

**Non-academic Behavioral Indicators of Student Impairment: A Survey of CACREP-accredited Master's-level Counseling Programs**

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**Abstract**

The purpose of this study was to investigate the degree of agreement and disagreement among the academic unit leaders of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) regarding a set of 17 predetermined non-academic behavioral indicators of impairment of master's-level students as derived from a review of literature (Burgess, 1995; Vacha-Hasse, 1995; Woodyard, 1997). 144 CACREP academic unit leaders were contacted and invited to participate in a telephone survey. Thirty five telephone questionnaires were completed, and the resulting data were then analyzed using descriptive methods.

The results indicated that a majority of the participants agreed that the 17 pre-listed impairment indicators are serious enough to impede students' counseling performance and/or may cause harm to clients. These results are consistent with the findings of the research studies of Burgess (1995), Vacha-Hasse (1995), and Woodyard (1997) and helped to validate the indicators these researchers identified.

**Introduction**

The American Counseling Association (ACA) Code of Ethics and Standards of Practice (2005) requires counselors "to respect the dignity and to promote the welfare of clients" (A.1, p. 4), and at the same time to be "alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others" (C.2.g, p. 9). Counselors have responsibilities to protect their clients and be concerned about their welfare. The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA, 2002) suggests a similar directive: "Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner" (Section 2.06, p. 5). It is obvious, according to the above codes of ethics, that accountability to the public and the maintenance of professional standards should be of utmost concern to counselors. Moreover, these codes of ethics also allude to the issue of impairment in the profession and encourage the professional to be cognizant of the potential negative impact that impairment may have on clients.

Even in 1996, Hazler and Kottler stated that counselors have been slow, relative to other health professionals, in devoting attention to impairment, and Gaubatz and Vera (2002) supported the same notion in their article. Counselors seemed reluctant to respond to the issue of impairment, as evidenced by limited attention and discussion regarding this topic in the literature (Olsheski & Leech, 1996) but impairment is a serious concern in the mental health profession (Huprich & Rudd, 2004). Gizara and Forrest (2004) pointed out a growing recognition of the troubling incidence of impairment and the demands for more effort, resources, and energies from the counseling profession. Taking

action in dealing with impairment seems to be the appropriate way to demonstrate counselors' priority to maintain a healthy profession.

Gizara and Forrest (2004) stated that training programs carry a burden to protect entry to the profession and recommended that counselor educators should address impairment during training, because many problems begin during the period of academic and clinical training. Moreover, the demands of training render some students vulnerable to stress which may result in impairment (Burgess, 1995). Therefore, it is important to address impaired students early in their career preparation because impaired students may become impaired professionals.

Frame and Stevens-Smith (1995) suggested several reasons why student impairment is a major concern to counselor educators. First, counselor educators are concerned with students' potential to harm clients. Second, counselor educators recognize that students may misuse their power of influence to meet their own needs. Third, counselor educators are obligated to monitor students' personal and professional development. Finally, counselor educators may be held responsible for the malpractice of their students. According to research conducted by White and Franzoni (1990), another reason for counselor educators' concern is that a significant number of students in counseling training had a lower level of mental health in comparison with the general population which increases the risk of impairment. Bemak, Epp and Keys (1999) also suggested that counseling students' mental health affects counseling outcome. Burgess (1995) recommended more research in this area because student impairment is an important issue.

In addition to the professional guidelines discussed above, the ethical standards of ACA (2005) and APA (2002) offer guidelines specifically for educators in counseling and psychology training programs for screening impaired counselors in training. ACA (2005) places the following responsibilities on counselor educators:

Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist students and supervisees in securing remedial assistance when needed. They recommend dismissal from the training program, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. (Section F.5b, p. 14)

The APA code of ethics stated that in an academic and supervisory relationship, psychologists need to provide feedback to students and supervisees and evaluate them on the basis of their actual performance on established program requirements (Section 6.05). In addition, the Association for Counselor Education and Supervision Ethical Guidelines for Counseling Supervision (1993) give the following instruction:

Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties. (2.13)

These guidelines outline requirements for supervisors to assess students on academic and personal limitations, to provide remedial assistance, and to dismiss or discontinue those who are unable to provide competent services.

Although counselor educators are given responsibilities to deal with impaired students, they are not given specific instructions on how to fulfill such obligations (Woodyard & Canada, 1992). Counselor educators have not established a uniform procedure to evaluate graduate students' professional suitability (Bemak, Epp, & Keys, 1999) and continue to rely on admission criteria to identify potential candidates for counseling programs (Market & Monke, 1990). Unfortunately, admission criteria do not help predict counseling effectiveness (Markert & Monke). Admission criteria may be good predictors of academic success, but they do not help in identifying impaired students (Bemak, Epp, & Keys, 1999; Bradey & Post, 1991). As a result, counselor educators continue to struggle with the responsibilities of monitoring and screening impaired students. The urgency surrounding the issue of intern impairment and the lack of knowledge on the matter posts a serious threat to counselor educators (Gizara & Forrest, 2004).

In addition, universities need well-established systems to address impaired students. The Council for Accreditation of Counseling and Related Educational Programs standards (CACREP, 2001) state similar requirements: "When evaluations indicate that a student is not appropriate for the program, faculty should assist in facilitating the student's transition out of the program and, if possible, into a more appropriate area of study" (Section II F, p. 5). Burgress (1995) reinforced this notion and stated that it is important for universities to have a system in place to identify impaired students, assure appropriate intervention, and support the student in the process of remediation and or termination from the program.

### **Problems and the Purpose of the Study**

Identifying student impairment, however, is not a simple task. There are various explanations of impairment, but there is no single acceptable definition among counselor educators (Burgress, 1995; Huprich & Rudd, 2004; Laliotis & Grayson, 1985; Lamb, Cochran, & Jackson, 1991; Woodyard, 1997). Huprich and Rudd stated that the lack of uniform meaning of impairment can be problematic in dealing with the issue. There are different types of impairment ranging from academic difficulties to major psychological disorders (Bradey & Post, 1991; Gizara & Forrest, 2004; Mearns & Allen, 1991). However, descriptions of these types are broad and overlapping and are not agreed upon by counselor educators and supervisors (Woodyard, 1997). Bemak, Epp and Keys (1999) concluded that it is necessary to define impairment with greater clarity. In order to more objectively and effectively identify student impairment, a set of specific non-academic behavioral indicators that reflect students' serious personal limitations are necessary (Woodyard).

Burgress (1995) and Huprich and Rudd (2004) suggested that the lack of a clear definition of student impairment creates difficulty for counselor educators and prevents them from taking action in evaluating students. Having a set of non-academic behavioral indicators of student impairment will help to establish formal evaluation policy and procedures, and will also strengthen the ongoing screening process. Counselor educators will communicate program expectations with their students by providing more concrete written guidelines. Counselor educators are poised to identify impaired students more effectively and to address impairment with specific remediation plans or termination.

Identification of non-academic behavioral indicators of impairment, when applied to counseling programs, can help students identify problem areas and provide a means for self evaluation and self screening while they are in those programs (Woodyard, 1997). With the recognition of behavioral indicators of impairment, students will more clearly understand expectations and requirements of their counseling programs.

Some researchers have attempted to identify specific behavioral indicators of impairment (Burgress, 1995; Vacha-Hasse, 1995; Woodyard, 1997). However, different studies have produced different outcomes as to which indicator(s) depict student impairment. In addition, there is no understanding of how frequently specific non-academic indicators are used to help counselor educators in identifying impaired students. The purpose of this study was to investigate the degree of agreement and disagreement among CACREP academic unit leaders regarding a set of non-academic behavioral indicators that specifically define impairment of counseling students as derived from the literature (Burgress, 1995; Vacha-Hasse, 1995; Woodyard, 1997).

### **Method**

#### ***Participants***

Participants were CACREP academic unit leaders identified in CACREP approved programs listing in the year 2000. All CACREP academic unit leaders of different CACREP accredited programs in the U.S. were invited to participate in this study. Participants were asked about their opinions regarding a set of non-academic behavioral indicators of student impairment. Of the 144 CACREP academic unit leaders who were asked to participate in this study, a total of 48 responded by e-mail. Forty-one of those who responded indicated that they were willing to participate in this study, and seven refused to participate. The reported reasons for refusal were busy workload and difficulty handling too many

research invitations. Of the 41 who were interested, 35 CACREP academic unit leaders actually participated in the phone interview and completed the questionnaire. Therefore, the number of participants was 35 (n=35). No demographic data for CACREP unit leaders were reported because their demographic data were not relevant to this study.

### ***Instrument***

The instrument used in this study was a survey, the Behavioral Indicators of Student Impairment Survey (see document 1), which consisted of questions that investigated student impairment based on a set of non-academic behavioral indicators that was created from the results of three research studies (Burgess, 1995; Vacha-Haase, 1995; Woodyard, 1997). All the indicators of impairment found from the results of these studies were combined into one list, and the overlapping ones were truncated to form the set of indicators for this study. The resulting list of 17 non-academic behavioral indicators of impairment included the following.

The student:

- lies
- exhibits addictive behavior.
- refuses to consider personal counseling when recommended.
- touches clients inappropriately.
- has inappropriate boundaries.
- is seductive towards clients.
- displays anger towards a specific gender, race, sexual orientation, etc.
- displays psychotic symptoms.
- misrepresents his or her skill level.
- engages in sexual contact with a client.
- is doing therapy/attending class under the influence of drugs or alcohol.
- is sexually harassing clients/other students.
- has suicidal attempts/ideation.
- has a personality disorder.
- has deficient interpersonal skills.
- has difficulty receiving supervision.
- displays academic dishonesty.

The instrument was field tested with the assistance of five experts in counselor education. Practical problems in wording during a telephone conversation were identified and the implementation of the instrument was revised.

### ***Procedures***

A cover letter (document 2), stating the purpose of the telephone survey and inviting participation in the study, was mailed electronically to 144 CACREP academic unit leaders. They were informed that the information they shared would be strictly confidential and would only be used for the purpose of this study. They were also informed that no information that is traceable to a specific university or student would be revealed. If they agreed to participate in the study, CACREP academic unit leaders were asked to return a brief email, stating their willingness to participate, together with two possible interview times during which they would be available for the actual telephone survey. A second mailing was sent two weeks following the first to invite more participants. Finally, a third mailing was sent two weeks following the second.

During the telephone survey, participants were reassured of confidentiality and asked to give their verbal consent to participate in the study. They were asked to spend approximately 15 minutes to answer some questions regarding student impairment. They were also told that they could receive a copy of the results of this study if they wished. Participants were then asked to respond to each question on the Behavioral Indicators of Student Impairment Survey.

## Results

A descriptive analysis of the research question is shown in Table 1. “Engages in sexual contact with a client” was the impairment indicator that had the highest percentage; whereas “Has deficient interpersonal skills” had the lowest percentage. Over 80% of participants gave ratings of 4 (agree) or 5 (strongly agree) to each of the 17 impairment indicators. In fact, over 90% of the participants gave ratings of 4 or 5 to 11 indicators. Three indicators received a low frequency of rating of 5 (strongly agree) but high frequency of rating of 4 (agree) which indicated some level of concern. These indicators were “misrepresents his or her skill level,” “difficulty receiving supervision,” and “has deficient interpersonal skills.” No participants gave a rating of 1 (strongly disagree) to any of the indicators.

Other impairment indicators that were not on the original list, yet were reported by participants, include the following:

The student

- lacks organizational skill to work within a system.
- is disrespectful towards authority.
- manipulates client(s) in the session.
- is irresponsible as evidenced by displaying avoidance behaviors such as missing appointments, calling in sick or not showing up.
- displays abusive behavior towards family members or friends.
- violates ethical codes.
- makes inappropriate self disclosure and is self-absorbing.
- is rigid and unwilling to listen to different points of view.
- shows distortion created by medication.
- has a mood disorder or other kinds of mental illnesses.
- is disruptive and or domineering in the class.

Table 1

Agreement/Disagreement of Non-academic Behavioral Indicators of Student Impairment

Impairment Indicator	S.A.	A.	N.	D.	S.D.
Lies	46%	37%	14%	3%	0%
Exhibits addictive behavior	51%	43%	3%	3%	0%
Refuses to consider counseling	43%	43%	14%	0%	0%
Touches clients inappropriately	83%	14%	3%	0%	0%
Has inappropriate boundaries	43%	49%	3%	6%	0%
Is seductive towards clients	71%	26%	3%	0%	0%
Anger towards a specific gender, race..	74%	20%	6%	0%	0%
Displays psychotic symptoms	91%	9%	0%	0%	0%
Misrepresents his/her skill level	14%	77%	9%	0%	0%
Sexual contact with a client	100%	0%	0%	0%	0%
Drug/alcohol abuse in class/session	69%	31%	0%	0%	0%
Sexually harassing clients/students	89%	11%	0%	0%	0%
Has suicidal attempts/ideation	54%	26%	20%	3%	0%
Has a personality disorder	37%	46%	17%	0%	0%
Has deficient interpersonal skills	11%	49%	37%	3%	0%
Has difficulty receiving supervision	17%	51%	26%	6%	0%
Displays academic dishonesty	46%	49%	6%	0%	0%

**Limitations**

The results of this research, however, were limited to CACREP academic unit leaders who chose to respond to requests for participation. The information gathered was based on the subjective perception of the participants. In addition, this study was limited to the impairment of students identified in master's-level counseling programs and was based on the pre-determined list of non-academic behavioral indicators as derived from the literature.

**Discussion and Implications**

The intent of this study was to investigate the degree of agreement/disagreement among a group of counselor educators regarding a set of 17 non-academic behavioral indicators of impairment of master's-level students. There were various levels of agreement and disagreement among the

CACREP academic unit leaders surveyed regarding the 17 indicators of impairment. All participants strongly agreed that “engaging in sexual contact with a client” (100%) is an impairment indicator. Other impairment indicators with a high degree of agreement were “the student displays psychotic symptoms” (91%), “the student sexually harasses clients/other students,” (89%) and “the student touches clients inappropriately” (83%). These indicators, when identified, require immediate attention from counselor educators.

Over 80% of the participants gave ratings of 4 (agree) or 5 (strongly disagree) to all 17 impairment indicators. In addition, over 90% of the participants gave ratings of 4 or 5 to 11 indicators. The mean rating for 15 of the impairment indicators was above 4.20. Regarding the other two, the mean rating for “the student has deficient interpersonal skills” was 3.69 and the mean rating for “the student has difficulty receiving supervision” was 3.8. Overall, the rating reflects the agreement of the participants.

Over 40% of the participant gave ratings of 4 (agree) to 8 impairment indicators out of the 17 indicators. Participants offered a moderate agreement to these indicators but were hesitant to agree strongly to these indicators. Perhaps participants were unclear on the definition of some of these indicators or sometimes it took more than one impairment indicator to identify an impaired student. Therefore, further refinement of the definition of these indicators may be necessary.

The results indicated that the majority of counselor educators who participated in this study agreed that the 17 impairment indicators are serious enough to impede student’s counseling performance or may cause harm to clients. This is consistent with the findings of the research studies conducted by Burgress (1995), Vacha-Hasse (1995), and Woodyard (1997) who reported multiple behavioral indicators that may impede counseling performance, and this study helps to validate the indicators these researchers identified.

In reviewing the degree of agreement and the mean ratings of the impairment indicators of the participants, the indicators with the highest mean rating and degree of agreement were “engages in sexual contact with a client,” “displays psychotic symptoms,” “sexually harassing clients/other students,” and “touches client inappropriately.” Of these four indicators, three were related to sexual behaviors with clients.

Additional indicators reported by participants, apart from those on the original list, are worth examining. These indicators were listed as other reasons that led to the identification of impaired students. Five of the indicators that were reported more frequently than others were “the student displays anger and belligerent attitude towards professors or other students,” “the student is disrespectful towards authority,” “the student is irresponsible as evidenced by displaying avoidance behaviors such as missing appointments, calling in sick or not showing up,” “the student has a mood disorder or other kinds of mental illness,” and “the student is rigid and unwilling to listen to different points of view.” “The student has a mood disorder or other kinds of mental illnesses” and “the student displays psychotic symptoms,” seem to overlap. The other four additional indicators appear to be in the category of resistant behaviors.

These results can be useful for counselor educators, counselor supervisors, professional counselors, counseling students, clients, and the public. There are also possible implications for procedure planning, training, and screening in counseling programs. It was suggested that there was a need for counselor educators to responsibly screen, remediate and dismiss impaired students from their programs (Bradey & Post, 1991). This suggestion also coincides with the American Counseling Association Code of Ethics and Standards of Practice (ACA, 2005).

Frame and Stevens-Smith (1995) stated that due process must be considered when developing monitoring and dismissal procedures, and the policies must protect students’ rights and responsibilities. Woodyard (1997) summarized three major factors in due process. First a written program description needs to be presented to students before they are admitted to the program. Second, ongoing feedback and evaluation must be provided to students, and adequate notice should be given to students who may demonstrate indicators of impairment.

With the validation of the list of non-academic behavioral indicators, counselor educators may be able to establish more useful guidelines and procedures to address student impairment through screening, remediation and termination. Most counseling programs now have remediation procedures and dismissal procedures in the program manuals. These research findings can serve as a guide for writing and refining remediation and dismissal procedures and processes. Also these findings can serve as a guide for operationalizing impairment into specific behaviors. Counselor education faculty, however, should maintain flexibility and exercise careful professional judgment because they are likely to judge impairment differently. "Impaired" is a severe label that should not be used loosely. The results of this study will also be beneficial for professional counselors who are responsible for establishing ethical guidelines for the profession and for counselors in training. Professional counselors can provide more defined non-academic behavioral examples of impairment in their guidelines, increasing awareness and understanding of impairment in the profession and safeguarding the profession from impaired members.

### **Recommendations for Further Research**

This study should be replicated comparing CACREP and non-CACREP programs to determine if similar results will be obtained regarding indicators and clusters of student impairment. Because CACREP programs are required to have policies in place to address student impairment, and non-CACREP programs do not, there are possibly differences of opinions between counselor educators in these two types of programs regarding impairment. Additional studies should be conducted by incorporating other impairment indicators that were added to the initial list by the participants. It would be informative to get opinions from counselor educators regarding the validity of these as indicators. Further research comparing responses of counselor educators in the university with those of on-site clinical supervisors should be undertaken. On-site clinical supervisors work closely with counseling students who participate in field-based training, and it would be beneficial to explore whether their opinions regarding indicators of impairment differ from counselor educators' opinions.

**Appendix**

Document 1

The Behavioral Indicators of Student Impairment Survey

Hello. This is Denny Li calling from the Department of Counseling of Texas A&M University-Commerce. I thank you for returning my mail showing your willingness to participate in this study. As you know, I am surveying your opinions on a set of non-academic behavioral indicators of student impairment. Also with reference to the indicators, I will ask you to recall two recent cases of remediation and two recent cases of termination of impaired students in your program(s) during the last five years.

I would like to have 15 minutes of your time to collect some information. I want to make a statement about this study that all information is kept confidential and is strictly used for the purpose of this survey only. May I have your verbal consent to participate in this study?

Part One. Do you agree/disagree that the following non-academic behavior indicators of impairment are serious enough to impede a student's counseling performance or to cause harm to clients?

(5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, 1 = strongly disagree)

The student:

1. \_\_\_\_\_ lies.
2. \_\_\_\_\_ exhibits addictive behavior.
3. \_\_\_\_\_ refuses to consider personal counseling when recommended.
4. \_\_\_\_\_ touches clients inappropriately.
5. \_\_\_\_\_ has inappropriate boundaries.
6. \_\_\_\_\_ is seductive towards clients.
7. \_\_\_\_\_ displays anger towards a specific gender, race, sexual orientation, etc.
8. \_\_\_\_\_ displays psychotic symptoms.
9. \_\_\_\_\_ misrepresents his or her skill level.
10. \_\_\_\_\_ engages in sexual contact with a client.
11. \_\_\_\_\_ is doing therapy/attending class under the influence of drugs or alcohol.
12. \_\_\_\_\_ is sexually harassing clients/other students.
13. \_\_\_\_\_ has suicidal attempts/ideation.
14. \_\_\_\_\_ has a personality disorder.
15. \_\_\_\_\_ has deficient interpersonal skills.
16. \_\_\_\_\_ has difficulty receiving supervision.
17. \_\_\_\_\_ displays academic dishonesty.

Are there any other non-academic indicators that were not included in the previous list?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Document 2

Cover Letter

Dear CACREP academic unit leaders:

[This letter is addressed to the CACREP academic unit leader of your program(s).  
If you are not the unit leader, please forward this letter to the person or/and let me know the correct email address. Thank you.]

I am a doctoral student in the Department of Counseling at Texas A&M University-Commerce. I am conducting a national research project regarding the impairment of students in CACREP-accredited master's-level counselor preparation programs. In this study, I will survey counselor educators for opinions on a predetermined set of non-academic behavioral indicators of impairment. I will also ask participants to recall two recent cases of remediation and two recent cases of termination in order to determine how frequently the behavior indicators were used in these cases. This letter serves as an invitation for you to participate in this research project.

Impairment in the counseling profession has been an increasingly popular research area, but research on student impairment is still limited. It has been recommended that the issue of impairment should be addressed during training, because many problems begin during the period of academic and clinical training. Therefore, it is important to address impaired students early in their careers, because impaired students may turn into impaired professionals. Counselor educators continue to be faced with the challenge of identifying and addressing impaired students whose inability to control personal stress, psychological dysfunction, and/or emotional reactions may interfere with their professional functioning (Lamb, Cochran, & Jackson, 1991).

If, as the CACREP academic unit leader of your counseling program(s), you agree to participate in this study, you will be asked to complete a fifteen-minute telephone survey to give your opinions and experience regarding student impairment. Your participation in this study is voluntary and confidentiality is of utmost importance. No information that is traceable to a specific university or student will be revealed. Results will be grouped and summarized in statistical format. After the research is completed, all information will be destroyed.

Your assistance is valuable to me as well as to the counseling profession. If you are willing to participate in this study, please (1) return to me a brief email stating your willingness to participate in this study, (2) provide me with your direct telephone number, and (3) list two possible interview times (central standard time) during which you would be available for the actual fifteen-minute telephone survey during the next two weeks. Your return email and your verbal agreement to participate during the phone survey will serve as informed consent to participate in the research project.

This project is designed as dissertation research, with faculty supervision by Richard Lampe, Ed.D., as chair of my committee. If you have any questions or concerns regarding this research, or if you want to request a summary of the results of this study, you may contact Denny Chi-Sing Li at [chisingli@hotmail.com](mailto:chisingli@hotmail.com) or Dr. Richard Lampe.

Thank you very much for your assistance.

Sincerely,

Denny Chi-Sing Li, M.Ed., L.P.C., L.M.F.T.

The following set of non-academic behavioral indicators of impairment will be the focus of this study. Please have this list in front of you during the telephone survey.

The student:

- lies
- exhibits addictive behavior.
- refuses to consider personal counseling when recommended.
- touches clients inappropriately.
- has inappropriate boundaries.
- is seductive towards clients.
- displays anger towards a specific gender, race, sexual orientation, etc.
- displays psychotic symptoms.
- misrepresents his or her skill level.
- engages in sexual contact with a client.
- is doing therapy/attending class under the influence of drugs or alcohol.
- is sexually harassing clients/other students.
- has suicidal attempts/ideation.
- has a personality disorder.
- has deficient interpersonal skills.
- has difficulty receiving supervision.
- displays academic dishonesty.

The following definition will be used in this study:

Impairment is defined as an inability to control personal stress, psychological dysfunction, and/or emotional reactions that interfere with professional functioning (Lamb, Cochran, & Jackson, 1991).

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