specific evaluation strategy for evaluation of these competencies.

Policy #1 also provided students with the policy information upon application to the program, which is the same process reported in the Frame and Stevens-Smith (1995)

model. This practice keeps students informed of faculty concerns, if they arise, from the very beginning and onward throughout the management of the situation. However, this policy is entirely focused on the student's performance in practicum placements, and does not address concerns that faculty may have before beginning practica or outside these settings. For example, a faculty member might notice that a student violates his peers' and instructors' boundaries. Although such behaviour would likely present itself in practica, it might not be obvious in the immediate situation. Therefore it would seem that a policy designed to identify and manage student competency issues throughout the Counselling Program might be more appropriate.

Policy #2 was very thorough and involved the student in the entire process. Students were given the opportunity to work with several individuals to reach a satisfactory level of competence. Attempts were made to ensure some degree of unbiased decision-making by allowing the input of several involved and outside individuals, and by allowing students to present their case throughout the entire process. With the exception of not mentioning the option for an appeal, this policy clearly was designed to meet the guidelines of due process.

The number of programs that do not have a policy for evaluating, identifying, and managing student incompetence is a concern to this researcher. Also, due to the low return of the actual policies, it is unclear if the policies

that do exist actually help to manage student incompetence or meet standards of due process. A lack of policy for managing incompetence is not only a concern for students but also for the counselling profession. In the absence of licensing for the counselling profession in Canada, it becomes the unofficial responsibility of counselling programs to be gatekeepers for the profession. Without policies and procedures with uniform guidelines to identify and manage competency, counselling programs and faculty may be less likely to identify and address competency concerns.

Some programs might still argue that a policy is not needed. This was evident in the following statement provided by a respondent whose program has not developed a policy:

Because we take great care in our selection process, we rarely have competency issues. When we do, because we are a small program, any student in trouble is given remedial help early in the program, and/or referred to individual counselling. We make sure that all of our students receive the help needed to achieve competency by the end of the program.

This rationale does not fit with the Frame and Stevens-Smith (1995) follow-up research on the effectiveness of their policy model one year after it had been implemented. These researchers found that eighty-six percent of the faculty reported that implementing a policy and evaluation model had made them become more aware of evaluating student clinical competency. Although this issue was not directly examined in this current study, it does raise the concern that if programs do not have a uniform policy for the

management of student incompetence, then there may be less awareness of the issue of student competence altogether.

Limitations of the Study

Readers of this study must be cognizant of several limitations to the current research. The most obvious limitation is the small sample size. Some may suggest that the small number of surveys examined in this study reduces the generalization of the findings. However, 13 of 21 Counselling Programs is 62% of the programs that exist in Canada. While more returned surveys would certainly have given further credibility to suggestions of relationships, the number and percent of returned surveys gives the researcher the ability to describe and at times to interpret the findings with a reasonable degree of confidence.

These results should also not be generalized to the larger counselling psychology program community outside of Canada. Once again, both the small population size and the fact that Canadian Counselling Programs may have different program requirements mean that it may not be appropriate to generalize on this basis. Additionally, the results should not be generalized to other helping profession programs, such as social work or clinical psychology, as these programs may have different objectives and definitions of competency, thus different policies for identifying and managing competency issues.

The fact that the research measure was a self-report survey poses the possibility of some limitations. First, there is the possibility of a social desirability bias being present. This factor means that respondents might present themselves, or in this case their programs, in an overly favourable manner (Gall, Borg & Gall, 1996). This might be particularly true for this population, considering that graduate programs are often competitive in representing themselves well in order to attract strong, qualified students. Program coordinators might have been reluctant to disclose information about their program that could cast the program in an unfavourable fashion.

Secondly, in a self-report survey there is also the concern of whether or not the respondents accurately answered questions due to their memory or recall. This is especially relevant in this research since respondents were asked to provide information for the time span of five years. Also, some coordinators might not have been in their coordinator position for the past five years, and therefore may have been unaware of any information on this topic prior to their tenure. Finally, there is the possibility that respondents might have misinterpreted or misunderstood the intent of questions, thus providing inaccurate information.

Future Research

This research was intended to be an initial, descriptive study of incidence and management of competency issues with Master's level counselling students in Canada. Thus, the findings, and the lack of previous research in this area, suggest several avenues for future research.

Although the response rate (62%) of this survey was better than that received for similar studies conducted in the United States, it needs to be acknowledged that the sample was small. Therefore further research needs to be conducted, ideally with all of the Canadian Counselling Programs, to get a complete view of this issue. A qualitative study where the researcher could individually interview each co-ordinator might provide additional and new information.

In the discussion of research question number five, it was indicated by the researcher that faculty members might be more likely to identify competency concerns if a policy was implemented and supported. Initial research conducted by Frame and Stevens-Smith (1995) supported this view. Therefore a comparative study examining if implementing a policy has an impact on the frequency and management of incompetence versus a program that doesn't have a policy would be informative.

In Olkin and Gaughen's (1991) study on student competency concerns, the amount of time and degree of stress that faculty experienced when dealing with student

competency concerns was briefly explored. Faculty stress and discomfort in dealing and managing with student incompetence would benefit from further investigation within the Canadian context. Such research could provide useful information as to how and why programs are dealing, or are not dealing, with competency issues. It may also provide useful information as to how programs can support faculty and students when dealing with competency issues.

Further investigation that could provide substantially more detail to each specific survey area would be recommended as well. For example, do particular types of program selection methods work better than others in determining a student's appropriateness for counselling work? Do programs that do not conduct initial interviews have a higher incidence of student incompetence than programs who do? What types of remediation are most useful for different types of student incompetence?

To date, any research of student incompetence that has been conducted has been from the perspective of program faculty. Therefore it would be interesting to examine it from a student perspective as well. Specifically, do students perceive competency issues as a concern? Also, for those students who have been involved in remediation and/or dismissed from programs, do they feel that due process was followed? A qualitative study of students' experiences through this process could be very enlightening.

In conclusion, as this area is only beginning to be examined, there are a myriad of possibilities for development and research. Further understanding and conceptualization of the several issues briefly examined in this study is needed and will inevitably direct and inspire researchers to further explore the uncharted territory of student competence within the Canadian context.

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Appendix A

Student Counsellor Competence Questionnaire

The purpose of this survey is to gather information that will help further our understanding of competence issues in Masters Counselling Programs in Canada.

Of particular interest is how students are assisted who have difficulty in achieving a satisfactory level of competence for counselling practice. Examples of issues of competence in students includes the following: inability to demonstrate effective counselling skills, lack of personal awareness or impact on others, difficulty in relationships with peers or professors, emotional issues that interfere with effectiveness in relationships, and/or abuse of substances. You are asked in this survey to provide information about the incidence and management of student competence.

Part 1 - Demographic Information about Your Program

1. What faculty does your counselling program fall under?

2. What is the name of the department? -

3. Is your Master's counselling program accredited?

Yes, If Yes with what organization?

No

Accreditation is in progress

4. Is your Doctoral counselling program accredited?

Yes, If Yes with what organization?

No

Accreditation is in progress

5. How many full time equivalent faculty does your counselling program have? _____

6. Approximately how many students are admitted to your counselling programs each year? (Please indicate # by degree)

MA _____ PhD. _____ diploma _____

MEd _____ EdD. _____

Other _____ (Please describe) _____

Part 2 - Incidence and Management of Students with Issues of Competence

When you think of competence issues in this section of the survey, I am referring to students how have difficulty achieving a satisfactory level of counselling practice that could be due to a variety of reasons, such as:: lack of personal awareness, emotional/personality problems, poor interpersonal skills, or other inappropriate behaviour for direct counselling practice.

Please reply to the following questions referring only to your programs Masters students (NOT Doctoral students)

7. How many instances have occurred, in the past five years, where students in your program have been identified as having not reached a satisfactory level competence?

Number of instances: _____

8a) What are the procedures used in selecting students for your program? Please check those that are applicable.

- In person Interview
- Video Interview
- Telephone Interview
- Reference Letters
- Transcript
- Resume/Previous Experience
- Exams (i.e. GRE)
- Other - (please indicate)

8b) Of these procedures, which ones does your program selection committee regard as most useful in evaluating an applicant's appropriateness for entrance to the counselling program? Please rank them, with the number one (1) being the most important.

- ___ In person Interview
- ___ Video Interview
- ___ Telephone Interview
- ___ Reference Letters
- ___ Transcript
- ___ Resume/Previous Experience
- ___ Exams (i.e. GRE)
- ___ Other - (please indicate) _____

9a). Do you have an official (written or oral) policy for dealing with incompetent students in your program? (Please circle one of the following)

No Policy

Written Policy

Oral Policy

9b) If you have a policy (written or oral) how are students informed about it? Please check those that are applicable.

- Student Handbook
- Course Syllabus
- University Calendar
- Graduate Student Calendar
- Students are not informed of the policy
- Other (Please indicate)

10. If you have a policy, please send a copy of it with this survey. Be sure to eliminate all identifying information from the page(s) so that it can be examined to aid with our analysis of existing policies.

11. Do you have a regular evaluation procedure to ensure students are progressing at an acceptable rate through the Masters counselling program?

Yes

No

Please elaborate

12. Do you evaluate student's readiness for counselling work before they enter applied experiences, such as practica?

Yes

No

Please elaborate

13. Please **check** the boxes below that identify issues that your program has encountered with students you have encountered in your program who are having difficulty achieving an acceptable level of competence. Beside each issue please **circle** the number of times this issue has occurred in the past five years. This is not an exhaustive list, please provide any additional issues/concerns that have arisen within your program.

- Dual Role Relationships 1 2 3 4 5 6 7 8 9 10 or more
- Confidentiality Concerns 1 2 3 4 5 6 7 8 9 10 or more
- Responsivity to supervision 1 2 3 4 5 6 7 8 9 10 or more
- Personal awareness 1 2 3 4 5 6 7 8 9 10 or more
- Cultural awareness/sensitivity 1 2 3 4 5 6 7 8 9 10 or more
- Inadequate counselling skills 1 2 3 4 5 6 7 8 9 10 or more
- Honesty 1 2 3 4 5 6 7 8 9 10 or more
- Cooperation 1 2 3 4 5 6 7 8 9 10 or more
- Inability to deal with conflict 1 2 3 4 5 6 7 8 9 10 or more
- Boundary violations 1 2 3 4 5 6 7 8 9 10 or more
- Mental Illness 1 2 3 4 5 6 7 8 9 10 or more
- Substance 1 2 3 4 5 6 7 8 9 10 or more
- Other - Please elaborate 1 2 3 4 5 6 7 8 9 10 or more

- Other - Please elaborate 1 2 3 4 5 6 7 8 9 10 or more

- Other - Please elaborate 1 2 3 4 5 6 7 8 9 10 or more

14. Please check the following boxes to indicate what types of remediation are used when incompetence has been identified.

- Counselling
- Repeat course work
- Repeat practica
- Increase clinical supervision
- Leave of absence
- Other - (please state) _____

- Other - (please state) _____

- Other - (please state) _____

15. In your opinion rate the success of each remediation tool (if it has been used)?

Counseling

1	2	3	4	5
No Success		Moderate Success		Significant Success

Repeat Course Work

1	2	3	4	5
No Success		Moderate Success		Significant Success

Repeat Practica

1	2	3	4	5
No Success		Moderate Success		Significant Success

Increase of Clinical Supervision

1	2	3	4	5
No Success		Moderate Success		Significant Success

Leave of Absence

1	2	3	4	5
No		Moderate		Significant
Success		Success		Success

Other - Please specify Remediation - _____

1	2	3	4	5
No		Moderate		Significant
Success		Success		Success

Other - Please specify Remediation - _____

1	2	3	4	5
No		Moderate		Significant
Success		Success		Success

16. Has your program dismissed students in your counselling program in the past five years?

- Yes
- No

If yes, how many? _____

17. Could you name the specific issues/concerns that led your program to dismiss student(s) in your counselling program. Please elaborate below.

Thank you for your time!

Appendix B

UNIVERSITY OF VICTORIA LETTERHEAD

Dear Dr.

The education and training of student counsellors are most important to counsellor educators, students, and consumers of graduate's services. Until recently, relatively little information has appeared in the professional literature on the incidence and management of student competence issues in counsellor education programs in North America. No information on this topic is present in the counsellor education literature in Canada. The researcher of this study is striving to provide a baseline for understanding student competence issues in Masters level counselling programs in Canada. Because the number of counselling programs in our country is relatively few in number, your participation is crucial to the success of the project.

This research is being conducted as the thesis component of a Master of Arts degree entitled Student Counsellor Competence Issues in Graduate Counselling Programs. It is being conducted by Julie Brown who is a graduate student in the Department of Educational Psychology and Leadership Studies at the University of Victoria, under the supervision of Dr. Max Uhlemann. The specific purpose of this research project is to determine the incidence of competence issues arising in counselling graduate programs and the ways faculty manage these issues.

You will receive this survey in two manners: by postal mail and by e-mail, (if we are able to access you in this way). This brief survey is divided into two sections. The first section requests information about the structure and content of your graduate counselling program. The second section requests information about the incidence and management of competence issues during the last five years. If you agree to voluntarily participate in this research, it will take you approximately 15 to 20 minutes of your time to complete the survey. A self-addressed envelope is provided if you wish to return it by postal mail, or you may return it via e-mail. The results of this survey and material received will form the basis of the student's thesis. As well, it may be used in future conference presentations and journal publication.

The survey does not request any information that will identify you or your institution. An identifying number is placed on the surveys so the researcher will know who has returned the survey. Once a survey is received, this identifying number will be torn from the page. For surveys returned by e-mail, the institution will be noted for return of the survey, and then the survey will be transferred to a file that eliminates identifying information. The electronic version of the survey will then be deleted. Data from this study will be stored in a locked filing cabinet. The data will be disposed of, by paper shredding, one year after publication of the findings.

By your return of the completed survey, it is assumed that you have read this letter of explanation, and you consent to participate in this project. Please feel free to retain this cover letter for your records. Also please contact the researcher or supervisor at the addresses and numbers listed below if you have any questions. In addition to contacting the researcher and/or supervisor you may verify the ethics approval of this study, or raise any concerns you might have, by contacting the Associate Vice President Research at the University of Victoria (250-721-7968).

Please return the completed survey via postal mail and/or e-mail by May 25/01. Your valuable time and assistance is greatly appreciated.

Yours truly,

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Appendix C



Just a reminder...

Your input is essential so, if you have not already done so, please return your Student Counsellor Competency survey as soon as possible.

**If you have misplaced your copy of the survey, it can be downloaded in a number of formats at:
<http://www.shack.ca/survey.html>**

Thank you for your participation!

VITA

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Title of Thesis:

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