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Gatekeeping in Master's Level Rehabilitation Counseling Programs: An Exploratory Study

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Gatekeeping in Master's Level Rehabilitation Counseling Programs: An Exploratory Study

Abstract

The current study explores attitudes and procedures of gatekeeping in rehabilitation counseling programs. Using the Theory of Planned Behavior (TPB), the current study explores underlying causes for a lack of gatekeeping discussion and action in rehabilitation counseling. Rehabilitation educators and program directors from both CORE and CACREP-accredited rehabilitation counseling programs participated in the online Gatekeeping Attitudes and Procedures Survey (GAPS). Results indicate that, while attitudes towards gatekeeping were positive, programs lack formalized procedures. TPB aids in understanding that attitudes towards gatekeeping may not influence educator behavior on the matter. Implications include further research into this area to better understand the relationship between gatekeeping and rehabilitation counselor education, as well as the impact of gatekeeping on student and faculty experiences.

Keywords

counselor education, supervision, gatekeeping, evaluation

Rehabilitation counselor educators are required to prepare students to be able to appropriately and ethically assist individuals with disabilities in achieving their goals. Any impairment in doing so is expected to be self-monitored, or to reveal itself to educators at some point in a training program (ACA, 2014; CRCC, 2016). This mechanism of monitoring, or evaluating students for the appropriateness of a discipline is known as gatekeeping (Brear, Dorrian, & Luscri, 2008). Although Brown-Rice and Furr (2015) have delineated recent issues related to inappropriate students in counselor education, there is a dearth of literature about gatekeeping in rehabilitation counselor education. There have, however, been studies which examine training needs within rehabilitation counselor education programs by surveying rehabilitation counselors in the field for the level of preparedness felt in important domain areas; indicating feelings of unpreparedness as graduates of training programs (e.g., Chan et al., 2003). More recently, research has demonstrated that more than half of rehabilitation counselors responded *moderately to not at all*, when asked how prepared they felt to serve the fastest growing populations in their clientele (Beveridge, Leconte, Shaine, Del Toro, & Penrod, 2015). Feeling unprepared in the field has also been found in research on preparation to work with veterans, another growing population (Frain, Bishop, Tansey, & Sanchez, 2013). While these studies include graduates of training programs, they indicate that it is possible that inadequately prepared students are slipping through the gates in rehabilitation counselor education.

Faculty at master's level rehabilitation counseling programs, also known as RCP's, are one of the last lines of defense between a potentially inappropriate rehabilitation counselor and future clients seeking services, via the mechanism of gatekeeping. Gatekeeping allows faculty to protect such future clients from a potentially inappropriate rehabilitation counselor through rigorous admissions processes, regular evaluations throughout academic programs, and interventions when

a problematic student is identified (Gaubatz & Vera, 2006; Kelly, 2011). Formalized gatekeeping procedures also improve prevalence of problematic students in counseling training programs (Gaubatz & Vera, 2002). More specifically, Brear, Dorrian, and Luscri (2008) have defined gatekeeping as:

...the evaluation of student suitability for professional practice. It is a mechanism that aims to ensure the health of the profession by controlling access to it. It involves the identification of evaluative criteria and process, and the accountability of the gatekeeper to apply the criteria and take responsibility for the evaluative decisions. (pp. 93-94)

Gatekeeping and Universities

This gatekeeping role is increasingly important due to the recent merger of the Council on Rehabilitation Education (CORE), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Faculty in these programs are responsible for the supervision of master's level counseling students, which may now occur across disciplines. For instance, faculty within a department that houses both a rehabilitation counseling program and a mental health counseling program will be involved in the teaching, supervision, and advising of students in both subject areas. This could expand to school counseling, career counseling, addictions counseling, and other counseling specialties accredited by CACREP. The composition of faculty credentials is necessary for the program to receive accreditation, however, academic literature about gatekeeping across counseling disciplines (e.g., a clinical mental health counselor intervening with a rehabilitation counseling student) is nonexistent. Furthermore, students seeking a national certification as a rehabilitation counselor (Certified Rehabilitation Counselor, or CRC) may receive clinical supervision from non-CRCs given the completion of a provisional supervision contract

(CRCC Certification Guide, 2018), but it is unclear how often this happens and what the implications are for this type of interdisciplinary supervisory relationship.

While universities use admissions processes as the first line of gatekeeping, 98% of faculty in master's counseling programs have reported being aware of potentially deficient students in their programs (Gaubatz & Vera, 2006). In the same study, students reported that 17.9% of deficient peers advanced through their program without remediation (aka gateslipping), compared to faculty reports of just 2.8% students gateslipping (Gaubatz & Vera, 2006). This gap between student and faculty perceptions is indicative of several complex issues involved in gatekeeping: transparency between faculty and students; student experiences with, and awareness of, inappropriate peers; confusion regarding evaluation policies/criteria; and more specifically, that faculty members have shown a preference for handling student performance issues informally, without documentation (J. Foster, Leppma, & Hutchinson, 2014; V. Foster, & McAdams, 2009). Protecting future clients by monitoring the appropriateness of students or supervisees is one of many roles of supervisors and educators in the counseling field, and is also known as gatekeeping which can impact client care, other students or supervisees, and the entire counseling profession (Brown-Rice and Furr, 2014).

Accreditation and Codes of Ethics

Although gatekeeping is a necessary function of counselor educators and supervisors, information and definitions regarding gatekeeping as a function of supervision are sparse and lack necessary information to guide faculty through the process, which makes both tasks unwelcome and daunting (Bhat, 2005; Gaubatz & Vera, 2002; Homrich, 2009; Kelly, 2011). In addition, difficulty discerning developmentally appropriate student/supervisee experiences from problematic behavior and fear of legal reprisal when assuming the role of gatekeeper further complicate the gatekeeping process (Homrich, DeLorenzi, & Godbee, 2014). Professional codes of ethics (e.g.,

ACA Code of Ethics, ACA, 2014 and *CRCC Code of Ethics*, CRCC, 2016) delineate codes related to the act of gatekeeping in the profession, but they do not go much further than the requisite supervision class embedded in counselor education doctorate curricula to provide guidance in this matter. For instance, in the *ACA Code of Ethics*, F.1.a, F.5.b, and F.9.a & b all include information about the role of counseling supervision in monitoring client welfare, self and student impairment, and steps for following due process in the event of a student issue (ACA, 2014), however it is unclear how faculty are to do this formally, ethically, or systematically.

In addition to the codes of ethics, CACREP accreditation standards indicate that student evaluation is a professional obligation of faculty and supervisors at multiple points throughout counseling training programs, as well as before admission. This includes the practicum and internship phases with regular supervision meetings to monitor student performance and professional development (e.g., CACREP Standards 3, and 4.F-H). Following the Council on Rehabilitation Education merger with CACREP, this is now a uniform requirement for all rehabilitation counseling students: one hour per week of individual supervision, or one and a half hours per week of supervision in a group setting. Outside of the requisite supervision during practicum and internship, programs are left to determine the frequency and method for additional evaluation within their program in order to meet the accreditation standards.

Legal Issues

Beyond codes of ethics, or standard-driven obligations, gatekeeping, or a lack of gatekeeping, can lead to legitimate legal issues not only within rehabilitation counselor education programs, but throughout universities. Lawsuits are an ever-present threat and can come from a number of stakeholders (e.g., consumers, their families, university administration, a disgruntled student, etc.), which makes gatekeeping an even more challenging landscape for educators to

navigate. Issues of lawsuits from disgruntled dismissed students within counseling and counseling psychology programs have included claims of withholding substantive due process (e.g., *Harris v. Blake*, 1986; *Butler v. Rector and Board of Visitors of The College of William and Mary*, 2005 [all cases listed involved student claims of not receiving due process; the court sided with the faculty in each case]), as well as students reacting to dismissals for discriminatory behavior violating the *ACA Code of Ethics* (both cases cited here regard discrimination towards the LGBTQ community [*Cash v. Hofherr et al.*, 2016; *Keeton v. Anderson-Wiley*, 2010]). Although these cases are in related disciplines to rehabilitation counseling, it is important to consider the implications that inappropriate rehabilitation counselors could have on individuals with disabilities who may be less likely to advocate for themselves.

It is clear that gatekeeping serves not only an ethical purpose, but a legal one as well, although there is limited academic literature on gatekeeping in rehabilitation counselor education. Furthermore, the availability of literature (in multiple counseling specialties) regarding faculty beliefs of the practice of gatekeeping is also wanting. Homrich (2009) identifies the importance of gatekeepers to the integrity of the counseling profession and future clientele, however, there's currently insufficient information regarding attitudes about gatekeeping in rehabilitation counseling programs, which puts students and future clients at a disadvantage.

Rehabilitation counselors are a unique consideration to the significance of gatekeeping given their job functions which require knowledge of, and direct work with, individuals with disabilities (Leahy, Chan, Sung, & Kim, 2012). Counseling literature in the ten ACA journals is significantly lacking for inclusion of people with disabilities, with less than 2% of articles from a ten-year span (2003-2013) that include a disability-specific focus (Woo, Goo, & Lee, 2016). Given the juxtaposition of these facts, it cannot be overstated that there is an urgency to understand the

gatekeeping perspective of faculty with a rehabilitation counseling background (also known as rehabilitation counseling educators, or RCEs) in order to consider an effective method for preparing future rehabilitation counseling students to work with people with disabilities. There is also a lack of awareness about which gatekeeping procedures are currently being used in rehabilitation counseling programs, underscoring the importance to: (1) draw attention to gatekeeping in rehabilitation counselor education, (2) address the gaps indicated in the counselor education literature; and (3) alleviate the dearth of literature about gatekeeping in rehabilitation counselor education.

Purpose

Gatekeeping is an important and integral component of counselor education, regardless of specialty. When considering the vulnerability of populations served by rehabilitation counselors, gatekeeping becomes an especially important component of rehabilitation counselor education. Literature indicates that gatekeeping procedures are limited in their scope (Bryant, Druyos, & Strabavy, 2011; Homrich, 2009), and formality (Kelly, 2011; Lumadue & Duffey, 1999); it is unclear why faculty are not working to remedy this situation, although it has been referred to as a “vexing responsibility” (Homrich, 2009, p.1). In other words, it is understood *what* is missing and needed, but not *why* faculty have not made this a priority. There is limited literature on gatekeeping across counselor education, and there is hardly any within rehabilitation counselor education. Furthermore, the dearth of literature available on the attitudes of faculty about gatekeeping tasks that they are inherently expected to engage in furthers the gap in knowledge regarding gatekeeping practices in rehabilitation counseling programs. The development of policies, procedures, or instruments is premature; as TBP demonstrates, it is imperative to first understand attitudes and contributing factors before developing materials that faculty are expected to implement.

The purpose of this study is to investigate rehabilitation counselor educators' attitudes about gatekeeping and current procedures and interventions used for gatekeeping in RCPs. The study seeks to answer the following research questions: (1) What are the current attitudes about gatekeeping in RCPs? (2) What gatekeeping procedures and interventions are currently being used in RCPs?

Method

Research Design

This is a cross-sectional descriptive study using a mixed-method approach. A mixed-method approach was determined as the most appropriate option for this study given the current lack of literature and information about gatekeeping in rehabilitation counselor education. This approach also allows for comparing of different perspectives found in the qualitative and quantitative responses (Creswell, 2014). Using a mixed-method approach may also alleviate some of the limitations of the small sample size and capture information that may have been missed in the chosen survey items.

Survey development. A brief survey was created to collect both quantitative (Likert-style items) and qualitative (open-ended items) data. A qualitative question was included at the end of each section of the survey to capture additional information from participants. TPB, described above, was used for conceptualizing the results of this study as it was identified as an appropriate mechanism to conceptualize the data after the development of the instrument.

Following a review of relevant literature on gatekeeping, the initial iteration of survey items were developed via collaboration between the researcher, two tenured faculty members with experience as CORE-accredited RC program directors, and two advanced doctoral students in rehabilitation counselor education with experience in clinical supervision, pedagogy and research

methodology. After the establishment of the intended research questions, over 50 potential survey items were developed. The survey was broken into two sections, which aligned with the desired research questions: Attitudes about Gatekeeping, and Gatekeeping Procedures and Interventions. After further refinement, the survey was reduced from 50 to 26 items due to duplication, removing items that were not aligned with the research questions, and items that did not adequately capture the intended information. Based on the intention to better understand gatekeeping in RCE's, and with little prior research to look to, two open-ended items were included for the purpose of generating data that were specific and unique to participants' experience, programs, and their idealistic views of gatekeeping. The survey was titled Gatekeeping Attitudes and Procedures Survey (GAPS; see Tables 2 and 3).

Validity. The first iteration of GAPS was sent via email to be rated for content validity by four professionals, each with over 20 years of experience as RC program directors and/or clinical supervisors in CORE-accredited programs. With a scale of 1 (poor) to 10 (excellent), these professionals rated each item based on understandability, ease of reading/comprehending intended meaning, and content validity related to attitudes about gatekeeping. Items with an average rating of 3 or less on understandability were either reworded or examples were added in order to improve understandability. Items with an average rating of 3 or less on validity were reviewed in conjunction with expert feedback to either redesign the item or remove the item entirely. Items with mean validity ratings of 2 or below and items with mean understandability ratings of 1.5 or below were removed from the survey. A general suggestion was made to change the wording of "would" or "would be" to make the items statements, not suggestions, and thus all items were written to reflect that change.

Participants

Program directors. As of January 2016, there were 98 programs currently accredited by CORE, as listed on the accreditor's website. The directors of these programs were recruited to participate in the pilot test for the current study, creating a purposeful sample. Program directors were initially chosen due to their role as decision makers, assuming they would have to be involved in a gatekeeping intervention, if one were necessary.

Of the 98 potential participants, 26 were completed for a response rate of 26.53%. However, four surveys were eliminated from analysis as they did not contain sufficient usable data. The sample ($n = 22$) comprised of participants with an average 6.2 years of experience as program directors ($SD = 3.82$) and consisted of more men than women (see Table 1). The programs that were represented by program directors were all accredited by CORE, with five programs reporting also being accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP). One program reported being "CACREP in progress."

Rehabilitation educators. Following the initial distribution, the survey was then distributed to rehabilitation educators who are individual or new career members of National Council on Rehabilitation Education (NCRE; $N = 184$). Twenty-six completed surveys were used for analysis, a response rate of 14.13%. The sample primarily identified as male and mostly held the role of Assistant Professor or Program Director (see Table 1). Fourteen respondents indicated being in a CORE accredited program; eight reported being in a dually accredited CORE-CACREP program; and two reported "other," namely "CACREP in progress" and "State Department of Education."

Table 1

Participant Demographics

| Gender | Pilot (n = 22) | NCRE Membership (n = 26) | Totals (n = 48) |
|--------|-------------------|--------------------------------|--------------------|
| Male | 11 (55%) | 15 (65.2%) | 26 (60.5%) |
| Female | 8 (40%) | 8 (34.8%) | 16 (37.2%) |
| Other | 1 (5%) | -- | 1 (2.3%) |
| Totals | 20 | 23 | 43 |

| Job Title | Pilot | NCRE Membership | Totals |
|---------------------|-----------|--------------------|------------|
| Program Director | 20 (100%) | 8 (34.8%) | 28 (65.1%) |
| Assistant Professor | -- | 9 (39.1%) | 9 (20.9%) |
| Associate Professor | -- | 3 (13%) | 3 (6.97%) |
| Other | -- | 3 (13%) | 3 (6.97%) |

| Program Accreditation | Pilot | NCRE Membership | Totals |
|--------------------------|-------|--------------------|--------|
| CORE | 15 | 14 | 29 |
| CORE & CACREP | 5 | 8 | 13 |
| Other | 1 | 2 | 3 |

Procedures

Following approval by the Institutional Research Board, data was collected using an electronic survey platform (e.g., Qualtrics). At each distribution, an invitation email with a link to the survey was sent to all potential participants (CORE program directors, and individual or new career members of NCRE). At the beginning of the survey, information about the study, the aforementioned definition of gatekeeping, and an informed consent form were provided to participants. After informed consent was obtained, participants completed an online survey which

consisted of: (1) a demographic survey including individual and program descriptors, such as current accreditation, degrees available, faculty composition and program director's experience with practicum/internship classes; and (2) the Gatekeeping Attitudes and Procedures Survey (GAPS). Each potential participant received two follow-up emails at two-week intervals in an attempt to increase survey participation. Program directors were emailed by the researcher directly using the contact information found on the CORE website.

The first distribution of the survey, to program directors at CORE-accredited programs, served as the pilot test of the study. This allowed the survey to be appraised beyond the initial validation, and to receive any additional feedback before it was sent out to the NCRE database. Following the pilot test, minor modifications were made, such as the removal of one qualitative question (details below), and the rewording of items from "As the program director" to "As a program faculty." After applying to, and receiving approval from, NCRE, the surveys were distributed via the NCRE listserv to individual and new career members of NCRE. It was ultimately determined that the most pragmatic use of the pilot data was to combine it with the survey data to create an aggregate for analysis.

Instrumentation

Gatekeeping Attitudes and Procedures Survey (GAPS) is composed of 26 items, with each item rated on a 5-point Likert scale ranging from 1 (I strongly disagree) to 5 (I strongly agree). There are two sections of the survey: Gatekeeping Attitudes (GKA), and Gatekeeping Procedures and Interventions (GKP). A sample item from GKA includes "Gatekeeping is an ethical responsibility of counselor educators," and a sample item from GKP includes "Our faculty evaluate students' competency in counseling skills and abilities in a formal, documented manner." The qualitative questions aligned with the research questions posed by this study: GKA: "Please explain

your previous experiences with gatekeeping in your position as a rehabilitation educator;” GKP: “Please describe your thoughts of what an ideal gatekeeping procedure for your program would be.” The prompt for the GKA section was removed following the pilot test given apparent confusion about the intent of the question. “Describe what you consider to be the essential components of gatekeeping” was the only qualitative prompt used following this change, during the second distribution of the survey.

Data Analysis

Qualitative responses were analyzed using content analysis and a triangulation procedure between the researcher and two additional doctoral students with experience in qualitative data analysis. Themes were identified using current literature about gatekeeping, and triangulated after individual analyses. Triangulation involved discussion of each qualitative response, and required consensus before a response was categorized into a particular theme. Descriptive statistics, measures of standard deviation, and means were computed for the quantitative results using the Statistical Package for Social Sciences (SPSS) version 23.0. Ratings were rank-ordered and grouped using the following ranges: high agreement (4 - 5), moderate agreement (2.6 - 3.9), or low agreement (1 - 2.5).

Theoretical Framework. The current study sought to reveal what gatekeeping in rehabilitation counselor education looks like at this time via RCE attitudes and current procedures. While knowledge about attitudes is valuable data, translating attitudes to behavior has historically been a challenge in psychological research. As such, the current study viewed these attitudes through the lens of the Theory of Planned Behavior (TPB) (Ajzen, 1991). TPB stipulates that a behavior is dependent upon an individual’s motivation (intention) and ability (behavioral control). Behavioral control includes three components: attitudes towards a behavior, subjective norms

(normative beliefs), and beliefs about control of a behavior. These three components contribute to the intent, or motivation, to perform a behavior, which then contributes to whether or not the behavior occurs (Figure 1; Ajzen, 1991).

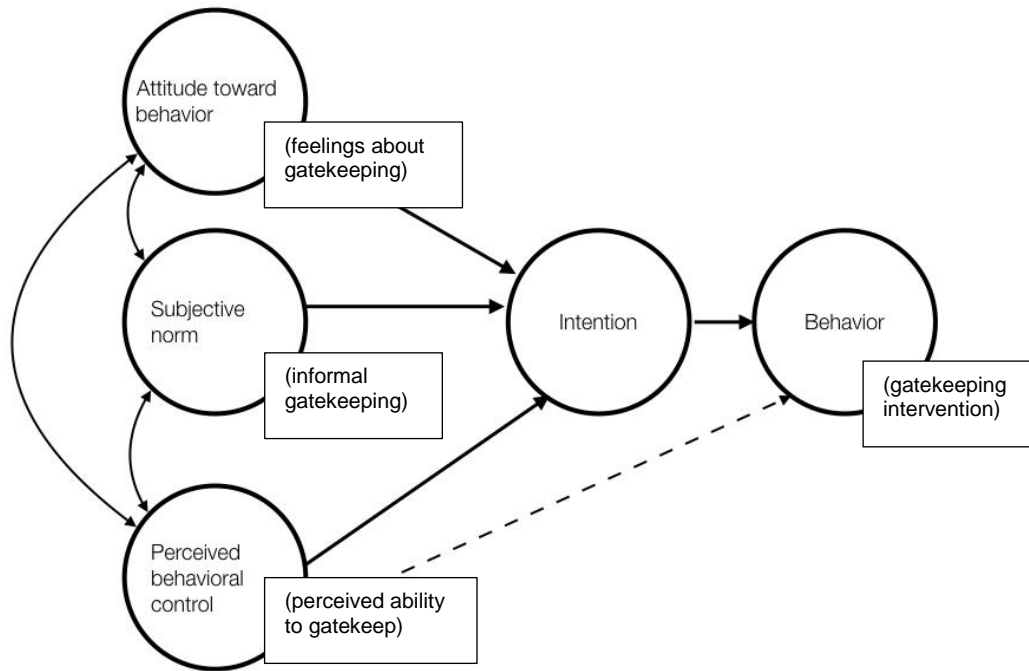


Figure 1: Theory of Planned Behavior; Copyright © 2019 Icek Ajzen

When applied to gatekeeping in rehabilitation counselor education, TPB provides a mechanism to better understand how attitudes about gatekeeping along with perceived behavioral control may be contributing to the current status of gatekeeping procedures or interventions. If one considers the ‘behavior’ to be a gatekeeping intervention, TPB can provide an explanation for the importance of understanding educators’ attitudes about gatekeeping and the common practices (norms) of gatekeeping within RCPs in addition to other factors which may facilitate, or hinder, intervention with problematic students.

Components of TPB. The three main components of TPB, when looked at through an RCE lens, clearly explain how gatekeeping can be a complicated decision for faculty. *Attitudes toward the behavior* are the positive or negative feelings a faculty may have about evaluating, or

gatekeeping, students. For instance, supervisors have often reported feeling uncomfortable about evaluating supervisees, and thus, are less adept at doing so (Bernard & Goodyear, 2014). At present, the literature is uninformed about what specific attitudes exist regarding gatekeeping. *Subjective norms* are a “person’s perception of social pressure to perform or not perform the behavior under consideration” (Ajzen, 2005, p. 118). This speaks to norms within RCPs, and possibly, within counselor education as a whole. Faculty do not like to focus on student impairment and may hope that problems will self-correct over time (V. Foster & McAdams, 2009). Furthermore, the subjective norm within a program may be to address student impairment informally, or to assume that it will be remedied in practicum/internship (Bhat, 2005; Lumadue & Duffey, 1999; McAdams, V. Foster, & Ward, 2007). *Perceived behavioral control* speaks to one’s self-efficacy about the behavior, or the “ease or difficulty of performing the behavior of interest” (Ajzen, 1991, p.183). Perceived behavioral control in gatekeeping encompasses RCE’s access to resources, procedures, or to their perceived capacity for a gatekeeping intervention.

In other words, if a faculty member feels positively about implementing gatekeeping interventions (attitude) but perceives that they do not have the control within their program to move forward with an intervention (perceived behavioral control), and the norms of that program are to handle these students informally (subjective norms), TBP would suggest that the motivation to perform the behavior (i.e., implementing formalized gatekeeping policies and procedures) will be low. Using TBP in this way lends itself to understanding why it is important to recognize educator attitudes along with other factors, and how they might contribute to the current lack of gatekeeping policies and procedures occurring in RCPs.

Results

GAPS was originally designed to have one score per section. However, given the low response-rate, it was determined that the more pragmatic approach to discussing the results would be to group them by the themes that emerged, and to report mean score per item rather than section scores. An independent samples *t*-test of all items revealed that the item scores between groups were not statistically significant. As such, the results of the pilot study and those from the members of NCRE were combined and analyzed simultaneously as aggregate data.

Attitudes About Gatekeeping

Results of Section 1 (GKA) indicate there is a high agreement about the importance of gatekeeping in rehabilitation counselor education (Table 2). Furthermore, 69% of participants responded affirmatively to the question: “Are you currently aware of any potentially deficient students in your master's program?” ($n = 33$). There was highest agreement about the ethical responsibility of gatekeeping as well as the assertion that gatekeeping is not just a function of practicum or internship instructors (Gatekeeping is an ethical responsibility of counselor educators, $M = 4.77$). Most items fell into the high agreement category, ranging from the impact of gatekeeping on students (A gatekeeping intervention is an opportunity for students to evaluate their personal growth, $M = 4.35$) to the function of gatekeeping in terms of its impact on an educational program and the field of rehabilitation counseling (Gatekeeping in Master's level counselor education programs allow faculty to protect potential future clients from deficient counselors, protecting the field of counseling as well as specific disciplines, such as rehabilitation counseling, $M = 4.54$). Only two items in this section fell into the moderate agreement category: Efficient and available gatekeeping procedures would contribute to student satisfaction with our program ($M = 3.94$);

Efficient and available gatekeeping practices (i.e. formalized guidelines and policies) would contribute to student autonomy ($M = 3.81$).

The prompt “describe your previous experience with gatekeeping in your position as a rehabilitation counselor educator” was removed after the pilot study due to confusion and inconsistent results. The revised prompt in Section 2 (GKP) was determined to more accurately obtain information relevant to the research questions. The results presented here are the responses from the pilot study prompt. Responses described the current mechanisms that the participants were familiar with, or had experience implementing, which fell into three themes: Ongoing evaluation and remediation, Formal guidelines, and Assessing qualities beyond coursework.

Ongoing evaluation and remediation. The most prevalent theme that emerged from the data is Ongoing evaluation and remediation ($n = 12$). Responses indicated that students are being, or should be, evaluated throughout the course of their program, and if remediation plans need to be implemented, there should also be regular evaluation of their efficacy. Responses included specific indications of “evaluation at the end of every semester,” as well as more general “we have used evaluative measures at various checkpoints in the program.”

Formal guidelines. Formal guidelines were either alluded to or stated as necessary in many comments ($n = 9$). Participants indicated that they had been involved in the development of their program’s guidelines, such as “I have needed to intervene and develop policy to guide how our program faculty, students and site supervisors address student impairment.” Participants also reported that formal guidelines are necessary but do not always exist: “Clear policies and procedures for admittance and dismissal would be helpful, but often do not exist.”

Table 2

Mean Scores and Standard Deviation by Item in Section 1: Gatekeeping Attitudes

| | Mean (<i>n</i> = 48) | Std. Deviation |
|--|--------------------------|-------------------|
| 1) Gatekeeping in Master's level counselor education programs allow faculty to protect potential future clients from deficient counselors, protecting the field of counseling as well as specific disciplines, such as rehabilitation counseling | 4.54 | 0.74 |
| 2) Gatekeeping is an ethical responsibility of counselor educators | 4.77 | 0.66 |
| 3) All faculty are responsible for gatekeeping, not just practicum or internship instructors | 4.77 | 0.66 |
| 4) Gatekeeping should be an ongoing and active part of Master's level counseling programs | 4.73 | 0.68 |
| 5) Failure to intervene with a potentially deficient student will have negative implications for other students in the program | 4.31 | 0.72 |
| 6) The quality of counseling program graduates is increased when programs use formal gatekeeping procedures | 4.40 | 0.77 |
| 7) A gatekeeping intervention is an opportunity for students to evaluate their personal growth | 4.35 | 0.76 |
| 8) A gatekeeping intervention is an opportunity for students to evaluate their skill development | 4.29 | 0.77 |
| 9) Efficient and available gatekeeping procedures would contribute to faculty empowerment | 4.21 | 0.85 |
| 10) Efficient and available gatekeeping procedures would contribute to student satisfaction with our program | 3.94 | 0.93 |
| 11) Efficient and available gatekeeping practices (i.e. formalized guidelines and policies) would contribute to student autonomy | 3.81 | 0.98 |

Assessing qualities beyond coursework. Responses to the prompt indicated that faculty felt troubled that students who were succeeding academically may not necessarily have all of the qualities necessary to be an effective counselor, but felt inadequately prepared to intervene (*n* = 7). Specific reference was made to issues of professionalism, “issues that are concerning,” and problems with “professional behavior and attitudes.” Furthermore, concerns about students lacking

'qualities beyond coursework' is certainly prevalent in the data: "Gate-keeping on professional behaviors on students (and faculty) are often ignored. Being an educator and a counselor, we need the appropriate attitude, respect and sensitivity to build up positive relationship with others. Sometimes it is those behaviors that are so fundamental to our field that are often neglected. Those kind of unethical and unprofessional behaviors sometimes can dramatically reduce the effective of the good work a counselor/faculty can do."

Gatekeeping Procedures and Interventions

There was high agreement across many items in Section 2 (GKP; Table 3), however there was greater variability in the responses to the items in this section when compared with the results in Section 1. Highest agreement occurred with the beginning of the gatekeeping process (Gatekeeping in Master's level counseling programs begins during the application process, $M = 4.49$); whereas the lowest agreement occurred with faculty training in gatekeeping (New faculty receive training in our program's gatekeeping procedures upon the beginning of their appointment, $M = 3.17$). Furthermore, there was high agreement among items that more generally spoke to traditional components of counselor education (Our faculty evaluate students' competency in counseling skills and abilities, in a formal, documented manner, $M = 4.30$). There was moderate agreement about the specific mechanisms of gatekeeping policies in various programs, ranging from where faculty obtain information about gatekeeping (Our program has a formal gatekeeping procedure to guide faculty through a gatekeeping intervention and decision, $M = 3.98$), to how expectations or gatekeeping procedures are communicated with students (Gatekeeping policies and procedures are clearly outlined in documentation provided to students, $M = 3.93$).

Table 3

Mean Scores and Standard Deviation by Item in Section 2: Gatekeeping Procedures and Interventions

| | Mean (<i>n</i> = 48) | Std. Deviation |
|--|--------------------------|-------------------|
| 1) Gatekeeping in Master's level counseling programs begins during the application process. | 4.49 | 0.69 |
| 2) Gatekeeping policies and procedures are clearly outlined in documentation provided to students | 3.93 | 1.22 |
| 3) Our faculty collaborate as a vital part of our gatekeeping procedures and interventions | 4.20 | 1.00 |
| 4) Our faculty seek clear definitions, expectations and responsibilities regarding gatekeeping when establishing gatekeeping procedures and executing gatekeeping interventions | 3.89 | 1.08 |
| 5) Our program has a formal gatekeeping procedure to guide faculty through a gatekeeping intervention and decision | 3.98 | 1.06 |
| 6) New faculty receive training in our program's gatekeeping procedures upon the beginning of their appointment (i.e. review of university policies and program procedures related to gatekeeping) | 3.17 | 1.24 |
| 7) Our faculty involve students during gatekeeping procedures (i.e. document complaints about other students, discussion of problematic behaviors, documentation/creation of a remedial plan) | 3.46 | 1.22 |
| 8) Our faculty make the evaluation of professional behavior clear to students | 4.07 | 0.89 |
| 9) Our faculty make the evaluation of professional behavior as important as students meeting traditional academic standards | 3.91 | 1.10 |
| 10) Our faculty evaluate students' competency in counseling skills and abilities, in a formal, documented manner | 4.39 | 0.86 |
| 11) Our faculty evaluate students' maturity and integrity in a formal, documented manner | 3.85 | 1.14 |
| 12) I regularly consult updated codes of ethics, state laws and university policies to keep our gatekeeping policies ethical, legal, and current | 3.93 | 1.06 |
| 13) When faculty are considering intervention with a deficient student, they actively deliberate on the ethical code and legal implications | 4.07 | 1.02 |
| 14) When faculty are considering intervention with a deficient student, they always involve consultation with the program director | 4.30 | 1.01 |
| 15) After a gatekeeping intervention, faculty always debrief and review the situation in order to adjust any policies or procedures for future interventions | 3.80 | 1.08 |

The prompt in this section for the pilot was: “Describe your thoughts of what an ideal gatekeeping procedure for your program would be.” When distributed to NCRE members, the prompt was revised to: “Describe what you consider to be the essential components of gatekeeping.” The responses to each qualitative prompt were aligned and thus will be discussed simultaneously. There were two overarching themes to these responses: Comprehensive Policies for Gatekeeping and Communication. Within these themes, there were five sub-themes: Clear expectations, Formalized procedures, Ongoing assessments of students, Communication with students, and Communication among faculty.

Comprehensive policies for gatekeeping. This theme includes the sub-themes of Ongoing Assessments of Students, Formalized Procedures, and Clear Expectations. Responses in this theme were indicative of specific mechanisms that participants deemed necessary as essential components for gatekeeping, and/or as parts of an ideal gatekeeping procedure. Sixty-five percent of responses fell into this theme, indicating that they touched one or more sub-themes ($n = 68$).

Clear expectations. This theme was the most prevalent of all comments in Section 2 ($n = 27$). Comments in this theme expressed a need for clear expectations about student’s professional dispositions and academics: “Open discussion of students' skills, knowledge, attitudes and behaviors among colleagues, opportunities to talk to the students and let them know of what is expected of them,” and “Regular communication among program faculty regarding student progress, clear expectations about conduct and performance communicated to students early in and throughout the program...”

Formalized procedures. This theme indicated a desire for formal guidelines that all faculty are able to follow, and are both ethical and legal ($n = 21$). Many comments included words like “structured,” “rigorous,” and “consistently.” Formal guidelines in this sense was interpreted as

systematic, or replicable, as indicated by: “Gatekeeping also requires that minimum standards for clinical expertise, counseling techniques, and academic standards be universally, and rigorously upheld so the program can accurately address deficiencies with evidence.” More specific examples include: “Initial screening of applicants, informed consent of the student, standardized documentation, standardized assessment rubrics shared among all faculty, faculty training and student education regarding the process, ongoing faculty evaluation of all students, & due process.”

Ongoing assessments of students. Comments discussed the desire for multiple points of evaluation for students, beginning at the point of application and admission into the program, and throughout a student’s course of study, including “having checkpoints in place throughout the curriculum to evaluate all students” and “Preventing students from advancing in the program before they are ready...” (n = 20). Additionally, there were indications of ongoing assessments as a proactive approach to gatekeeping: “Regular meetings of advisor with student to anticipate situations and keep them from becoming problems.”

Communication. Responses within this theme fell into two sub-themes: Communication with Students and Communication Among Faculty. Approximately 35% of comments fell into one or both of these sub-themes (n = 36). Comments coded into these themes expressly indicated communication in some form to faculty, students, or both.

Communication with students. These responses suggested that clear expectations should be explicitly discussed with students, as should any gatekeeping intervention or procedures implemented by faculty (n = 21). This was indicated by comments such as “...meeting with the student either individually or at times as a unit,” and “Discussion in class of expected behavior.”

Communication among faculty. Communication amongst faculty was specifically stated in 15 responses. Responses stipulated that it was imperative for faculty to communicate with one

another both to develop gatekeeping procedures, as well as in the instance of intervening with problematic students: "...all faculty are involved in the discussion and additional feedback is solicited to ensure the situation is understood in the most comprehensive and unbiased manner," and "I think regular discussions among program faculty about what gatekeeping means and how to apply this function in educator/supervision practice."

Discussion

Results of GAPS indicate that RCEs feel that gatekeeping is an important responsibility of all faculty, but there seems to be less clarity about how gatekeeping might impact students (i.e., autonomy or student satisfaction). The data demonstrates that procedures at master's RCPs are variable across programs, and are often ad-hoc, or made 'in-house.' As a whole, these results indicate that gatekeeping is a valuable aspect of rehabilitation counselor education, however it is not currently formalized, and faculty have concerns about the best way to implement gatekeeping procedures and interventions. In conjunction with the qualitative data collected, the current study provides evidence that RCEs are regularly experiencing an issue that they are not adequately trained to handle, and an issue that does not presently have a systematic, or evidence-based, way of being addressed. Within the context of TPB, this would significantly hinder the likelihood of action (or gatekeeping interventions), given the lack of perceived behavioral control. In looking at the results through TPB, it seems as though the areas of perceived behavioral control and subjective norms regarding gatekeeping may be key pieces to understanding gatekeeping in RCPs (Figure 2).

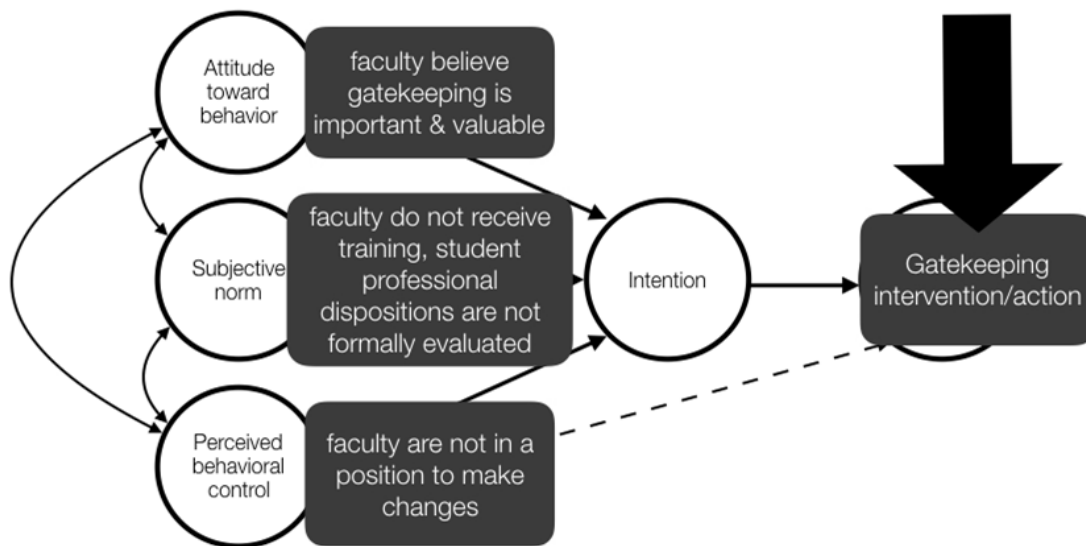


Figure 2: TPB with results

The results of the study indicate that RCEs believe gatekeeping is important, and would serve to protect the field of rehabilitation counseling as well as the clients served in the field. Specifically, items with the highest levels of agreement indicate that educators feel gatekeeping is an ethical responsibility of all program faculty, that it should be an ongoing and active process in rehabilitation counselor education programs, and that gatekeeping serves the purpose of protecting potential future clients from deficient counselors. This supports underlying themes of gatekeeping literature (i.e., Bhat, 2005); however, there currently are no studies which quantify actual educator attitudes about gatekeeping nor provide insight into the types of procedures being used in practice.

The GAPS data underscores that current gatekeeping procedures are not formalized, are inconsistently used, and that there is a rift when it comes to evaluating students beyond academic coursework. Specifically, some of the items with the lowest agreement in Section 2 indicate that faculty do not evaluate students' professional dispositions including maturity and integrity in a formal manner, that students are not typically involved in gatekeeping procedures, and that faculty are not regularly debriefing after a gatekeeping intervention. The greater variability in the responses

in Section 2 additionally support that there is a lack of systematic best-practices for gatekeeping across programs. As indicated in some qualitative responses, it appears that many programs have developed in-house measures for monitoring academic and non-academic student progress (i.e., maturity, integrity, professional dispositions). Some studies have also implemented or developed formal evaluative procedures (i.e., Homrich et al., 2014; Kelly, 2011; Kerl et al., 2002); however, none have been broadly implemented, replicated, or empirically tested over time.

Although the concept and practice of gatekeeping are by no means new to rehabilitation counseling, it has only recently been added to the CRCC *Code of Ethics* (2016). Specifically, the CRCC Code indicates that supervisors and educators be aware of and address any supervisee limitations that “might impede” performance. This vague language is not unique to the CRCC Code; it is also present in CACREP Standards (2016) and the ACA *Code of Ethics* (2014). This is notable given that many of the responses given align with requirements outlined in CACREP Standards for gatekeeping and student evaluation. No respondents indicated an awareness of, nor did they draw a link to the accreditation standards of the Council on Rehabilitation Education (CORE), or CACREP.

Furthermore, this problem is not unique to the bodies which oversee academic programs, but within the programs themselves. Foster, J. et al. (2014) and Foster, V. & McAdams (2009) provide evidence that evaluation/gatekeeping policies within programs are not only unclear, they are not apparent to students, and students and faculty have vastly different perceptions about what is happening in terms of student evaluation. The two lowest rated items in Section 1, with regards to how gatekeeping procedures and practices would contribute to student autonomy and satisfaction with the program, were created with the intention of aligning with these studies (Table 2). The current results in light of the aforementioned studies and vague language provide insight into this

issue: Faculty do not see the connection between gatekeeping practices, such as formalized procedures, and student autonomy or satisfaction. By contrast, “communication with students” was the second most prevalent theme in the responses regarding the essential components of gatekeeping. This makes it appear that faculty believe that communication with students is essential to gatekeeping, but do not see how this type of communication may improve student satisfaction or autonomy.

TPB and the present results shed further light into some of these gatekeeping issues. Although formalized procedures may be available to faculty, they may not feel as if they have control enough to implement them. Additionally, if subjective norms indicate that student issues are to be remedied informally or only during practicum and internship, faculty may not engage in gatekeeping. One of the most important takeaways from looking at gatekeeping through the lens of TPB is that without addressing the attitudinal, social, or control perceptions about gatekeeping, the behavior of gatekeeping is less likely to be picked up by counselor educators.

Implications

This study is the beginning of a line of research and inquiry into the preparation of rehabilitation counseling students, specifically regarding “qualities beyond coursework.” In line with the research by J. Foster, et al. (2014) and V. Foster, et al. (2009), it is clear that the student perspective and student voice need to be better understood in relation to gatekeeping. Considering the many components of TPB, in addition to attitudes towards gatekeeping, additional research would be warranted to better understand subjective norms and perceived behavioral control experienced in rehabilitation counselor education programs and other programs across specialties. It would be valuable to take a deeper look into each component of TPB, and to understand what

might need to be changed in order to ensure regular use and implementation of effective gatekeeping procedures.

Research

Future research about the perceptions of gatekeeping for supervisors of rehabilitation counselor education students would allow for a similar understanding of the attitudes and perceived behavioral control involved in programs and settings beyond rehabilitation counseling, as well as what resources would benefit them in gatekeeping practices. Beyond the development and implementation of formalized procedures, the efficacy of such procedures in protecting the public from deficient counselors would also need to be investigated via the development and validation of evaluative instruments (Bhat, 2005). Longitudinal research would also allow for a tracking of change in attitudes over time related to changes in policy (i.e., relationship of attitudes to changes in perceived behavioral control and subsequent behaviors).

Practice

Understanding attitudes about gatekeeping is valuable on a number of levels, as demonstrated using TPB. This study may challenge current beliefs of subjective norms about gatekeeping, beginning much needed conversations about formal evaluation of non-academic competencies in counseling students. Communication among faculty and with students is imperative if programs are to move forward in the creation, development, or implementation of more formal gatekeeping procedures or interventions. In an attempt to help faculty overcome their perceived (lack of) behavioral control, program directors can lead such conversations among faculty in order to normalize both the concept of gatekeeping as well as provide more clarity regarding current gatekeeping policies that exist at the university and departmental levels. Transparency between faculty and students is a vital piece of gatekeeping and can begin with the discussion of

expectations and competencies that are evaluated throughout a rehabilitation counselor education program. Effectively, by improving communication about expectations and assessments, faculty can possibly contribute to improving the quality of students graduating from rehabilitation counseling programs. It has also been recently suggested that this improvement can begin during doctoral training; that curricula and discussion at this level will enhance gatekeeping by future counselor educators (Rapp, Moody, & Stewart, 2018). Of course, it is important to understand additional barriers to this in terms of attitudes and perceived behavioral control as well.

Limitations

Limitations of this study are primarily related to the sample. Without a larger sample size, it is difficult to infer that the present findings are indicative of the status of all master's RCPs. However, they do provide a picture of attitudes about gatekeeping, and the status of gatekeeping procedures in various rehabilitation counseling programs across the country which has not otherwise been provided in the literature. Additionally, given the sensitive content of the survey items, which inquire about specific procedures within RCPs, it is possible that there was response bias, whereby participants overestimate their program's procedures, or report a "best case scenario" about their program. Participants who are not program directors may also have felt worried about anonymity and reporting negatively about their programs.

With no existing instrument and the small sample size, results are difficult to validate and will require further testing. Using a small, purposeful sample of experts in supervision in rehabilitation counselor education to test the instrument's validity is an additional limitation. This process aides in the establishment of face and content validity, but more rigorous measures, and a much larger sample size, would more substantially validate the survey and its items. Future iterations of GAPS will also be intentionally and systematically aligned with TPB for more accurate

results to map onto the theory. It is also a limitation to have used aggregate data of the pilot test as well as the larger distribution as there were minor changes to the survey following the pilot. A *t*-test confirmed that quantitative data was not significantly different between the pilot and the survey data, however the qualitative prompt changed, and responses were combined for analysis after the triangulation team agreed that the themes were significantly overlapping across prompts.

Conclusion

A long-term, empirically-based solution to the aforementioned gatekeeping issues in rehabilitation counselor education continues to elude the field. The current study has taken strides in better understanding why this problem has persisted for many years, and identified that there is a gap between the attitudes RCEs have about gatekeeping, and their beliefs about the essential components of gatekeeping. It has also provided valuable insight into how RCEs view gatekeeping, and that there is a desire for formalized procedures that are standardized and empirically tested. The current study, alongside previous research, demonstrates that gatekeeping is an important yet complex issue in counselor education. It is imperative to begin providing faculty with more information, resources, and support regarding the development and implementation of gatekeeping procedures.

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