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THE HELPER AND GATEKEEPER: GRADUATE MENTAL HEALTH
EDUCATORS AND TRAINEES IN PSYCHOLOGICAL DISTRESS

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DOCTOR OF PHILOSOPHY IN URBAN EDUCATION

COUNSELING PSYCHOLOGY

At the
CLEVELAND STATE UNIVERSITY

December 2020

DEDICATION

This study is dedicated to all the clients who go to therapy. Reckoning with the shadow side of our being can be unpleasant work. As a therapist, having the privilege to sit with people during challenging periods of their lives is a tremendous honor. I hope for continued healing.

ACKNOWLEDGMENTS

I would like to thank my committee for their assistance in my dissertation and their encouragement for pushing me on this topic. Your feedback broadened my perspective and has made this a stronger project. I would like to give a special thank you to my dissertation chair and mentor Dr. Julia C. Phillips. This study would not have come to fruition without your persistent support. You have helped me personally and professionally grow and I admire your values and dedication to the field.

I would like to thank everyone involved in my training and education. All my professors, classes, practicum sites, and supervisors have helped me along my journey. I would like to especially thank the mental health service line from the Fargo VAMC. My experiences during internship have transformed my thinking about therapy and professional practice. I truly felt like I was a part of the team and I am grateful for completing my formal doctoral education under their supervision.

I would like to whole-heartedly like to thank my family. Dad, you've made so many sacrifices to make sure that we had the best possible life. I admire your work ethic and thank you for pushing me to be a better person. Mom, you allowed me to be a dreamer and kept me grounded. I am thankful for your unending support and encouragement.

Nana, I will always have your sage advice etched in my heart. I aim to emulate your strength and compassion. Michelle, I could not ask for a better sister. I followed your lead throughout my life, and you have always steered in the right direction.

This journey would not have been possible without the support of my friends and colleagues. I would like to especially thank Dr. Lindsey LaVeck for being a part of my life throughout graduate school. I will be forever thankful for all the time we have supported one another.

I could write a book dedicated to the people who have helped me along my journey. I could not have done this alone. I am grateful for everyone who has entered my life and has supported me

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ABSTRACT

Graduate trainees from mental health disciplines have been found to exhibit higher levels of distress in comparison to the general population. Emotional distress is not a disqualifying factor in keeping trainees from the field. However, to provide ethical care, trainees must learn the skills necessary to manage their emotions while providing professional services. Currently, professional programs in psychology are shifting towards a competency-based education model for trainees, in which they are expected to meet progress on specific benchmarks based on their developmental stage. Trainees in distress who are unable to engage in appropriate behaviors in academic and professional settings are identified as exhibiting problems of professional competence. This study examined Mental Health Educators' (MHEs) experiences with trainees whose emotional distress adversely affected the development of their professional competence. This study used a social constructivist framework and a consensual qualitative methodology. Participants included 12 graduate level educators from Psychology and Counselor Education programs. Four domains emerged from the data, which included: Professional Competence, Balancing Roles, Ethical Decision-Making, and Multicultural Factors. The results indicated that the MHEs' were acutely aware of the stressors associated with graduate education and had a sense of empathy for their trainees' distress. However, they acted within their role as educators and upheld their professional boundaries. As educators, they described assessing their trainees

professional competence and fostering restorative remediation practices. MHEs were sensitive to numerous factors including their trainees' multicultural identities and the language

they used that shaped the power differential. While considering their trainees' professional competence, MHEs' affirmed their foundational sense of ethical obligation to protect the public. After multiple attempts at remediation, MHEs' would assert their gatekeeping role by either pausing or dismissing trainees if they were unable to meet the necessary benchmarks for practice.

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CHAPTER I

INTRODUCTION

Mental health professionals are ethically obligated to ensure that their personal problems do not interfere with their professional duties. However, they are not immune from experiencing sudden loss or adverse life events. Depression and general psychological distress are pervasive issues affecting clinicians (Gilroy et al., 2002). However, as part of their ethical mandate and essential job duties, clinicians need to practice adequate self-care to ensure that they are providing appropriate services. Learning how to balance one's own mental health concerns while providing care for others is an essential skill for therapists to learn to provide competent services to the public.

Akin to practicing clinicians, graduate students in mental health fields are also vulnerable to experiencing psychological distress. A study of graduate trainees from clinical and counseling psychology programs found pervasive symptoms associated with anxiety and depression; 23.4% endorsed experiencing some thoughts about death (Rummell, 2015). The combination of their educational and personal responsibilities along with their emotional state may have a global impact on their lives. A study involving a national sample of graduate trainees in psychology found that 70.5% of

individuals identified that their stressors impeded their optimal functioning (El-Ghoroury et al., 2012). Like clinicians, trainees must learn to develop the skills necessary to adequately navigate their mental health and personal crises to provide competent care.

Professional programs in psychology are responsible for teaching trainees the skills to ethically manage their personal issues while working with clients. Competency-based education provides a framework for professional programs in psychology to address trainees' professional behavioral skill development. Many mental health educators (MHEs) agree that blanket dismissal for students with psychological concerns is inappropriate (Schwab & Neukrug, 1994). Rather, trainees are expected to learn the skills necessary to manage their emotional state and engage in appropriate professional behavior. Trainees who exhibit concerning behaviors or are not meeting developmental competencies for professional practice should be identified and given additional opportunities to improve on their skills through formal or informal remediation. In remediation, students are given the opportunity to build their deficit competencies through a more structured and supervised environment (Forrest et al., 2013). If they are unable to meet expected progress for professional behavior, they are expected to be dismissed from their programs.

MHEs work closely with their students to evaluate and address their professional behavior. Additional literature is necessary to explore MHEs' experiences interacting with students who exhibit a range of emotional distress and how they foster professional competencies for practice. Further research is also necessary to understand how MHEs' expertise and training impact their decision making with trainees. The next section

outlines graduate trainee mental health and the ways professional programs in psychology address these concerns. First, I provide an overview of the general stressors associated with graduate student education. Next, I will follow this discussion with a focus on trainees from psychology programs with an emphasis on those individuals with barriers and individuals in distress. Finally, I will outline ways programs have historically discussed students who exhibit behaviors that may impede their ability to practice and the most recent ways of defining these concerns.

Graduate Student Mental Health

Trainees from psychology programs are not unique in their increased level of emotional distress. Stress is a defining characteristic across graduate education due to internal and external pressures to balance professional and personal responsibilities (Offstein et al., 2004). A major survey on mental health factors across the students by the Student Mental Health Committee taskforce at the University of California (2006) found that 45.3% of their graduate students experienced an emotional or stress related conflict that substantially affected their wellbeing and academic performance in the previous year. Respondents from the survey further stated that 9.9% seriously considered suicide within the same timeframe. The literature on the broader graduate student population provides essential context for mental health and graduate education. In addressing psychological distress, this study aims to normalize some of the stress reactions that are pervasive across graduate training. The following sections focus on graduate trainees in mental health fields and how academic programs address their needs.

Graduate Trainees Entering Mental Health Professions

Students in mental health fields may be particularly vulnerable to emotional distress due to unique stressors associated with their education. Trainees in the early stages of therapist development may be vulnerable to significant emotional transference. These students may experience negative emotions because they feel unsure of their therapeutic skills, experience challenges with providing therapy, and/or have difficulty building therapeutic alliances (Pakenham & Stafford-Brown, 2012). During their training, students need to learn effective coping to manage their emotional responses to providing therapy. Furthermore, throughout training, students are regularly monitored and assessed on their clinical skills. However, being evaluated and receiving feedback can put increased pressure for trainees (Schwartz-Mette, 2009). Trainees may be asked to reflect on their deficits and watch tapes of their clinical work. While these activities are vital for growth, they can also bring about distressing emotions. In addition to stressors associated with clinical practice, these graduate trainees may be asked to work long hours and shift their roles as students, researchers, and therapists within a matter of hours (Rummell, 2015). The additive stressors that students entering mental health care experience may leave them particularly vulnerable and susceptible to experiencing distress.

There may also be a heightened prevalence of psychiatric disorder amongst graduate students in mental health care fields. One study of trainees from clinical psychology and counseling psychology programs found that 49% of students endorsed three or more symptoms associated with anxiety, 39% reported five or more symptoms associated with depression, and 35% identified with clinically significant anxiety and depression (Rummell, 2015). Furthermore, as previously noted, a substantial proportion

of trainees also had thoughts of death. Some of these concerns are normative reactions to a stressful environment that can be readily addressed through their general education. However, some behaviors and symptoms of distress may have a more adverse impact on academic and professional development that needs to be addressed by faculty. The next section focuses on the language that has been widely used to explore students who have trouble adequately managing their emotional and personal concerns.

Language of Impairment

Historically, some of the words used to describe students who have displayed some level of inappropriate behavior included “impaired, problematic, distressed, or unsuitable” (Vacha-Haase et al., 2004.) Increasingly, these labels have been deemed outdated and problematic. These terms are often ill defined and used interchangeably in different research (Vacha-Haase et al., 2004). The lack of clarity has made it difficult for researchers to reliably address the same issues. There are diverse issues that trainees exhibit that have been used under umbrella terms such as “impaired.” This loose use of terminology makes it difficult for programs to clearly define behavioral issues and create a policy for working with these graduate students.

Additionally, there are legal concerns for some of the language used to describe trainee behavioral deficits. The literature often refers to trainees as ‘impaired.’ However, according to the Americans with Disability Act of 1990, impairment is a legal term that should only be used with those who have a disability. Thus, identifying a student as impaired may create some legal risk to the training program (Elman & Forrest, 2007). Another interpretation of the word impairment implies that an individual has developed competency in a certain area, however, is not able to perform (Forrest et al., 1999).

Making this assumption fails to account for individuals who have not yet developed the skills or competencies necessary for practice.

‘Problematic’ is another frequent term used to identify students who are not meeting adequate professional standards. This term is also inappropriate because it identifies an individual as a problem and does not create flexible language for the person to grow. ‘Distressed’ has been also been used to describe graduate trainees with problematic behavior. While these students may be distressed, it is inappropriate to assume that all distressed students lack the skills to manage their symptoms and provide adequate care. Finally, ‘unsuitable’ has been used as a panacea term to describe students’ problematic behaviors (Brear et al., 2008). However, this is also a term that fails to provide clearly defined language for specific behaviors. Furthermore, identifying trainees as unsuitable assumes that they are unable to grow and develop the necessary skills to engage in professional practice. Broadly, damaged centered language fails to meaningfully address trainee mental health, nor the means for programs to promote professional growth.

Professional governing bodies in psychology, researchers, and programs have struggled to develop clear and less stigmatizing language to discuss these students. However, there is currently a cultural shift away from using damaged based language (Elman & Forrest, 2004). The language of impairment is outdated. However, in order to adequately review previous research, the literature review section will provide an overview of previous works using this archaic language. The results and discussion for this study will use language more aligned with the current professional values from the American Psychological Association (APA), the National Association of School

Psychologists (NASP), and the American Counseling Association (ACA). The next section details contemporary language for deficits in trainee behavior.

Competency-Based Language

This study will use language consistent with the current APA, NASP, and ACA competency frameworks. Trainees may be identified as having problems of professional competence. Many fields use Epstein & Hundert's (2002) definition for professional competence as "*the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served*" (Epstein & Hundert, 2002, p.226). In professional psychology, clear benchmarks for assessing character, emotional adjustment, and interpersonal presentation are necessary for professional competence (Kaslow et al., 2007b). According to the NASP, trainees are expected to learn the skills to exhibit behaviors that are consistent with the ethical and professional standards in school psychology (NASP, 2010a). In counselor education, students with problems with professional competence may fall under three major categories: inadequate academic performance, personality or psychological unsuitability, or inappropriate moral behavior (Brown-Rice & Furr, 2013). While this study acknowledges the language used from the NASP and the ACA, it will emphasize the terminology that is aligned with competency-based educational practices from the APA. There is some overlap between professional associations in identifying behavior and personal fitness for the field. Primarily trainees across mental health professions are expected to engage in professional behavior fitting of future professional practice.

Problems of professional competence is the contemporary language used to describe trainees whose behavior in professional and academic settings are not meeting appropriate benchmarks. Problem of professional behavior is a less stigmatizing term (Elman & Forrest, 2007). By using more objective language, educators may be able to have more constructive discussions with their trainees. Furthermore, in framing professional behavior within the context of competencies, programs can more clearly define benchmarks for practice and remediation if necessary (Elman & Forrest, 2007). Therefore, those with problems of professional competence can enter remediation with clear expectations for professional work. Especially while addressing mental health concerns, training programs are not responsible for treating their trainees' mental health. Rather, this language ensure that programs are providing them with the education and skills appropriate for practice. Finally, competency-based language helps challenge the perceptions that practitioners are "wounded healers" (Elman & Forrest, 2007). While clinicians have been found to exhibit high levels of distress, it is their ethical and professional responsibility to care for themselves and ensure that they can emotionally provide competent care. Therefore, clinicians have stronger expectations for building the skills to care for themselves while providing professional services. The shift in language allows professional programs in psychology to constructively address trainees who are not meeting appropriate standards for practice. The next section provides an overview of trends within professional programs in psychology and trainees with problems of professional competence.

Trainees with Problems of Professional Competence

Exploring graduate trainee behavior within the competency framework is relatively new. However, there is a long history of literature addressing concerns for graduate students exhibiting behavior that is inconsistent with the mental health profession (Berg, 1976; Bradey & Post, 1991; Brear et al., 2008; Brown-Rice & Furr, 2013; Forrest et al., 1999; Huprich & Rudd, 2004; Perry et al., 2017; Vacha-Haase et al., 2004). Graduate trainees are expected to be evaluated on an ongoing basis to understand their development of professional competencies (Elman & Forrest, 2007; Kaslow et al., 2007a). Here, they are expected to meet the minimum standards for competency in adopting the values and behaviors consistent with their profession. There are diverse behaviors that may be included in problems of professional competence, including ineffective interpersonal and intrapersonal behaviors (Brear et al., 2008). If a trainee is not meeting the developmental standard, they may undergo remediation to correct their behavior (Kallaughner & Mollen, 2017). These intensive periods make a targeted attempt at building trainees' competence and evaluating their ability to meet expected standards.

Some trainees in remediation for their professional behavior may develop the skills to advance in their program, while others are dismissed. Trainees who exhibit behavior that would preclude them from professional practice is not unique to any specific mental health care field or any specific program. In a review of literature on training programs, one paper found between 4.6% and 10.4% of students in graduate level mental health fields annually exhibit significant behavioral issues (Brear et al., 2008). Both faculty members and graduate student peers are aware of trainees who may not be appropriate to persist within their programs. A study of faculty and students from a

master's level counseling program found that 90% of trainees identified problematic peers in their program (Gaubatz & Vera, 2006). This literature suggests that trainees with problems of professional competence are found throughout graduate education. Historically, many academic programs in professional psychology have struggled to clearly and consistently identify individuals who are not meeting minimal standards for practice (Huprich & Rudd, 2004). Currently, graduate programs in psychology are undergoing a cultural shift in the way they address students who exhibit behavior that may impede them from being able to independently provide care to individuals (Elman & Forrest, 2007). The next section provides an overview of the newly embraced competency-based framework in graduate psychology programs.

Competency-Based Framework

Competency is a general term used in fostering professional development in a range of disciplines beyond psychology (Falender et al., 2004). Competence broadly refers to a regular process where individuals draw from their critical thinking, clinical skills, and sound emotional reasoning in service of their clients or communities Epstein & Hundert's (2002). Within professional psychology, competencies are *"composed of knowledge, skills, and attitudes, which, as a coherent group, are necessary for professional practice"* (Kaslow, 2004, p.775). Building competencies is more akin to a journey, as empirical knowledge in professional psychological practice is always advancing and the field must continue to adapt to a changing society.

Accrediting bodies in professional psychology have made a deliberate mandate to ensure that training programs are using competency-based education. While developing the application of competency-based education to psychology, the field of counseling

psychology became heavily invested in shaping the future of education. Having roots in open meetings with counseling psychology training directors starting in the mid-1970s, the Council of Counseling Psychology Training Programs (CCPTP) has become a force in ensuring that academic programs are creating the environment necessary for competent practitioners (Fretz, n.d). Several of the influential leaders from counseling psychology who also advocated for competency-based education include Emil Rodolfa, Nadya Fouad, and Linda Forrest. Currently, per the Standards of Accreditation for the Health Services Psychology (SoA; APA, 2015), there are nine profession wide competencies necessary for trainees in health service psychology. These basic competencies include research, ethical and legal standards, individual and cultural identity, professional values, attitudes and behaviors, communication and interpersonal skill, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills.

Within competency-based education, there are several models that training programs can apply to their curriculum and instruction. These models provide a stronger framework for training programs to instruct and assess the core competencies of the profession. The cube model is one of the more well-known competency-based models in professional psychology. This model emphasizes different clusters of expertise necessary to practice in professional psychology (Rodolfa et al., 2005). It is an adaptable model for diverse mental health specialties. The interlocking ring model is another competency model for professional psychology that provides an alternative perspective for trainee growth (Nash & Larkin, 2012). This model takes a developmental approach to trainees' education (Nash & Larkin, 2012). These models provide structured expectations for

providing competency-based education. A more detailed overview of the competency-based models will be reviewed in chapter two.

Academic programs are responsible for fostering growth by providing trainees with technical knowledge, helping them to learn professional values, and fostering the development of good clinical judgement. Within competency-based education, trainees are expected to be regularly assessed based on developmentally appropriate standards for their practice (Kaslow et al., 2004). Competency-based education is not a passing trend in graduate education. Rather, the APA Commission on Accreditation (APA CoA), NASP, and CACREP have emphasized that adopting these frameworks is a mandate for accredited programs. Because the governing bodies have different histories and slight variations in language, they will be addressed separately in the subsequent sections. The next section will focus on the APA and competency-based education the subsequent sections will provide a similar overview from the NASP and ACA.

American Psychological Association Competency-Based Education

Competency-based education is now the standard for education in all specializations in psychology. This mandate was largely initially driven by the 1986 conference from the US National Council of Schools and Programs of Professional Psychology (NCSPP), who identified 6 main competencies for all trainees to develop (Rodolfa et al., 2014). In 1999 the APA Commission on Accreditation changed their Guidelines and Principles for Accreditation to emphasize the development of competencies (Rodolfa et al., 2014). In 2004, the NCSPP met to further discuss competency-based frameworks across all disciplines in professional psychology (Kaslow et al., 2004). This conference found that identification of skills, knowledge attitude,

developmentally informed training, and assessment were core beliefs on competencies (Kaslow et al., 2004). Later in 2014, the Guidelines for Clinical Supervision in Health Service Psychology, were created to promote quality supervision (APA, 2014). These guidelines encourage supervisors to employ a competency-based education specifically for individuals who will be working as a licensed psychologist with the public.

Currently, accreditation as a professional education and training program in psychology is fundamentally dependent on their programs ability to demonstrate that their graduating trainees have developed competencies (Kaslow, 2004). According to the current Standards of Accreditation for Health Service Psychology, doctoral level trainees must be able to demonstrate competencies in the following areas: research, ethical and legal standards, individuals and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills (APA, 2015). These standards ensure the health and wellness of the profession by ensuring that psychologists are both knowledgeable and professionally inclined to provide quality services.

There are two core competencies outlined by the APA CoA that more directly address how professional behavior should be implemented within academic programing (APA CoA, n.d.). The first competency, professional values and attitudes, is essential to ensure that trainees are exhibiting the appropriate behavior that is reflective of the larger profession. Here, doctoral trainees are expected to exhibit “integrity, deportment, professional identity, accountability, lifelong learning” and concern for the welfare of others” (APA CoA, n.d.). Furthermore, trainees are expected to engage in self-reflection, exhibit openness to feedback, and demonstrate progressively stronger independence in

their practice (APA CoA, n.d.). The second core competency that directly addresses professional behavior is communication and interpersonal skills. Here, trainees are expected to foster effective various professional relationships and engage in appropriate verbal, nonverbal, and written communications (APA CoA, n.d.). Furthermore, trainees are expected to develop interpersonal effective skills to navigate challenging circumstances (APA CoA, n.d.). Aligned with competency-based educational practices, academic programs should not assume that all trainees are proficient in both competencies from the beginning of their education. Rather, trainees are expected to develop these competencies throughout their education and learn to respond to increasingly complex circumstances (APA CoA, n.d.). These competencies provide programs with a basic understanding on how to evaluate professional behavior and problems of professional competence. The next section focuses on competency-based education in school psychology training programs.

National Association of School Psychologists Competency-Based Education

School psychology training programs are unique due to their accreditation process through both the American Psychological Association as well as the National Association of School Psychologists (NASP). Prior to NASP, school psychologists made up a small minority of membership within the APA and had unique training and educational needs from other practicing clinicians (Farling & Agner, 1979). In the earlier history of the APA, members were expected to maintain a doctoral degree, which excluded most school psychologists who held a terminal master's degree (Farling & Agner, 1979). Therefore, NASP was founded in 1966 out of a need for a unique professional identity for school psychologists (Farling & Agner, 1979). The core mission of NASP is to “represent school

psychology and support school psychologists to enhance the learning and mental health of all children and youth” (NASP, 2018). Since this time, NASP and the APA have developed a collaborative relationship to ensure that the training and educational needs for school psychologists are met at the state and national level.

Like the APA, NASP-accredited programs have been affected by the current cultural shift towards competency-based education. However, many graduate programs in school psychology have the added complexity due to the mandate to maintain standards for both the APA and NASP (Daly et al., 2011). With different standards of practice across accrediting bodies, training programs have experienced difficulties adopting competency-based education throughout the curriculum and properly assessing trainee development (Daly et al., 2011). However, in 2010 NASP published the Standards for the Credentialing of School Psychologists, the NASP Standards for Graduate Preparation of School Psychologists, as well as a revised version of their Principles for Professional Ethics in order to ensure that there were standard benchmarks across the field for professionals to follow. These guidelines help support educators and programs as they ensure that trainees are building the necessary requirements of the profession.

The Standards for Graduate Preparation of School Psychologists was developed to clearly define their benchmarks for credentialing school psychology programs and practicing school psychologists (2010). Programs must properly educate and foster trainee skill and knowledge in ten domains of professional practice. These domains include a. Data-Based Decision Making and Accountability b. Consultation and Collaboration c. Interventions and Instructional Support to Develop Academic Skills d. Interventions and Mental Health Services to Develop Social and Life Skills e. School-

Wide Practices to Promote Learning f. Preventive and Responsive Services g. Family–School Collaboration Services h. Diversity in Development and Learning i. Research and Program Evaluation and j. Legal, Ethical, and Professional Practice. These competencies were based on the 2010 Model for Comprehensive and Integrated School Psychological Services (NASP, 2010a). This framework provided all training programs with a singular understanding for the professional duties and behaviors for school psychologists. Since school psychologists have developed their unique professional identity, they have adopted a competency-based framework for accreditation as a best practice to ensure the health and wellness of their graduate programs. The next section focuses on the unique history and contemporary competency-based framework for counselors, many of whom are trained by counseling psychologists.

American Counseling Association Competency-Based Education

Competency-based education is also decades in the making for ACA programs. The American Mental Health Counselors Association (AMHCA) and the then American Personnel and Guidance Association, currently known as the American Counseling Association (ACA) consolidated resources to further their educational agenda in 1976 (Smith & Robinson, 1995). Soon after in 1978, the AMHCA in conjunction with the Association for Counselor Education and Supervision (ACES) developed a taskforce to create a joint committee on education and training (Smith & Robinson, 1995). This cascade of events was followed by the National Academy of Certified Mental Health Counselors creating a taskforce specifically to develop a unified view on competency-based education (Smith & Robinson, 1995). This collaborative effort by AMHCA drove Messina and Seiler to create the seminal work *Ideal Training Standards for Mental*

Health Counselors (Colangelo, 2009). This publication aimed to create a unique counselor professional identity through academic training programs.

During the mid-1980's the AMHCA directed counseling programs to incorporate a new set of standards for trainees which included a specific set of supervised hours of practice and semester credit hours (Smith & Robinson, 1995). These standards were later amended and adopted by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP was developed in 1981 and is the unifying accrediting body that is responsible for the continual efforts to establish and maintain high quality accreditation standards across counseling disciplines (Bobby, 2013). The most updated 2016 version of the CACREP Standards is divided in six sections and was developed to promote a *unified counseling profession* and *professional identity* (CACREP, 2015). In addition to becoming competent in their specialization, all trainees are expected to develop competencies in the eight following core content areas: professional counseling orientation and ethical practice, social and cultural diversity, human growth and development, career development, counseling and helping relationships, group counseling and group work, assessment and testing, and research and program evaluation (CACREP, 2015). These developmental standards for trainees along with the standards for training programs help maintain the health and wellness of the counseling professions. The APA, NASP, and the ACA have evolved to develop clear competency standards for trainee practice. Training programs may choose from a range of competency-based education models to teach these standards. The different models used in graduate training programs will be described in chapter two. The next section

provides an overview of mental health educators' perspective and training as it relates to working with graduate trainees.

Mental Health Educators Responsibilities and Experiences

MHEs must be sensitive to a number of issues while working with graduate trainees. They are responsible for ensuring that trainees are learning the technical skills associated with practice, developing their clinical judgement, and are intellectually and emotionally processing sensitive topics with their clients (Kaslow et al., 2007b). As part of graduate education, trainees may encounter emotionally evocative work. In these instances, MHEs may need to attend to their trainees' emotional responses to triggering client material (Hoover et al., 2015). Educators must help trainees develop the skills to work with clients with diverse and complex factors. However, they also have an ethical duty to protect the general public from trainees who are engaging in harmful practices. MHEs may need to balance their supportive role while providing corrective feedback to assist their trainee's growth. These issues may create challenging dilemmas for MHEs to navigate with their trainees.

MHEs may experience stressors related to their work due to their numerous challenging responsibilities. As part of the expectations and duties of the job, MHEs may be engaging in research, teaching, and professional service (Good et al., 2013). Properly attending to all their career expectations throughout the academic year may lead to difficulties with maintaining a healthy work-life balance. These responsibilities can be stressful and can create a barrier to allowing instructors to prioritize their classroom and student relationships (Good et al., 2013). Managing each of their important duties associated with work may lead to burnout.

While finding balance may be difficult, faculty members' careers can be immensely satisfying. They provide their trainees with the knowledge and technical skills that may have a tremendously positive impact for countless clients. Furthermore, they can offer a mentorship role and shape their trainee's malleable values and beliefs. One study surveying practicing clinicians found that faculty members were powerful role models for their current work (Clark et al., 2000). Specifically, clinicians stated that their faculty members who displayed exemplary wisdom and ethical decision-making were tremendously influential in their current clinical work. Faculty members' relationships with students and modeling behavior can have a powerful impact on future development. Educators may feel an intrinsic value with their work in relation to mentorship of their trainees. For the current study, it is important to both acknowledge the stressors and positive emotions associated with the MHE roles and responsibilities. The next section will focus on the unique training and knowledge that MHEs possess that may impact their work with trainees.

Education and Expertise

Individuals with a graduate degree in psychology may follow diverse career paths due to the adaptable nature of the degree. Many individuals specifically seek out a career in health service psychology or independent therapeutic practice. Still, a substantial portion of individuals are attracted to careers in academia. There are some programs whose explicit focus is dedicated towards competency in research or academic pursuits. However, many individuals seeking career in academic enter programs with a focus on health service psychology. Receiving such an education would provide these educators with the opportunity to develop the same professional competencies as those entering

professional practice. While many MHEs may not seek out engaging in health service psychology, they may have developed the basic skills and expertise associated with independent practice throughout their graduate training.

MHEs are uniquely positioned to identify and respond to direct or indirect expressions of psychological distress. MHEs have advanced training and education in mental health and intervention. While many MHEs may enter the field to specifically engage in research and instruction, others have extensive past or current clinical work experience (Himelein, & Putnam, 2001). Due to their expertise on mental health and clinical experiences, MHEs may have a unique perspective and approach for interacting with students who present with psychological distress in comparison to other academic fields. Their interactions with these students may be influenced by a more complex and nuanced understanding of their students' emotional wellbeing.

Ensuring that MHEs are competent in offering supervisory services is an important value for education programs. Per the SoA in professional psychology, trainees at all levels are expected to develop competence in supervision/consultation (SoA; APA, 2015). While this standard has been mandated in more contemporary programs, this specialized training has not always been a requirement. Currently, there is limited literature on how MHEs clinical supervisory training affects their relationships with students; particularly those students with problems of professional competence. Additional research is necessary to understand how their professional training changes their conceptualization of their trainees' issues and their remediation processes. The next section focuses on MHEs assessing trainee professional competence.

Assessing Professional Competence

To adequately assess competencies, trainees and MHEs need to be aware of the standards for practice and benchmarks for training. Best practices demonstrate that individuals in professional psychology should be engaging in regular self-assessment and they need to be evaluated from faculty members (Rubin et al., 2007). Regular assessments for students are essential as trainees learn about their deficits and improve on their professional behavior and practice (Kaslow et al., 2009). In professional psychology, there are three major benchmarks for trainees: readiness for practicum, readiness for internship, and readiness for entry into practice (Fouad et al., 2009). To meet each developmental point, trainees must be able to demonstrate competency by exhibiting specific professional behaviors, values, and appropriate attitudes. MHEs must be vigilant while interacting with trainees to understand their ability to meet these standards and assess their skills and behavior.

Assessing trainee competencies at any stage of development is a challenging task. However, there are resources available for trainees, their supervisors, and educators to understand and adhere to standards in assessing competency (Fouad & Grus, 2014). Many programs have struggled to develop a clear and systematic approach to evaluating trainees in professional psychology programs (Elman & Forrest, 2004). Counseling programs have experienced similar challenges in establishing clear assessment guidelines (Hensley, Smith, & Thompson, 2003). Professional competencies may be a particularly challenging area to evaluate as aspects such as professional attitude and interpersonal behavior may be difficult to capture.

For APA-accredited programs, the Competency Assessment Toolkit for Professional Psychology provides guidance and direction to assist programs in their efforts to provide a competency-based education (Kaslow et al., 2009). This resource provides models for assessment and measures to assess trainee competence (Fouad & Grus, 2014). NASP-accredited programs have the *Model for Comprehensive and Integrated School Psychological Services*, which details the appropriate competencies for the 10 domains of school psychology practice (NASP, 2010 a). In counseling education, a CACREP-aligned behaviorally-based system of assessments has been developed to assess trainees at multiple phases during their education (Kelly, 2012). All accredited programs are expected to implement structured assessments to assist educators in assessing their trainees' progress. Trainees should be assessed in multiple areas to ensure that they are meeting competencies in all specified domains.

Professional competencies may be particularly challenging to assess when addressing trainee mental health. Graduate students in mental health fields may be particularly vulnerable to a high level of psychological distress (Rummell, 2015). Experiencing heightened emotional distress may be a normative reaction to psychosocial stressors in graduate education in psychology. However, emotional distress may become an area of concern when it interferes with trainee academic and clinical functioning. Students are expected to build competencies to ensure that they can properly address their emotions so that they can practice. Subsequently, they are expected to be regularly assessed on their capacity to do so in academic and professional settings. Assessing these students is a particularly high stakes challenges as their evaluation may decide if they may need additional support, remediation, or to be dismissed from the program. In

assessing a trainee's professional competencies, MHEs must be reflective of their ethical commitment to the profession. The next section focuses on professional ethic in psychology and counseling as it relates to educators.

Educator Ethical Considerations

Any individual who professes the values and education associated with mental health care, must adhere to high ethical standards. While it is not mandatory for educators to hold a state license for independent practice, they are not exempt from following ethical guidelines. There are several ethical guidelines from both the APA and ACA that specifically address educators and their work with students. Both professional bodies in mental health have a strong commitment to ethical behavior. However, due to their individual differences, they will be addressed separately within this section.

The APA's Ethical Principles of Psychologists and Code of Conduct offers both aspirational statements and explicit standards for all psychologists (APA, 2017a). There are several sections that apply to educators when working with trainees with problems of professional competence (Bodner, 2012). First, Section 2.01 (a) mandates that psychologists, including educators only operate within their limits of competency (APA, 2017a). Therefore, MHEs must have a competent knowledge on graduate student development and classroom instruction. Aligned with best practices and ethical considerations, educators must learn how to adopt evolving standards associated with competency-based education in professional psychology. Therefore, as an essential aspect of their work, MHEs should continue to develop understanding of their responsibilities to perform competency-based education as new guidance becomes available.

MHEs must also be cautious in their knowledge of mental health and psychopathology, as it would be unethical to clinically assess or provide therapeutic services to students. APA Ethics Code (2017a) Section 3.05 on multiple relationships notes concurrent relationships created through the conflicting academic relationship and the therapeutic relationship can be exploitative and harmful (APA, 2017a). Furthermore, Section 7.05 part (b) explicitly notes that faculty members who are involved in evaluating a trainee's academic performance cannot also engage in therapy (APA, 2017a). MHEs may be generally sensitive to factors associated with psychiatric illness and are trained to perform therapy. However, engaging in an ongoing therapeutic relationship with students could be exploitative and negatively influence the primary teaching relationship. Therefore, MHEs may need to be particularly cautious to ensure that their relationships do not cross ethical boundaries that would inappropriately shape their evaluation of trainees.

The ethical guidelines also provide educators with further feedback and structure associated with competency-based education. Section 7.06 (a) states that academic programs must establish a timely structure to provide trainees with specific feedback (APA, 2017a). Therefore, educators are ethically responsible for providing students constructive feedback on their performance. Section 7.06 (b) further iterates that psychologists must evaluate trainees based on relevant behaviors associated with the established program requirements (APA, 2017a). Here, trainees must be aware of the program's standards for professional and academic performance. The criteria for which educators evaluate students furthermore must be guided by competencies that are relevant to the field.

Like the APA, the NASP has developed the NASP Principles for Professional Ethics to address ethical and legal behaviors. As a function of their work environment and vulnerable population, NASP has developed ethical guidelines to address their specific needs (NASP, 2010 b). MHEs from this field are expected to behave in a manner that is consistent with their ethical principles as they work with trainees. The four broad themes outlined throughout the guidelines provide general guidance for their MHEs' professional behavior. Under the first theme, all school psychologists are expected to engage in behaviors that respect the dignity of anyone they work with (NASP, 2010 b). Within the context of graduate educations, faculty are expected to respect their trainees' privacy and treat them with fairness and equality.

The second theme encourages school psychologists to practice within the scope of their competence and make well-informed decisions using current empirical literature (NASP, 2010b). Therefore, educators are expected to have appropriate knowledge of the competency based educational practices and provide trainees with the proper tools for practice. The third theme mandates that psychologists maintain their integrity within their professional practice (NASP, 2010 b). Therefore, educators are expected to work towards meeting the needs of their trainees and abstain from engaging in multiple relationship with trainees. The final principle addresses school psychologists' responsibility to the profession. Educators are expected to respond to social injustices and act as role models for their trainees (NASP, 2010 b). While these guidelines focus on school psychologists work with youth populations, they are also applicable to faculty in graduate education.

The ACA Code of Ethics (ACA, 2014) also provide educators with essential and relevant ethical responsibilities to protect the public and ensure the health and wellbeing

of the profession. There are several sections that provide specific guidance that may assist educators in providing competency-based education. Like psychologists, according to section F.7.b, counselor educators are also expected to only work within the boundaries of their competence (ACA, 2014). This ethical responsibility may be particularly important as there are multiple specializations within this field. Counselors must be informed and able to provide competency-based education for the content within their specialties. Also, like psychologists, according to section F.1.a, counselors have a responsibility to protect client welfare by regularly monitoring and evaluating trainee work (ACA, 2014). This standard ensures that educators are accountable for protecting their trainees' clients through adequate supervision.

The language used in the ACA Code of Ethics is consistent with the values of a competency-based education (ACA, 2014). According to section F.6.a, supervisors are responsible for informing trainees of their “professional and ethical standards and legal responsibilities” (ACA, 2014). Aligned with ensuring that trainees are knowledgeable of their professional competencies, educators must ensure that students know the values, skills, and behaviors fitting of their profession. Furthermore, the ACA Code of Ethics reiterates that trainees are expected to be regularly evaluated based on their competencies. Section F.9.a states that educators are responsible for providing trainees with regular feedback based on their performance in the program (ACA, 2014). Evaluation and feedback are essential components to competency-based education. Therefore, educators must be able to provide ongoing and constructive feedback to their trainees. Finally, counselor educators are ethically compelled to respond to trainees who are not meeting their developmentally appropriate competencies. According to F.9.b,

counselor educators must address students who are not meeting their expected competencies by assisting students in remediation, documenting their efforts, and dismissing students if necessary (ACA, 2014). These standards clearly depict their ethical responsibility in working with trainees who exhibit problems of professional competence.

Adherence to ethical practice is necessary for the overall field in psychology. Both the APA and the ACA have dedicated sections of their ethical codes to ensure that ethical values and practices are central to academic professional programs. Educators across fields in mental health are responsible for their trainees' current clients and the public. Aligned with the competency-based educational framework, if trainees are not meeting their expected progress within the program, the next ethical step is to address the specific behavioral issues. The next section provides an overview of remediation in professional psychology programs.

Educators and Remediation

According to best practices in graduate education in psychology, educators have a legal and ethical responsibility to identify and work with students who exhibit problematic behavior (Forrest et al., 2013). Students in remediation are expected to work towards fostering deficits in their competencies to ensure that they will meet their expected progress. Programs employ diverse strategies to target specific problematic behavior including seeking personal therapy, additional coursework, additional supervision, additional practicum, and tutoring (Forrest et al., 1999). Graduate programs should have clearly stated policy for educators and students on trainee competency and remediation.

Remediation is a necessary process to address trainees with problems of professional competence. However, it can be an emotionally taxing and time-consuming experience for educators (Kaslow et al., 2007b). The implications from the remediation process may have a major bearing on a student's place in the program and the field. Remediation takes additional efforts as educators more closely monitor students to ensure that they are developing their necessary competencies. During these periods, educators may need to have more regular ongoing challenging conversations with their trainee's professional behavior. Additionally, MHEs may have differing thoughts about their trainee's behavior during remediation, which can create conflict between colleagues (Forrest et al. 2013). Failed remediation plans warrant further action by academic programs, possibly including stopping students from seeing clients and halting their progress with their degree. The next section focuses on MHEs and their experiences in gatekeeping with their trainees.

Educators and Gatekeeping

Gatekeeping is not a unique concept to mental health or a new terminology for the mental health field literature. There is a large body of empirical research and general literature on the gatekeeping role in helping professions (Bodner, 2012; Bradey & Post, 1991; Brear et al., 2008; Lafrance & Gray, 2004). Gatekeeping refers to a larger process between trainees who are not meeting expected competencies in their field and their academic programs (Brear et al., 2008). In this capacity, educators have an ethical responsibility to protect the public by identifying and remediating graduate level trainees who demonstrate 'problematic behavior' (Vacha-Haase et al., 2004). Within the more contemporary framework, gatekeeping more closely refers to the process programs

follow with trainees who are not meeting expected progress within their competencies. Students who are unable to successfully complete their remediation are subsequently not allowed to progress in their programs and may be removed. It is important for remediation to be a highly structured and transparent process due its serious implications for trainees and their careers (Kaslow et al., 2007b). Therefore, programs should make clear statements regarding expectations for practice, as well as making their gatekeeping processes explicitly clear for trainees and educators.

Gatekeeping is one of the most challenging and ethically sensitive areas MHEs may experience in throughout their career in academia (Bernard, 1975). Professional programs and individual MHEs may feel that they are exposed to legal problems with their trainees stemming from gatekeeping decisions. Several students have attempted to sue their programs due to their gatekeeping decisions; however legal action is a generally rare occurrence (Enochs & Etzbach, 2004). Gatekeeping may also have costly implication for a MHEs' career and their reputation. Junior faculty specially may not feel comfortable enough with their position at the university to raise such concerns to oppositional colleagues (Forrest et al., 2013). Therefore, it is important for programs to work collaboratively to ensure that MHEs are all supported to address problems of professional competence when appropriate.

Trainees are regularly terminated from their academic programs due to their professional functioning and behavior. A survey of APA-accredited clinical, counseling, and school psychology programs found that 52% of programs terminated at least one student in the prior three years due to "impairment" with a range of zero to ten students (Vacha-Haase et al., 2004). These results imply that accredited programs may regularly

encounter trainees with problems of professional competence. Many educators agree that it is inappropriate to dismiss students solely due to a psychiatric diagnosis as long as their symptoms are properly managed and do not influence their professional practice (Schwab & Neukrug, 1994). Therefore, trainees are expected to learn how to exhibit behaviors, skills, and practice values align with professional practice. This study aims to provide further literature on MHEs' unique perspective as experts in mental health and gatekeepers to the profession. Specifically, this study will focus on how they balance these factors as they work with students who express some degree of psychological distress and has risen to the level of becoming a problem of professional competence. This study will address the broad spectrum of trainees' behaviors including those who have improved with informal remediation and those individuals who have been dismissed due to their inability to meet expected progress following formal remediation. The next section addressed multiculturalism across professional mental health programs.

Multicultural Guidelines

There are important multicultural considerations to address while exploring gatekeeping in the mental health field. Professional organizations in mental health, training directors and educators all play an important role in fostering multicultural values within the profession. Published in 2003, the APA published the "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists." The goal of this document was to promote organizational change to reflect the need of a multicultural society. Within program, educators were expected to demonstrate a value for diversity and teach evidence-based information on addressing culture in professional practice. This documented a cultural shift in how APA accredited

programs and professionals were expected to approach culture as part of their professional functioning. Similarly, CACREP emphasize the need to address “multicultural and pluralistic characteristics” throughout our diverse society (CACREP, 2015). NASP also has focused on creating educational environments that are supportive of diverse multicultural identities (NASP, 2010a). These initiatives from the top down there is some evidence to support organizational support to be sensitive to trainees’ multicultural identities.

In addition to the structural changes addressing how diversity is addressed within the educational programs, programs also have a vested effort towards recruiting and retaining trainees who maintain diverse identities. Minority groups are generally underrepresented in mental health professions (Maton et al., 2006). In order to address this issue, the APA has made efforts to think more broadly in terms of retaining diverse candidates based on gender identity, race, ethnicity, age, ability, and sexuality, however continues to experience challenges in retaining these trainees (Hough & Squires, 2012). The NASP has created the School Psychology Shortages Resource Guide in part to help recruit and retain a more diverse workforce (NASP, 2017). With increasing numbers of trainees with multicultural identities entering the field, there is a need to reflect on how cultural identities impact the gatekeeping process. There is currently limited literature addressing multicultural factors in assessing problems of professional competence (Shen-Miller, et al., 2012). However, a more thorough explanation of multicultural considerations in MHE and trainee interactions is found in Chapter 2. The next section provides a rationale for why this topic is important for the field of counseling psychology and its intended contributions to the literature.

Relevance to Counseling Psychology

Counseling psychology has historically been at the forefront of innovation in training and graduate education. Specifically, since the inception of CCPTP in the mid-1970's, counseling psychologists have voiced their concerns and created positive change in academic programing in health service psychology (Fretz, n.d). Since this time, counseling psychologists have ensured that the values and professional identities associated with their field were adequately addressed in training and education. The Society of Counseling Psychology (SCP), was created specifically to “promote personal, educational, vocational, and group adjustment in a variety of settings (SCP, 2018, paras. 1).” Education is acknowledged as one of the primary values within Counseling Psychology. SCP was early to adopt a competency-based education model. In 1997, they published a new model training program built on the unique professional identity for counseling psychologists (Rodolfa et al., 2014). Consistently, Counseling Psychology as a field has been dedicated to ensuring that there are competent generations of future clinicians and professionals.

Counseling Psychology is a specialization dedicated to a continuing examination of trainee needs to provide a quality educational experience (Grus, 2009). Because the counseling psychology literature has been at the forefront of competency-based educational practices, this study will include data from counseling programs as well. Competency-based education is also defining feature for NASP-accredited programs at all levels of training and Masters' training and CACREP-accredited program. Due to their dedication to training, the Counseling Psychology literature would be a positive fit for housing any competency-based educational research. The current study aims to

provide further literature to understand how this framework has affected trainees and their faculty. This study can directly address counseling psychology educators' experiences in working with future cohorts of professionals. The findings can provide feedback and recommendations for educators working with a vulnerable population of students.

Relevance of Guided Paradigm

This current study explores trainee mental health within the context of the competency-based educational framework. However, this is examined through the perspective of MHEs expertise and experiences. Since this study relies on the participant's perspective of a social relationship, social constructivism paradigm is the most appropriate paradigm. This paradigm heavily depends on the participants subjective perspective of the issue being studied (Creswell & Creswell, 2018). Social Constructivism is especially appropriate while exploring a singular perspective of a social interaction. In the current study, MHEs are expected to reflect on their positionality in their relationships with trainees and consider their decision making given their expertise and training. MHEs are encouraged to make meaning of their experiences working with their trainees. Furthermore, as aligned with social constructivists literature, special attention will be placed on the historical and cultural context of the MHE perspective (Creswell & Creswell, 2018). Within professional psychology, there is currently a cultural shift towards competency-based education (Elman & Forrest, 2007). The focus of this study is in part due to shifting cultural beliefs and practices in professional psychology. MHEs need to be aware of any necessary changes in their program associated with competency-based education and adapt to the appropriate practices.

Therefore, this study will pay special attention towards how this shift has impacted MHEs and their perceptions about their relationships with trainees. A more thorough review of social constructivism will be found in Chapter three. The next section will further develop the basis for conducting this study.

Rationale for the Study

This study aims to fill gaps in the contemporary literature for education in professional psychology. Current trends mark a shift in training, towards a competency-based education (Elman & Forrest, 2004). Since training programs have been using competency-based frameworks to train and assess their students, there has been more literature and research using this lens with congruent language. However, much of the existing research with trainees who exhibit problems with professional competency uses impairment-based language. This language often fails to clearly capture relevant issues and stigmatizes trainee behavior. In focusing on professional competencies, this study will provide additional research aligned with best practices in graduate education within mental health related fields.

This study also aims to address gaps in the literature on MHEs experiences in working with students in distress. Currently, there is limited literature on MHEs' expertise and training. In focusing on the depth of MHEs specialized training this study aims to provide a more nuanced depiction of how their knowledge impacts their interactions with trainees. Furthermore, MHEs have a unique ethical responsibility aligned with their professional code to protect the public from incompetent trainees. Recently, qualitative research has addressed educators' process in working with students in psychological distress (Mazza, 2015; Kucirka, 2017). However, there is limited

available literature on how MHEs' unique training in mental health and ethical duties influence their work with graduate students in emotional distress.

Much of the literature surrounding MHEs and students who present with mental health concerns often emphasizes gatekeeping students at the more severe end of the spectrum. Similarly, a majority of the empirical literature on educators' work with students in distress focuses on their experiences with trainees who were dismissed from their program (Brear et al., 2008). The gatekeeping process is important with students who exhibit problems with professional practice. Many students will experience heightened stress or mental health distress during their education and are still capable of competent practice. In exploring the broader range graduate student distress, this study aims to develop a more realistic context for responses MHEs use to interact with these students. In using this perspective, this study will develop a more realistic depiction of student distress. Further literature is necessary to understand MHEs' experiences in working with trainees in developing their vital professional competencies that will prepare them for independent practice. The final section in this chapter will provide a brief overview of this chapter.

Summary

Mental health clinicians are ethically obligated to learn the skills to ensure that they are emotionally capable of providing effective professional services. Programs are currently expected to provide trainees with competency-based education to ensure that trainees develop the appropriate skills and behaviors to prepare for professional practice. While trainees may be vulnerable to significant psychosocial stressors, they are expected to learn how to manage their personal issues to engage in behaviors appropriate for

academic and professional settings. Those who are unable to meet their program's competency-based standards for professional practice are identified as having problems with professional competency. This study aims to explore the experiences from MHEs who work with trainees who exhibit problems of professional competence due to their emotional distress. A wide range of MHEs' experiences was examined with regards to their work with trainees in distress who facilitated formal and informal remediation that led to development of professional competence or dismissal. A qualitative approach was used to provide an in-depth exploration of the MHEs and how their training and expertise comes into use within the competency-based educational framework. The next chapter will provide an in-depth review of the framework used for this study and the previous literature on this topic.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

The purpose of this chapter is to provide an overview of the previous literature that supported the current study. This study aimed to add important insight into education literature in professional psychology. However, it is important to acknowledge and reflect on the findings from prior research on graduate trainees and MHEs. This chapter will be structured using the funnel approach in constructing a literature review (Hofstee, 2006). The section on psychology graduate trainees will begin with a broad review of graduate trainees in professional programs and mental health. The next subsection will focus on the narrower graduate trainee area on problems of professional competence. Finally, the following subsection will focus on help seeking behavior. This section will serve as a bridge to subsequent section focusing on MHEs. The first subsection will focus on the relationship between MHEs and their graduate trainees. The literature in this subsection will provide key context for their interactions with trainees in distress. The following subsection will review the literature on how MHEs specifically interact with their trainees in psychological distress. Next will be a subsection on MHEs' experiences in remediation with their graduate trainees. The literature in this subsection will narrow its focus

with literature on gatekeeping. This chapter will conclude with a review of the gaps in the literature a restatement of the aims, and finally a summary.

Graduate Trainees in Psychology

Graduate training is an important professional developmental period for those entering the mental health care professions. During this period, graduate students are expected to acquire skills necessary to practice, adopt the values of their profession, and develop a sense of ethical practice. While this is a period of growth, graduate trainees in mental health fields have a higher risk for experiencing burnout in comparison to adult peers (Swords & Ellis, 2017). They may experience numerous academic responsibilities, financial strain, and poor work/life balance (El- Ghoroury et al., 2012). These factors may have an influence on trainee well-being and ability to provide adequate mental health services. This section details literature on mental health, problems of professional competence, and help seeking behavior from graduate students from mental health fields.

Graduate Trainee' Mental Health

Graduate training in general is associated with numerous stressors that may influence student wellbeing and mental health (Galvin & Smith, 2015). Trainees in mental health care fields may be particularly vulnerable due to the high demands associated with therapeutic practice, academic workload, and contributions to research (Rummell, 2015). These students may be sensitive to significant depressive symptoms due to their considerable workload (Peluso et al., 2011). Furthermore, therapeutic work may be emotionally taxing on trainees. Therapist trainees may be susceptible to developing trauma symptoms stemming from difficulty compartmentalizing client trauma (Adams & Riggs, 2008). Trainee wellbeing is an important topic to explore as poor

functioning may affect their ability to competently practice or may prohibit them from entering professional psychology (Bogo et al., 2006). This section outlines literature on mental health and coping for graduate trainees in mental health professions.

Myers et al. (2012) studied stressors and self-care practices that graduate students in psychology use. They employed a multiple regression to explore clinical psychology students' beliefs and behavior across the United States. The sample included 488 students whose ages ranged from 20 to 61 ($M = 27$, $SD = 5.44$). Here, 282 participants identified as female, 76 were male, and 1 identified as other. In the sample, 422 were Caucasian, 13 were African American, 12 were Latin American/Hispanic, 16 were Asian American, 10 were Mixed Race, and 15 identified as other. Their results indicated that lower income, not being married, and younger age were associated with higher stress for graduate students. The results also indicated that engaging in positive self-care practices was associated with lower stress. Specifically, better sleep hygiene practices and strong perceived social support were associated with lower stress. Finally, those who engaged in cognitive appraisal opposed to suppression better managed their perceived stress. These results indicate that graduate students in psychology may experience unique stressors that may change their mental health; however, those who engage in positive self-care practices may have better coping. These results indicate that graduate students in psychology exhibit varying levels of functioning with their mental health concerns. Further research on how faculty address stressors and promote self-care practices with their graduate students would provide insight on how programs address student in distress.

Swords and Ellis (2017) applied the conservation of resources theory to study burnout and vigor in health service psychology trainees. Doctoral students were compared to a norm sample of adults to identify factors associated with their burnout and vigor. Their sample consisted of 203 doctoral students, of whom 71.8% were in clinical psychology programs and 28.2% were in counseling psychology programs. Their ages ranged from 23 to 58 ($M = 28.69$, $SD = 5.71$). In this sample, 86.7% were women, 12.8% were male, and .5% were genderqueer. Here, 76.8% identified as non-Latino White, 4.9% were Latino, 4.9% were Asian or Pacific Islander, 4.9% were Biracial, 3.4% were African American, 2.0% were Middle Eastern, and .5% were Native American. Results indicated that trainees exhibited higher levels of burnout and lower levels of vigor than the normed sample of gainfully employed adults. Factors including pressure threat, financial strain, relationship conflict, and supervisory relationship accounted for 22% of the variance in their stress and vigor. An important finding in this study was that supervisory working alliance and threat from work-related stress were the only two factors that uniquely predicted burnout. These results indicate that graduate trainee mental health may be affected by their supervisors and faculty. The current study may provide further insight on how faculty-student relationships impact trainee wellbeing.

Peluso et al. (2011) explored factors contributing to depression symptoms in graduate students in psychology programs. This study used correlations and t-tests to explore depressive symptoms for Canadian graduate students in clinical, experimental, counselling, and educational programs. Their sample included 255 women whose ages ranged from 21-46 ($M = 27.4$, $SD = 4.1$) and 33 men whose ages ranged from 23- 57 ($M = 28.9$, $SD = 4.1$), and 4 participants who did not indicate their sex. Their results

indicated that there was no statistically significant difference in depression symptoms across different program types using the Center for Epidemiologic Studies Depression Scale. However, 33% of their sample expressed clinically significant levels of depression and 6% of their sample endorsed symptoms associated with clinical impairment. Furthermore, their results indicated that satisfaction with academic advisors and more hours worked on a weekly basis were associated with depressive symptoms in some programs. These results suggest that increased depressive symptoms is reflected across multiple specialties in graduate education in psychology. Although this study was performed exclusively using Canadian programs, the sample still comes from a Western cultural heritage, which hold similar values as those sampled in this current study. Their findings provide some support for the literature for heightened mental health distress in mental health graduate trainees. Furthermore, this study showed that student relationships with faculty members were important for overall wellbeing.

Kaeding et al. (2017) studied personal factors that contribute to job-related stressors for psychology trainees. This study used a quantitative cross-sectional survey methodology on an international sample currently in a counseling or clinical post-graduate program. Their sample consisted of 1,172 participants from programs associated with the American Psychological Association, Australian Psychology Accreditation, Council Canadian Psychological Association, and the British Psychological Society. Here, 82.3% of their sample identified as female and their ages ranged from 21 to 64 ($M = 28.42$, $SD = 6.29$). Their results indicate that nearly half of participants (49.2%) scored within the high burnout range using the Emotional Exhaustion subscale of the Maslach Burnout Inventory. The rest of the sample was not immune to burnout as 50.8% scored

within the low to moderate range. Furthermore, tiredness, neck, and back pain were the most commonly endorsed physical health complaints made by trainees. Their analysis indicated that early maladaptive schemas from childhood were associated with trainee burnout. These findings indicate that trainee burnout in graduate psychology programs may be consistent across samples of students from Western countries. Furthermore, these results suggest that an adverse childhood environment was associated with trainee current level functioning. These findings specifically demonstrate the need to ensure that trainees are able to develop competencies to learn how to handle their personal life issues to adequately navigate academic and professional spaces. This study generally provided further context for the generally elevated level of burnout with graduate trainees in professional psychology programs and its impact on their general wellbeing. Research on trainee mental health should continue to explore how their distress is expressed within this context of their current work in their programs.

Galvin and Smith (2015) compared the perceived stress, job satisfaction, and psychological ill health among trainees in clinical psychology, psychiatric nursing students, and PhD students across different disciplines. This study used a multidimensional approach to conceptualize stress through several measures including the short form of the Big 5 Inventory, the Core Self-Evaluations Scale, Child Abuse and Trauma Scale, Parentification Inventory, and several additional single item questions. Their sample was from the U.K. was comprised of 515 participants. Their sample of 168 clinical psychology trainees had 152 females and their ages ranged from 22 to 45 ($M = 29.41$, $SD = 3.97$). Within their sample of 94 psychiatric nursing students, there were 81 females and their ages ranged from 18 to 59 ($M = 25.83$, $SD = 7.57$). Their sample of

253 PhD students had 194 females and their ages ranged from 21-63 ($M = 28.02$, $SD = 6.67$). Their results indicated that trainees in clinical psychology programs experienced higher work demands and perceived higher levels of stress in comparison to the nursing students and the PhD student groups. They also exhibited higher levels of psychological ill health than PhD students. Their analysis showed that individual differences such as personality may have strong implications for negative outcomes. The clinical psychology trainee group had stronger protective factors than their psychiatric nursing student group peers. Another significant finding from this study indicated that there was a higher prevalence of negative childhood events for the trainees in clinical psychology in comparison to the PhD students, and these events were related to negative psychological health outcomes. For the current study, these findings suggest that those entering in the mental health care fields may have poorer psychological health. However, an important finding is that this population also had stronger coping skills, allowing them to manage their high levels of stress. Early childhood experiences can have a tremendous and persistent impact on individuals throughout their lifespan. Consistent with the landmark Adverse Childhood Experiences (ACE) study, negative childhood events had a correlational relationship with psychological health outcomes (Felitti et al., 1998). The ACE longitudinal study showed a relationship between adverse childhood experiences and lifelong persistent issues including social, emotional, and cognitive development, biological illness, and early death (Felitti et al., 1998). Since the clinical psychology cohort had a higher prevalence of negative childhood events, their poorer mental health was consistent with prior research. However, these trainees also developed stronger coping to manage their perceived stressors, which demonstrates some potential learned

resiliency. While this current study was conducted on an international population, it provides further support for stronger research exploring the mental health concerns for those entering in the psychological professional practice.

Help Seeking Behavior

Prior research notes that trainees in mental health care fields are at risk for poor mental health outcomes and psychological distress (Galvin & Smith, 2015; Kaeding et al., 2017; Myers et al., 2012; Peluso et al., 2011; Swords & Ellis, 2017). If a trainee's psychological distress is impeding their ability to ethically engaging in work, training programs must work with them to ensure that they takes steps towards remediating the concerns (APA, 2017a). Unfortunately, these vulnerable students often learn to conceal their distress from faculty (Brady & Post, 1991). Trainees may limit their self-disclosures for diverse reasons including fear of stigma (Dearing et al., 2005), limited resources (El-Ghoroury et al., 2012), and negative perceptions about treatment (Thomas et al., 2014). The following section outlines literature related to graduate students' help seeking decisions while in graduate school.

De Vries and Valadez (2006) studied counseling graduate students' personal beliefs about mental health and counseling. This study used quantitative measures to understand personality traits, psychopathology, impairment, and orientation towards seeking help. Their sample consisted of 86 master's level trainees, 68 identified as female and 18 were male. Their ages ranged from 22 to 59 years ($M = 31.7$, $SD = 9.15$). Within the sample, 4 identified as African American, 5 were Asian/Pacific Islander, 28 were Hispanic/Mexican American, 42 were Caucasian, and 7 identified as other. Their results indicated that many of the trainees scored within the outlier range for psychopathology.

One of the major findings from this study was that 7% of trainees scored within the extreme range on the “recognition of need for psychotherapeutic help” subscale on The Eysenck Personality Questionnaire, Adult Short Form and 21% scored at least one standard deviation below the norm. These results indicate that many graduate students in counseling may not recognize a potential personal need for therapeutic help. For the current study, graduate faculty working with trainees may be more intimately aware of concerning signs for trainee mental health distress due to their training and expertise. Their trainees may not be only hesitant to seek out help, but they may be incapable of recognizing their own personal distress.

Dearing et al. (2005) studied factors associated with graduate trainees in clinical and counseling programs in seeking psychological help. This study employed correlation and logistical regression on a sample of student members from the American Psychological Association. Their sample consisted of 262 students and 76.7% identified as female. The participant's ages ranged from 22 to 62 years old ($M = 33.1$, $SD = 9.2$). Their sample comprised of 62.2% students from clinical psychology programs, 28.2% of students from counseling psychology programs, and 9.2% from other programs. They reported that 70.2% of their sample had engaged in therapy either prior to or during their graduate training. 47% of participants reported engaging in therapy at some point during their graduate school training. Their results indicate a positive relationship between identifying therapy as an important aspect of training and engaging in therapy during graduate training. Their results also indicated that cost of treatment and confidentiality were major factors associated with help seeking behaviors. Furthermore, there was a significant positive relationship with perceived faculty support for students engaging in

therapy and trainees seeking help. For the current study, these results indicate that the education environment and faculty may play an important role in students' help seeking behavior. Further literature on mental health educators' support demonstrates associations with trainees' openness about their deficits or emotional distress and willingness to take steps for self-improvement.

El-Ghoroury et al. (2012) studied stressors, coping, and factors that hinder wellness activities for trainees in psychology programs. The researchers employed chi square tests, one-way analyses of variances, multivariate analyses of covariance, and descriptive discriminant analyses to understand the factors associated with trainee stress and coping. Their analysis used a sample consisted of 387 participants, 78% of participants identified as female, 20% identified as male, and the remaining participants did not report their sex. The participants' ages ranged from 23 to 32 years of age ($M = 32.2$ Years, $SD = 9.0$). Within their sample, 76.2% identified as White, 8.5% were Latino, 7.8% were African American, 7.0% were Asian Americans, 2.8% identified as other, and 2.8% did not report an ethnicity. Their findings indicated that a majority of participants (70.5%) had been experiencing a significant challenge that impeded their functioning in graduate school. Some of the most significant challenges reported by most respondents included academic pressures, financial restraint, anxiety, and poor work/school life balance. The most commonly endorsed coping strategies included support from friends and family. Participants rated the lack of time and financial constraints as the largest barriers to engaging in wellness activities. For the current study, these results indicate that graduate trainees experience a multitude of stressors that may affect their mental health and wellness and social support is a primary coping strategy.

Their results note that reaching out for supervision/mentoring was used as a coping response by 37% of the sample total and was particularly employed by racial/ethnic minorities (51.4%). Further literature is necessary to understand how trainees perceive their personal wellness during graduate education. As it relates to the current study, it is important to explore if and how educators and programs foster a culture of self-care for trainees.

Trainees in mental health programs may experience many unique psychosocial stressors that may impact their functioning and professional development. Literature further suggests that they may be hesitant to seek help due to issues including stigma (Dearing et al., 2005) and a lack of resources (El-Ghoroury et al., 2012). While there are numerous benefits to a competency-based education, it serves an essential role for trainees experiencing distress. This framework encourages programs to help trainees to learn the skills necessary to foster their resilience and adapt to professional and academic settings. Those unable to adapt to their expected level of professional development may be identified as having a problem of professional competence. The next section reflects the literature on trainees with problems of professional competence.

Problems of Professional Competence

Graduate trainees' personal emotional struggles do not inherently imply that they are unable to exhibit appropriate professional behavior. Rather, demonstrating appropriate emotional functioning and critical thinking in the appropriate setting falls under the larger umbrella of professional competence. Aligned with competency-based education, professional competence is an area where trainees should be regularly evaluated and provided feedback to improve based on their appropriate developmental

benchmark (Elman & Forrest, 2007). Those who fail to meet their expected progress in their program in this area are described as having problems of professional competence (Kaslow et al., 2007b). Training programs have been increasingly implementing competency-based education, which adopts the more contemporary language. There is some literature addressing trainee behavior within the context of competency-based education, however this literature has existed for decades and largely used the language of impairment. While this study will use the competency-based language framework, it would be imprudent to ignore this body of work completely. To capture the essence of this prior literature, this study will use the language of the prior studies, however, will continue to acknowledge the contemporary competency-based framework.

Bogo et al. (2006) examined fieldwork supervisor perspectives on trainee professional competencies. This study used an exploratory qualitative methodology to understand supervisors' work with students whom they identified as exemplary and problematic. Fieldwork supervisors were graduate instructors from social work programs with at least five years of experience working with trainees. Their sample consisted of 18 instructors, of which thirteen identified as female and five were male. They came from diverse specialties including mental health, child welfare, and hospital settings. Finally, their years of experience as field instructors for practicum ranged from 3-16 with an average of eight years of experience. The data from their interviews resulted in several themes for their trainees. One of the major themes was that the personality characteristics of the trainee could positively or negatively impact their placement experiences. Instructors used words such as "maturity", "initiative" and "energy" to describe exemplary trainees. They used characteristics such as 'defensive,' 'judgmental,' and

‘cynical’ to describe problematic trainees. Several instructors reported that some trainees inappropriately overidentified with their patients due to unresolved health and mental health related issues. Another major finding from this study was that instructors were more flexible with trainees with skill deficits when they held exemplary traits due to their motivation and willingness to learn. However, instructors were dismissive of trainees who exhibited mastery skills when they were identified as problematic. These findings provide support for the need for the development of professional competencies for graduate trainees. First, trainee disposition and approach to learning were highly influential in their supervisors’ perceptions of their ability to grow and practice. Instructors specifically mentioned physical and mental health concerns that trainees have not properly managed as a source of concern for practice. For the current study, these findings demonstrate the need to emphasize professional competence and the need to discuss trainee functioning while in practice.

Shen-Miller et al. (2015) explored graduate trainee decision-making process when interacting with peers who exhibit problems of professional competence. To explore this topic, this study used a constructivist qualitative approach using semi-structured interviewing to explore graduate trainee perspectives. The data included in the study came from twelve interviews from trainees in counseling psychology and clinical psychology programs. There were three participants who identified as male. Furthermore, two individuals were racial/ethnic minorities, one identified as other, and one participant immigrated to the United States. Their results indicated several influential factors associated with trainees’ decisions to act related to peers with problems of professional competence. These factors included the training system, which refers to the policies

adopted by their program, the overall culture, and their trainers' behavior. Another important factor was called the personal context which were the unique factors associated with each participant including personal values and length of time in the program. Other factors that influenced their decision-making included self-protection, perceived responsibility and empowerment, diversity, and fear of consequences. These findings suggest that the structure and culture of the training program can have a major impact on trainees' decision making. This study also explored how trainees with problems of professional competence impacted relational dynamics within their programs. Here, the results indicated that trainees experience relational strain with their peers with problems of professional competence and their trainers in the program. These results suggest that trainees may have some awareness of tension that develops because of conflict with trainees with problems of professional competence. These findings note that trainees may be aware of their peers with problems of professional competence, however they may have some barriers to addressing such concerns. For the current study, these results show that there is a shift in relational dynamics in training programs that are apparent from other trainees in the program. This current study aims to provide the educator's perspective on trainees with problems of professional competence. This point of view may foster some additional understanding regarding the process for working with these trainees.

Veilleux et al. (2012) studied graduate trainees' perceptions of the characteristics that are associated with problems of professional competency and impairment within the program. Across the literature, studies have used different definitions to describe problematic trainee behavior. This study chose to understand how trainees perceive

trainees with diminished functioning and those who are unsuitable for practice. The study used several quantitative analyses including chi square, factorial analysis of variance, and an exploratory factor analysis to understand how peers perceived trainee problems of professional competence in their program. Their final sample consisted of 570 doctoral-level trainees at different developmental points in their education from clinical psychology programs. The sample was made up of 82.1% females with an age range of 21-60 ($M = 27.55$, $SD = 5.25$). Most of the individuals surveyed identified as White 84.7%, 3.7% identified as Hispanic/Latinx, 3.2% were Asian/Asian American, 3.4% were African American, 2.8% were biracial, .2% were Native American/Hawaiian, and 1.6% reported other. Their results indicated that 56.3% of trainees identified at least one peer as impaired. Furthermore, 67.66% ($SD = 39.81$) of the sample who identified an impaired peer believed that faculty members were aware of trainees with problems of professional competence. Within this subsample, 52.7% indicated that they were not sure of the policies surrounding identifying problematic students. The results from the larger survey indicated that trainees believed that character trait deficits such as lack of self-awareness and ethical violations were indicative of unsuitability for practice. These results indicate that nearly two-thirds of trainees lacked the basic knowledge on how their program handles trainees with problems of professional competence. These findings are problematic as trainees may feel more trust in the gatekeeping process if they were aware of how programs address such concerns. Furthermore, these results indicate that trainees are aware of how character traits such as interpersonal effectiveness, lack of self-awareness, and immaturity impact the development of professional competencies. The current study aims to provide some additional literature from MHEs perspective on how

they identify trainees with problems of professional competence and either foster the necessary skills to practice or advocate for their removal from the program. Additional information from the educator's perspective may bridge some of the divide between trainee and educator perspectives.

Perry et al. (2017) examined how educators identified and described trainees with problems of professional competence. This study relied on quantitative methodology to survey a sample of training program directors from clinical psychology training programs from Australia and New Zealand. Their final sample consisted of 24 individuals who completed the survey. This was conducted with an international sample of educators who adhere to differing ethical and professional guidelines. However, these results provide important findings that may assist training programs in the United States as they are both drawing from a competency-based education framework. The results indicated that on average, program directors identified 3 trainees with problems of professional competence in the previous five-year span. The most frequent reason why training directors identified these trainees were due to behavioral issues, psychological concerns, developmental factors, and situational life events. Within the sample the most frequently identified concerns were psychological, behavioral, and developmental. Aligned with competency-based educational practices, 66.7% of program directors used a standardized Competency Evaluation Rating Forms (CERFs) as a means for evaluating trainees' progress. These results indicate that problems of professional competence is an issue for international programs that is being addressed through the competency-based education model. Of note, 32.2% of program directors identified psychological factors as a contributor for a trainee's problems of professional competence. Aligned with

competency-based education, these results indicated that programs may need to specifically address how to manage personal mental health concerns throughout training.

Competency-Based Education in Professional Psychology

The governing agencies in both professional psychology and counseling have identified competency-based educational practices as the standard for training programs in mental health (CACREP, 2015; SoA, 2015). Trainees in APA-accredited and CACREP-accredited programs are mandated to develop a predetermined number of competencies necessary for independent practice. There is currently a rich history of competency-based educational practices in mental health related programs as well as several influential theoretical papers addressing the topic that has shaped academic programs. However, there is currently limited empirical studies exploring competency-based education specific to mental health related programs. The remainder of this section focuses on several models of competency-based education and related studies.

Competency-Based Education Models

The SoA dictates the specific competencies necessary for trainees to develop for independent practice (APA, 2015). However, there is some flexibility in how each program adopts these basic competencies within their program. Several models were developed to provide training programs with the structure to adopt competency-based education to their curriculum. The cube model for thinking about competency development was created from the Competencies Conference work group on specialty education (Rodolfa et al., 2005). The cube model was in part designed to help define and assess professional competencies (Nash & Larkin, 2012). Broadly, the cube model is structured around domains of competency, which are clusters of integrated

understanding, expertise, and dispositions necessary for professional practice in psychology (Rodolfa et al., 2005). The cube model is made up of three domains of competency. The first is Foundational competency domains, which are the essential functions that psychologists perform. Within this cluster are the actual skills and knowledge necessary to practice including reflective practice and scientific knowledge (Rodolfa et al., 2005). The next domain is functional competency domains, which are actual skills and values necessary to work as a psychologist (Rodolfa et al., 2005). These skills include assessment-diagnosis, case conceptualization, and intervention. The final domain of competency is stages of professional development, which allow this framework to apply to individuals at any stage of their education and training in professional psychology (Rodolfa et al., 2005). Each of these domains represent essential aspects of professional practice for psychologists to develop. The cube model is also flexible enough to allow for other specializations to adapt the structure to incorporate their specialized knowledge (Rodolfa et al., 2005). This early model developed in a collaborative effort to promote professional competencies that has been widely accepted across diverse disciplines within professional psychology.

The competency cube is one of the most widely known models for addressing professional competency. The interlocking rings model similarly addresses professional practice in psychology, however, focuses more specifically on the graduate school progression for psychologists (Nash & Larkin, 2012). This model is based on the notion that through the years of supervised practice, trainees' cycle through phases in their development and acquire new knowledge with their progressive experiences (Nash & Larkin, 2012). Like the cube model, trainees develop foundational and functional

competencies (Nash & Larkin, 2012). This model uniquely emphasizes the trainee's journey from doctoral work, to predoctoral internship, and post-doctoral work. Here, trainees move from exposure to the field, to gaining experience, towards full immersion within their specialty (Nash & Larkin, 2012). Earlier in development, trainees begin with knowledge/values towards expressing competencies in their skills. Finally, there is an emphasis on supervision in training, noting the typical progression for less restrictive practice over time in trainee development. This model offers a unique alternative to the cube model for a lifelong trainee in psychology. Educators play an essential role in helping students develop professional competencies. The following section focuses broadly on MHEs. The section narrows on their work in fostering and assessing trainee professional competencies and later the ethical duties that are expected to perform when trainees are expressing problems of professional competence. These models allow training programs to adapt competency-based education to their program in order to adhere to their governing bodies and the values of their training program. Therefore, they serve a vital purpose in training and education in professional psychology. The next section focuses on literature on competency-based assessment.

Trainee Competency Assessment

Currently, there is limited empirical studies on many aspects of competency-based education in mental health programs. However, there is some literature available on assessment and evaluation of trainee competency. Assessment is an ongoing process throughout graduate education in psychology. This process helps identify trainees' ability to meet the appropriate benchmarks within their program which are readiness for practicum, readiness for internship, and readiness for entry into practice (Fouad et al.,

2009). Assessment is a vital component to the competency-based education framework as it provides key insight into trainee development. This section focuses on self-assessment and supervisor assessment of competencies.

Kamen et al., (2010) explored graduate trainees' perspective on competency-based education and assessment. This study used a factor analysis and one-way ANOVAs to explore trainee characteristics, core competency development, and perceptions about competency. For the analyses, trainees were divided into separate groups based on their developmental stage in their doctoral work. This study sampled exclusively from graduate trainees who were also members of the Council of University Directors of Clinical Psychology (CUDCP). Their final sample consisted of 641 trainees of which 81.7% were female. Here, the average age of trainees was 28.04 years ($SD = 4.49$). Within the sample 83.5% identified as White, 4.4% were Hispanic/Latino, 4.4% were Asian/Asian American, 2.8% were African American or Black, 2.0% were Biracial, .3% were Native American, .2% were Native Hawaiian/Pacific Islander (0.2%), and 2.2% identified as Other. Their findings indicated that trainees across their development held similar characteristics such as seeking social support and balancing work and life. They also found that trainee self-assessment of competencies improved over the span of their education. These findings suggest that there is a strong basis for assessing trainees' competence based on their developmental level. Finally, they also found that trainees entering any career field similarly self-assessed their competencies in the intervention, assessment, and trainee characteristic competency areas. However, individuals with a research focus self-assessed as more competent in research in comparison to those entering clinical careers. Furthermore, individuals entering clinical careers reported that

they were more competent in the empathy factor in comparison to those entering research-focused careers. Individuals who were interested in both clinical and research-oriented careers did not differ from the other groups regarding any of their competencies. These results indicate that trainees are developing competencies across the relevant domains regardless of their intended career focus. Furthermore, these findings suggest that trainees can self-assess their competence based on their primary focus in their program. A general limitation from this study is that is exclusively sampled from a subset of clinical psychology trainees from CUDCP. Members within this organization may hold similar values and training goals, which may limit the findings to this subset of students. Additional literature is necessary to address how self-assessment of competencies impacts competency-based education.

Gonsalvez et al. (2016) studied clinical supervisors' approaches to goal setting, assessment, and feedback for psychology trainees. Specifically, this study attempted to identify any differences in clinical supervisors' practices in comparison to actual best practices within the competency-based educational framework. This study used a quantitative approach to clinical supervisors' beliefs on trainee performance expectations and goal setting, feedback practices, and assessment. This study used a sample of 113 Australian supervisors, all of whom were registered psychologists. Here, 97.3% reported that they were board-approved supervisors. Within the sample, 68.1% were women and the mean age was 48 years ($SD = 11.23$). Their results indicated that supervisors obtained their performance expectation for trainees from psychology professional expectations (83%), prior experience supervising trainees (69%), and university expectations (59%). An important finding from this study was that supervisors who relied on information

from universities on the clinical standards had significantly less difficulty with their final competency assessments than those who were not given such feedback. These results indicate that academic programs should work closely with clinical supervisors to provide them with an understanding for their standards of practice. Their analysis also found that trainee self-report of their work was used significantly more frequently than direct observation of their clinical work. Another important finding from this study was that 42% of supervisors believed that their ratings of trainees were biased. Many of these supervisors believed that they had a positive bias towards their trainees. These findings question the degree to which trainees are assessed based on their clinical competencies. Related to the current study, these findings indicate that training programs may need to have a stronger working relationship with clinical supervisors to ensure that the competency-based framework is being implemented in practice settings. Further research is necessary on how programs collaborate with supervisors and integrate clinical competencies throughout trainee academic experiences.

Dienst & Armstrong (1988) studied the reliability and validity of a system of measuring psychology trainee clinical competence. This study used the clinical proficiency progress review, which was an oral and written assessment of 3rd year clinical psychology graduate students' competencies in various areas of practice using a six-point Likert scale. These areas included written work, case formulation, intervention, relationship skills, limits of competence, self-examination, and professional demeanor. This study used a six-person panel of consisting of two core teaching faculty, one adjunct faculty member, and three trainee peers to assess trainee competencies. Here, the same 6-person panel was not consistently used across each evaluation. This study reviewed

ratings from 66 trainees. Their results indicated that there was a strong alpha reliability (.94) among all the dimensions assessed. Their findings suggested some concern for the halo effect or positive rating unrelated to trainee actual clinical work. There was the most rating agreement between core teaching faculty. Their range for agreement was between .42 to .63. These results indicate that core teaching faculty may have a clearer understanding on the benchmarks for clinical practice. The least agreement occurred between peers. Their range for agreement was between -.02 to .62. The agreement was particularly influenced when the student panel had who at least one person who had a clinical seminar with the individual being assessed. Their findings also suggested that there was some bias towards rating individuals with the same theoretical orientation. This study was published as a brief report and therefore has some missing information that would provide better insight into the findings including the information on both the panel and trainees. However, this information is rich because it explored different faculty members' and trainees' perspectives on clinical competence. In relation to the current study, these findings indicate that there may be some bias associated with competency-based assessment that should be addressed by ensuring that there are clear standards for practice and objective measures for assessment. However, the stronger agreement between core teaching faculty members indicate that they are better qualified as assessing trainee competencies. This study should be replicated using more contemporary assessment tools for clinical competencies.

Competency-based education is an important aspect of contemporary training programs. This framework offers clear standards and expectations for trainees to adequately progress towards independent practice. From the trainee's perspective, the

literature suggests that regular self-assessment is a vital aspect of their growth and that there is a need to evaluate students based on their developmental level (Kamen et al., 2010). Currently, according to the SoA, MHE are mandated to regularly assess their trainees and provide them with appropriate feedback on their work (APA CoA, n.d.). However, some earlier literature suggests that supervisors may struggle to provide fair assessments of their trainees' performance due to their biases (Dienst & Armstrong, 1988). Additional contemporary literature is needed to address trainee evaluation within the current competency-based education models. The next section focuses on MHEs and their relationships with trainees.

Mental Health Educators

Mental health educators play an important role in fostering new generations of new competent clinicians. These educators may experience many stressors and work responsibilities including teaching and research, fulfilling tenure requirements, and balancing work and family (Good et al., 2013). They have a responsibility to provide an adequate pedagogical experience and provide trainees with the tools necessary to become competent clinicians. However, MHEs also have a unique ethical obligation to protect the field and potentially vulnerable clients from clinicians who are unable to meet the minimal standards for practice. Here, MHEs may need to balance their ethical duties with their educator identity. The next subsection will provide an overview on the literature on their interactions with trainees in distress, their experiences with remediation, and finally their perceptions about gatekeeping.

Responding to Trainees in Psychological Distress

This study aims to focus on the educational relationship between faculty and students who are in some heightened emotional or psychological distress. Trainees with elevated distress are widely documented throughout the literature in professional psychology as reported by faculty (Glenmayer & Bolin, 2007; Kucirka, 2017; Mazza, 2015) and peers (Shen-Miller et al., 2015). In some instances, student emotional duress may be present within the context of the academic environment. Depending on the circumstances, educators may be compelled to respond to their trainee distress. The following literature details experiences interacting with students in emotional distress or exhibited challenging behavior.

Mazza (2015) examined social work educators' unique challenges working with students with psychiatric disability and the successful strategies employed in their relationship. This study used a qualitative approach to analyze the data first through open coding followed by an inductive process to develop categories. This study used full time social work educators from accredited programs from across New York, New Jersey, and Pennsylvania. They had a sample of 26 instructors, 73% were female and 27% were male. Within the sample 23% of the instructors identified as ethnic minorities. Their findings indicated that it was important for instructors to be aware of vulnerable students and engage in early intervention strategies. These instructors described taking a nuanced approach to working with vulnerable students, addressing more immediate concerns early while de-pathologizing other subtler behavior. Instructors identified that establishing a strong healthy relationship with their vulnerable students was an ethical responsibility. Finally, instructors discussed the role disability services can play with students with

psychiatric disability. Several participants discussed concerns with students being unsuitable for the field due to their psychiatric disability and the need to remove the student from continuing in the program when appropriate. This study provided key information on faculty approaches and attitudes on student psychiatric disability. This study highlighted these instructors' unique foci on attending to the needs of vulnerable students. Social work instructors may have a unique perspective that would limit this study's transferability to other mental health fields. However, this study's results indicated that their specific training in mental health may influence instructors' responses, making them sensitive to pathological behavior and appropriate responses. Furthermore, due to the nature of social work, this study provided some meaningful findings on the gatekeeping role as experienced by social work educators.

Glenmayer and Bolin (2007) studied how social work programs and educators accommodate and interact with their students with psychiatric disabilities. This study used quantitative methodology to survey program directors and educators' behaviors, established policies, and attitudes towards their trainees with psychiatric disabilities as defined by the Americans with Disabilities Act of 1990. Their final sample consisted with 71 individuals completing the survey. Of the respondents, 64.8% were from BSW programs, 8.5% were from MSW programs, the remaining 35.2% came from combined programs. Their data indicated that most educators reported that their program had enrolled students with a psychiatric disability within the past 5 years, however only approximately 32% had an explicit policy for working with these students. Despite the lack of clear policy, their results indicated that 88% of respondents reported that their program provided accommodations for students with students with psychiatric disability.

Furthermore, they found that 69% of the sample reported that their program counseled out at least one student from their program who had a psychiatric disability. Educators largely had positive regard for their students with psychiatric disabilities. Their data indicated that most educators believed that students with psychiatric disabilities could become excellent social workers. These results suggest that many of the educators believed that their trainees with psychiatric disorders are capable of being competent in their field with adequate accommodations. A problematic finding with this study is either the lack of knowledge surrounding the policies for these students or the absence of policies. To adequately provide accommodations for these students, it would be important for educators to know how to address psychiatric disability and for students to know how to obtain accommodations when appropriate. This study provides additional context for educator beliefs about trainees who present with mental health concerns. Further literature is necessary to address how educators foster the skills necessary for independent practice for those with psychiatric disabilities.

Kucirka (2017) used a grounded theory methodology to study the social psychological process for interactions with students with mental health concerns. Participants in the study were thirteen nursing faculty from eight universities, eleven were female and two were male. Their ages ranged from 28 to 65 and the mean age was 50. The results indicated that the basic social psychological process derived from the data was “navigating the faculty–student relationship in the context of student mental health issues.” They determined that instructors employed multiple strategies to work with these students in a four-phase non-linear process: noticing, responding, experiencing, and reflecting. The instructor’s decision to respond to students differed based off several

factors including the seriousness of the circumstance, comfort level, perceived support, and boundaries, and their prior experiences with others with mental illness. In their experience of the relationship, instructors had a range of affective, cognitive, and behavioral responses to students. Finally, instructors reflected on their experiences with their students to make sense of the relationship and change their practice. This grounded theory approach provided an overall theory for how instructors respond to student mental health distress. While this study sampled nursing and this field is different from the focused instructor population for the current study, it yielded important findings to inform the current study. Furthermore, nursing is similar to the mental health care field because they are both helping professions and they both hold a similar gatekeeping responsibility. This study gave voice to faculty members' experiences of the instructor-student relationship and highlighted a range of responses used to navigate sensitive moments with students.

Educators may have generally positive regard towards their trainees who are either in distress or present with a psychiatric disability. Throughout the literature, educators have attempted to be compassionate and accommodating for their trainees when necessary. Still, as Glenmeyer and Bolin (2007) noted within their findings, these programs may still terminate trainees from their program who are unable to meet the standards for practice with accommodations. While this study did not specify if these trainees were terminated due to circumstances related to their psychiatric disability, the notion remains that no trainee is immune from being terminated for their inability to meet the appropriate benchmarks as outlined by their professional governing bodies and their program. For professional psychology programs, once a trainee is identified as having a

problem with professional competence, they must often first make remediation attempts prior to termination from the program. The next section reviews literature on MHE and trainee remediation.

Remediation

Henderson and Dufrene (2012) examined trainee behaviors that have been associated with remediation. This study used a content analysis from literature across multiple mental health fields including social work, counseling, marriage and family counseling, and professional psychology. To meet inclusion criteria in the analysis the article must have described conceptualizations of or research on student behaviors associated with issues such as remediation, dismissals, gatekeeping to the field, personal or professional characteristics, and impairment or competency deficits. Their final sample consisted of 26 articles. Their findings yielded 19 themes from 8 broad categories. The most frequently discussed theme across the literature was ethical behavior. Here, trainees were engaging in remediation due to issues including general ethical behavior and poor boundaries with clients, supervisors, and their peers. The second most frequently discussed topic was the presence of psychological symptoms as a precipitating factor for remediation. The third most frequently addressed topic focused on intrinsic characteristics such as interpersonal skills and maturity that may impact professional relationships and addressing these deficits in remediation. Each of these three frequently discussed themes related to remediation were associated with problems of professional competence. Therefore, MHEs must be particularly sensitive to these issues and should respond and engage in remediation when appropriate. This study provides key insight into the remediation process across the mental health professions. While each profession

has unique values and specializations, it is important to acknowledge that remediation is occurring across domains. Further literature could benefit from using samples across mental health care fields. This intentional sampling may connect mental health care fields in their pursuit of fostering new generations of competent clinicians.

Russell et al. (2007) studied faculty responses to gatekeeping and remediation dilemmas with student trainees. Here, faculty members from accredited marriage and family therapy education programs were given a survey with 7 hypothetical vignettes depicting challenging trainee circumstances and 17 optional responses. They were subsequently asked to elaborate on their responses on the survey. Thirty faculty from diverse master's level programs across the United States were sampled for the study. The results indicated that steps educators typically used fell under six categories: talking, referral, start due process, increase interaction, mutual gatekeeping, and unilateral gatekeeping. One of the most consistent findings amongst faculty was that they required further context for their trainee behavior prior to responding. Furthermore, faculty members were dedicated to ensuring that students were given proper due process and adequate feedback for their behaviors. This study relies on hypothetical vignettes; therefore, it is not clear how well these procedures are followed with actual trainees. However, this study provides important information on how faculty may respond to problematic behavior behaviors. Additional research is necessary to address how faculty members have responded to similar events throughout their career.

Elman and Forrest (2004) studied doctoral programs in psychology use of psychotherapy as a form of remediation for their trainees. While many programs will encourage trainees to engage in personal psychotherapy as a remediation strategy, there is

limited literature on its effectiveness on the trainee and their therapeutic practice (Elman & Forrest, 2004). This study used an exploratory qualitative approach to survey training directors from APA-accredited counseling psychology programs to better understand their experiences in asking their trainees to seek therapy. Their sample consisted of fourteen training directors; eleven of their training programs were in the College of Education and four were in the Psychology Department. Their sample consisted of nine men and five women. Twelve participants identified as Caucasian and two were ethnic minorities. Their results indicated that thirteen out of the fourteen training directors initially took a “hands off” approach to their student’s psychotherapy, meaning that they encouraged trainees to engage in therapy to avoid more formal remediation efforts. While this approach honored their trainee confidentiality, it limited their ability to follow up on important information including if they attended therapy, their treating therapist’s competence, and if they have addressed the issues in therapy. Within this sample of hands-off training directors, four described that they shifted their approach to their trainee treatment towards more involvement when their student behavior became more severe. Of the training directors who took an active role, directors were able to more clearly identify low-risk and high-risk trainees. This approach created stronger accountability and communication between the program, treating therapist, and trainee created clear expectations for progress. This study found that one of the primary challenges that training directors experienced was finding a balance between a trainee’s right to privacy and confidentiality in treatment and the ethical duty to protect the field. An active approach to trainee private therapy was more likely to occur in high-risk cases, which often ended with their termination from the program. This study highlighted some of the

important ethical decision-making surrounding remediation. This current study aims to provide additional literature on ethical considerations with trainees in distress.

Remediation is a necessary process within the competency-based educational framework. Once a trainee is identified as having a deficit in a necessary area of practice, programs are expected to work with them through remediation. This process provides trainees with additional support to build competencies under enhanced supervision. Remediation is a challenging and emotionally taxing process for both educators and trainees. Individuals who are unable to meet the minimal benchmarks for practice following remediation attempts may be terminated from the program. The next section emphasizes gatekeeping practices for trainees in the mental health care fields.

Gatekeeping

Gatekeeping is the responsibility to protect the public by identifying individuals who may not be meeting standards to practice and remediating those who exhibit problematic behaviors (Vacha-Haase et al., 2004). While this role is not unique to professional psychology, there is an ethical responsibility for academic programs to perform this duty as appropriate. Many programs see this as an ongoing process with multiple attempts to remediate their trainee behavior with the potential for termination from the program (Vacha-Haase et al., 2004). However, academic programs as well as individual educators report experiencing anxiety surrounding gatekeeping the profession (Brear et al., 2008). This ongoing process between trainees who are not meeting their appropriate benchmarks creates a challenging relationship and their faculty members. Here, programs must balance the need to foster student growth and the ethical responsibility to protect the field from incompetent clinicians.

Schuermann, Harris, and Lloyd-Hazlett (2018) studied attitudes about gatekeeping practices in counselor education. In this study, they used consensual qualitative research protocols to examine instructors' semi-structured interview data. The researchers sampled nine educators from different counselor educator programs including three assistant professors, three associate professors, and three adjunct faculty. Their years of experience in the field ranged from 2 to 19. Participant's ages ranged from 31 to 58 with an average of 40 years. Their analysis initially took 39 categories and synthesized it into 8 broad domains including: professional obligations, differing perspectives, tools of gatekeeping, domains of competence, support, gatekeeping outcomes, counselor educator gatekeeping responsibilities, and communication about gatekeeping. Their findings indicated that within their professional role as counselor educator, gatekeeping was perceived to be a primary ethical responsibility to prevent future harm and uphold accreditation standards. Instructors emphasized the need for clearly identified standards communicated to students. Finally, they found that years of experience as an instructor positively contributed to educator understanding and confidence in the gatekeeping process. These findings begin to unpack educator perception of their role as gatekeepers to the profession. This study highlighted the deep reflective thought associated with ethical decision making with trainees. Additional focus on the instructor-trainee relationship within the gatekeeping process will provide stronger insight on understanding the MHE perspective.

Lafrance et al. (2004) studied social work field instructor experiences with gatekeeping for nonacademic reasons. For their study, the researchers used an exploratory qualitative research design to analyze data from a focus group as well as

individual interviews from each participant. They used a sample of ten field practice instructors for social work trainees at the bachelor level. Their findings indicate that field instructors found that trainee poor interpersonal functioning often stemmed from challenges experienced earlier in life. In their interviews field instructors emphasized the need for students to exhibit maturity in their work and honesty and integrity are essential for practice. Furthermore, they emphasized the need for self-awareness particularly as it relates to the formation of personal values, beliefs and attitudes from early childhood were important for practice. They emphasized a need to remediate with students by encouraging students to become more aware of their areas of concern and open to the education process. In their conclusions from the study, instructors also cited a stronger need for clear criteria to help faculty with the gatekeeping process. There are several key areas where this study differs from the current study. Primarily, this study draws from a sample of individuals in the social work field with bachelor level trainees; these instructors may have different education values and goals from those in professional psychology. However, their results provide important information on how these instructors understand the remediation and gatekeeping process. Here, instructors reported that trainees often deserved the opportunity to remediate their deficits, however it was their responsibility to remain open to the process.

Ziomek-Daigle and Christensen (2010) developed a theoretical gatekeeping process for academic programs. This study used a grounded theory qualitative approach to exploring master level counseling educator thoughts, behaviors, and standard practices for gatekeeping within their academic program. This study used a sample of eight counselor educators, five were female and three were male. Here, six of their participants

were Caucasian, one was African American, and one identified as Asian. Each participant held doctoral degrees and their experiences in education ranged from 3 to 14 years. Their results yielded a four-phase process for gatekeeping in the field. The initial stage occurred during the preadmission screening, where academic aptitude and interpersonal interactions were assessed prior to entry into the program. The next phase during post admission screening, academic aptitude was assessed during the program and interpersonal interactions were monitored between faculty members, site supervisors, and peers. Here, several faculty members emphasized the need to assess interpersonal interactions in supervision and receptivity to feedback. In the third phase, the remediation plan was initiated with students who were underperforming or needed assistance. During this phase, educators described that they were responsible for assisting students in obtaining remediation, providing consultation and documentation for potential dismissal, and providing students with options for due process in case of dismissal. Here, faculty members used strategies including providing additional supervision and giving students options including a leave of absence, personal counseling, and feedback on their status in the program. In the final stage named remediation outcome, educators evaluated the outcome of their actions with students. They reported that their actions were successful, unsuccessful, or indifferent/neutral. There were several key limitations for this study. First, using the theoretical sampling typically associated with grounded theory is information rich which demands a strong sample size (Charmaz, 2006) This study's sample size of eight participants does not meet this general threshold, therefore the theory should be cautiously interpreted. This study is limited to counselor education, which may limit the transferability to other professional fields in mental health. However, this study

is important to the general gatekeeping literature because it details the effortful and deliberate gatekeeping process occurring throughout a trainee's existence in the program. While this study discusses some of the subjective experiences in gatekeeping, further research is necessary to explore educator feelings about the process and how their professional identities are activated while interacting with their trainees.

Butler (2017) studied the experiences of nontenured and tenure-track faculty members engaging in the gatekeeper role. This study used consensual qualitative research (CQR) methods to explore diverse factors including emotional and cognitive reactions, supportive and dissuading factors, decision making, and faculty status in the gatekeeping process. This study used a sample of five female faculty members from APA- and CACREP-accredited programs. Here, four of their respondents identified as White or Caucasian and one identified as Asian. Aligned with CQR methodology, this study used a research team of three doctoral students and one auditor. Their results indicated that much of the faculty member's knowledge about the gatekeeping process came from informally from other faculty members. Their analysis determined that a range of positive factors contributing to faculty interventions including feeling supported by peers, support from mentors, feeling a sense of responsibility to their field, and genuine concern for their students' wellbeing. Factors that discouraged faculty members from intervening with students included negative emotions, a lack of support from peers and the university, and department policy. Participants described the negative effect felt from gatekeeping including difficulty engaging in other professional duties, drained energy, and increased stress at home. This study provided a holistic account for the faculty member's cognitive and emotional responses to gatekeeping. Educators described that their prior experience

in gatekeeping, encouraged them to be more proactive in intervening with other trainees. A common narrative from instructors was that the gatekeeping process was a generally emotionally draining experience, which detracted from their energy towards other academic pursuits. Although these findings provided some important findings regarding faculty members' perceptions on gatekeeping, there were several key limitations that should be considered while understanding these findings. A primary limitation is that this study only drew from five female instructors. The sample size is less than the 12 to 15 recommended sample (Hill, 2012). This sample size is more problematic as this study aims to look at both tenured and nontenured instructors, which are divergent groups (Hill, 2012). Furthermore, with a lack of gender and ethnic diversity, these findings may be limited in their transferability. This study provides key information for the factors associated with faculty member decision making to engage in the gatekeeping process with their students. Further literature exploring both the positive and negative feelings associated with gatekeeping is necessary for educators.

Gatekeeping is an ethical obligation for educators in professional psychology programs. It is a challenging ongoing process between educators and trainees (Vachha-Haase et al., 2004). Following failed remediation attempts, faculty members may need to terminate trainees from their academic programs, thus protecting the field by hindering their ability to enter the field as an independent practitioner. Educators may experience a range of emotions while attending to the gatekeeping process (Butler, 2017). There is currently a need for additional literature detailing gatekeeping within the competency-based education framework. This current study aims to provide additional research on the gatekeeping process using this contemporary perspective. The next section provides a

brief overview of issues related to power as it relates to MHEs and their relationship with trainees.

Mental Health Educators and Power

There is an inherent imbalance of power generally associated with graduate education. However, some philosophical perspectives contest that power has a pervasive influence across all our interactions. Michel Foucault led an influential philosophical shift away from a perception that power represents an overt oppressive force (Hall, 2012). Rather, he contested that power exists as a function of all social interactions and primarily exists through discourse (Hall, 2012). Foucault specifies that shared language and social interactions produce knowledge. He further asserts that discourse represents how language is used within a specific historical and social context (Hall, 2012). Since discourse is the primary tool for power, all social experiences are influenced by power. Foucault's theoretical framework for power within institutional environments may provide added context for the current study. Here, he asserts that power operates within "institutional apparatus and its technologies" (Hall, 2012. p. 75). Therefore, institutions operate due to the specified control using both linguistic and non-verbal structures such as laws and regulations. Foucault's radical departure from traditional beliefs about power have led to a deeper understanding of systemic and subtle representations of power in our daily lives.

Through this framework, MHE yield a clear power imbalance of power with all trainees. MHEs both educate and assess trainees' competence through their social interactions. Through their interactions, knowledge is produced through the discourse that educators deem to be relevant. Finally, the institutional values and practices are imposed

upon trainees through the educative philosophy and expectations for trainee behavior. This imbalance of power may be more pronounced in MHEs experiences with trainees who are in the gatekeeping process. Here, MHEs yield a significant amount of power in their influence and decision-making regarding trainees' progress in remediation. During remediation, trainees may experience additional scrutiny and social interactions with their supervisors. As a result, trainees are expected to make increased efforts to assimilate to their program's standards.

The hierarchal power dynamic within programs may be necessary and sometimes helpful to maintain basic standards for trainees. However, it is important to acknowledge how the imbalance of power impacts trainees who are most vulnerable to its influence. The very basis for accredited mental health program is rooted in a Western framework. Much of the research, which we value as knowledge may not equally represent diverse identities and perspective. Therefore, our shared language and our basis for knowledge may lack representation from diverse groups, thus reinforcing traditional Western beliefs. In addition, to faculty status, diversity factors such as race, nationality, gender, age, sexual orientation, and disability status may have an additive affect for trainees and their imbalance of power. While the APA, NASP, and ACA have explicitly called for all practicing individuals to respect human dignity and develop multicultural competence, additional literature is necessary to understand how this translates within academic programs. The next section provides a focus on some of the multicultural factors associated with competency-based education in professional mental health programs.

Multicultural Factors in Mental Health Education.

Gatekeeping is a broad term, used to regulate the flow of access of information (Barzilai-Nahon, 2009). It is a necessary practice within mental health programs to protect the public. However, in many historical contexts, gatekeeping has oppressed various minority groups from accessing a fair and equitable education due to their marginalized identities (Campbell Jr, Denes, & Morrison, 2000). Even today, graduate faculty members from across disciplines with positive intentions for accepting diverse students often fall short due to personal bias and an inflexible Western framework for defining successful candidates (Posselt, 2016). Therefore, individuals in positions of power who hold the gatekeeping keys may be more inclined to define successful students based off culturally bound ideology that best fits their worldview. While access to graduate education has somewhat improved, systemic issues such as economic disadvantages are still barriers for many individuals (Posselt & Grodsky, 2017). Therefore, re-production of knowledge particularly at the doctoral level are often preserved for those with privilege and the understanding on how to operate within the Western framework.

The mental health care fields, particularly at the doctoral level are not immune to these issues. There are some inherent biases towards Western cultural practices and ideology from within the mental health educational system. Competency-based educational frameworks in general are grounded within a Western educational framework (Hodge, 2007). Therefore, our standards for what is deemed to be ‘competent’ and acceptable may be biased towards individuals who more closely align with predominant Western cultures. If biases are not closely examined in how competencies are defined,

there are potentially grave implications for individuals who hold non-conforming identities. Therefore, it is important for individuals and organizations with who maintain the power to define what is ‘competent.’ Deliberate steps must be taken to consider how competency-based educational practices and gatekeeping can function to support diverse identities while maintaining high standards for practice. Professional mental health organizations and graduate program must carefully consider a diverse graduate student population when defining core competencies. Align with this issue programs should reflect on how professional behavior is being defined and if problems of professional competences are being used to maintain western beliefs and behaviors.

To meaningfully address potential bias within the competency-based framework it is important to value multiculturalism and have a baseline understanding of diversity issues in education. The adoption of multicultural competencies is now a widely professed value across the mental health care fields (APA, 2003). However, historically fewer programs offered coursework in multiculturalism and training programs struggled to address diversity factors (Ponterotto et al., 1995). Therefore, MHEs’ and key stakeholders who have the power to make gatekeeping decisions, may not have training and tools to address these complex issues. Multicultural competency and education have three essential goals: bring about cultural self-awareness, develop knowledge on diverse worldviews, and develop culturally appropriate skills (APA, 2003). These essential factors help foster a more multiculturally informed workforce within mental health professionals. Individuals who have matriculated through graduate programs in mental health prior to this emphasis may lack the of exposure to a deeper intellectual understanding of these factors or a lack of self-examination. This deficit may lead to

culturally biased decision making which can negatively impact trainees with diverse multicultural identities.

In addition to the lack of formal education on multicultural factors, there is a lack of diversity within faculty members. Mental health graduate programs tend to skew proportionality with more white faculty members. According to the APA Commission on Accreditation 2017 Annual Report, of the core faculty in APA accredited doctoral programs, 4.73% were African American/Black, 0.35% were American Indian/Alaska Native, 5.17% were Asian, 7.17% were Hispanic/Latino, .017% were Native Hawaiian/Other Pacific Islander, 78.94% were White, 1.25% were Multi-Ethnic, and 2.23% did not report (2017). These numbers highlight a faculty that is disproportionately White, which does not reflect the general population, nor a more diverse graduate trainee population (APA, 2017a). Therefore, the lack of diverse voices in positions of power may also be a challenge to an inclusive approach to developing a multiculturally sensitive standards within competency-based education and gatekeeping in professional mental health education programs.

While there are stagnant levels of diversity at the doctoral level, there has been some positive trends that indicate that there are more multicultural groups entering the mental health care field at lower graduate levels (Maton et al., 2006). This shift in the graduate student populations may lead to cultural mismatches between MHEs' and their trainees. This divide in culture is not inherently negative and can be enriching for both individuals with the relationship. However, providing negative feedback for supervisees with differing cultural identities can be challenging. In these instances, supervisors must reflect on how their feedback may be a function of their cultural values and beliefs

(Burkard et al., 2012). Therefore, supervisors must maintain a multicultural orientation towards cultural humility (Hook et al., 2016). In doing so, MHEs' are equipping themselves with the skills to maintain their working alliance with trainees while providing feedback to more diverse groups of trainees.

Multicultural factors may influence the assessment of trainees clinical and interpersonal skills. MHEs' with unexamined bias may negatively influence their assessment of trainees' competencies. Multicultural guidelines in psychology encourages all mental health professionals to develop insight into personal biases and to meaningfully address these concerns when appropriate (APA, 2003). This is a continual effort that can create painful or defensive feelings for MHEs' as they reflect on their personal bias. However, it is important for all mental health professionals and especially individuals in positions of power to reflect on biases as they may exhibit in microaggressions or create a hostile learning environment (Charles et al., 2017). Therefore, it takes educators to self-examine their biases as they assess trainees' interpersonal and skill-based competencies.

Multicultural factors may also impact the remediation and gatekeeping process. Unfortunately, there is limited literature specifically examining MHEs' conceptualization of complex diversity factors as it relates to trainees with problems of professional competencies (Shen-Miller, et al., 2012). However, some research suggests that addressing diversity factors can be emotionally evocative for faculty. The results from a qualitative study indicated that training directors varied greatly in their understanding and approaches when considering diversity factors and trainees with competences problems (Shen-Miller, et al., 2009). Here, training directors' approaches to race related conflicts

varied from expressing colorblindness through integrating culturally attentive responses. These results indicate that some training directors who inherently hold significant power and privilege, may struggle with addressing trainees from diverse backgrounds in times of conflict.

Despite the emphasis on recruitment there are still disparities, particularly at the doctoral level (Maton et al., 2006). There are larger issues that impact minority recruitment and retention into mental health fields such as widely held cultural beliefs and stigma against mental health services (Defreitas et al., 2018). However, institutions and MHEs' have responsibility in the imbalance of marginalized groups into the mental health graduate programs. The tensions between historic oppression of trainees with diverse multicultural identities from the field and initiatives towards a more inclusive mental health field create added layers of complexities for competency based education and gatekeeping. This study aims to broadly explore problems of professional competency, however, this study would be severely limited, if culture and identity were not meaningfully addressed. Therefore, multicultural factors between MHEs and their trainees shaped research questions and were discussed during the interviews. However, additional literature exploring multicultural factors as it related to competency-based educational practices and gatekeeping are necessary to develop more understanding and to create a more inclusive mental health profession. The next section provides a general overview of the areas for additional research within the general topic.

Review of Gaps in the Literature

The current study aims to fill some of the gaps in the literature on competency-based education and MHEs. There is a body of literature documenting graduate trainees'

mental health from professional psychology programs (Gaubatz & Vera, 2006; Meyers et al., 2012; Rummell, 2015). However, due to the contemporary push towards competency-based education, there is less literature on mental health within the context of problems of professional competence. Furthermore, much of the literature focuses on trainee “impairment” (Brear et al., 2008). This is an outdated approach for understanding trainees’ behavioral concerns and functioning in the field. Additionally, literature focusing on impairment has largely failed to address trainees who are experiencing the wide range of emotional reactions trainees exhibit. More research is necessary to understand how MHEs interact with trainees who present with mild or moderate distress as well as individuals who have been dismissed due to an inability to meet expected benchmarks for professional behavior. Furthermore, additional literature is necessary to understand how MHEs are addressing trainees’ emotional distress within the context of competency-based education. Trainees are expected to learn how to engage in appropriate behavior in academic and professional settings. Therefore, it is important to understand how educators are both teaching these skills while addressing the trainees who may need remediation or termination from their program. Currently, there is limited literature available exploring multicultural identity as it related to problems of professional competence. Additional literature identifying how educators and their trainees’ identity shape conversations surrounding professional behaviors is necessary to foster a more inclusive field.

MHEs interact with their students daily and may witness student psychological distress within the context of the classroom. These educators’ expertise includes advanced knowledge of assessment and treatment of psychopathology; however,

it would be unethical to formally assess a trainee's mental health or provide treatment. There is limited information about how MHEs' expertise and training may impact their responses to students. Furthermore, much of the literature on graduate trainees focuses on 'impairment' and gatekeeping which highlights trainees' with significant difficulties (Bodner, 2012; Bradey & Post, 1991; Brear et al., 2008; Lafrance et al., 2004). While this ethical responsibility is an essential role for MHEs, this emphasis may over pathologize their trainees' psychological distress. Additional literature is necessary on how MHEs' expertise as supervisors address a broader spectrum of students who are experiencing lower levels of distress. There is a wealth of areas to explore for future research given the cultural shift towards competency-based education in professional psychology. The next section provides an overview of the intentions behind the current study.

Purpose/Research Questions

The purpose of this study is to provide a qualitative account on how MHEs interact with students who are in emotional distress within the context of competency-based education. Psychological distress is somewhat typical amongst graduate student populations (SMHC, 2006) and more specifically those entering the mental health care professions (Rummell, 2015). Some distress may be a result of typical normative psychosocial stressors associated with their environment which may require informal remediation. In such instances, these students may need support as they build professional competencies to engage in academic and professional settings. However, some trainees may present with a heightened level of distress which impedes their ability to meet required benchmarks for professional competence. In these instances, trainees with problems of professional competence may need formal remediation or ultimately,

termination from their academic programs. This study aims to fill in the gaps in the literature on MHEs' unique perspectives as experts in mental health and ethical obligations as gatekeepers as they work with students who are expressing some degree of psychological distress and has risen to the level of becoming a problem of professional competence. This study aims to develop a holistic depiction for graduate student psychological distress from the MHE perspective. Furthermore, it will help provide deeper understanding for how their education and professional roles influence their interpretation for students' distress, as well as their responses. There is limited literature exploring how the intersection of mental health expert and gatekeeper identities influence MHEs in their work with students. This study will allow instructors to describe their complex decision making through their salient identities as educators.

Restatement of Aims

The purpose of this study is to provide a qualitative account on how MHEs interact with students who are in emotional distress within the context of a competency-based education. Using a social constructivist lens, this study will focus on how instructors use their education and unique expertise in mental health as well as their perceived ethical obligations as gatekeepers to the field. This study aims to explore how faculty members conceptualize their students with problems of professional competence in fostering their abilities and interacting with those who are unable to acquire the appropriate skills.

Summary

Graduate trainees experience a multitude of stressors that may affect their mental health (Rummell, 2015). Some literature suggests that graduate trainees in mental health

fields had stronger coping to manage their stressors in comparison to peers in other graduate programs (Galvin & Smith, 2015). Still, graduate programs in professional psychology regularly have trainees with problems of professional competence due to their inability to emotionally regulate in academic and professional settings. MHEs are uniquely positioned to respond to trainees who are in distress. Their training and education in mental health may allow them to directly address concerning behavior while normalizing their reactions to stressors (Mazza, 2015). Many MHEs may have a desire to be supportive in their relationship with students (Mazza, 2015). Ultimately, MHEs may need to directly respond to students who are not meeting expected competencies for professional practice and assume their gatekeeper responsibility. The current study aims to use a social constructivist lens to explore MHEs' interactions with students who are broadly experiencing psychological distress. The next chapter details the methodology that was used for the study.

CHAPTER III

METHODS

The current section provides an overview of the methods and procedures for the study. This will begin with a general introduction to qualitative paradigms and qualitative approach. The early portions of this section will describe the rationale for the qualitative design used for this study. Next, I will outline the research questions for this study and describe the procedures for data collection and analysis. Finally, I will describe the ethical considerations for this study.

Qualitative Research Paradigm

There is no universal consensus on approaches to understanding problems in research or even fundamental issues including the nature of truth or reality (Hughes & Sharrock, 1997). Allowing one arbitrary perspective to guide scientific works would severely restrict researchers means for critically understanding scientific questions. While it is necessary to have diverse approaches to research, it is equally important to maintain a framework grounded in a general set of assumptions and a theoretical viewpoint. Paradigms provide researchers with a general consensus for standards and rules for scientific practice (Kuhn, 1970, 1996). They serve several fundamental purposes in ensuring the progressive health of scientific inquiry. In his foundational work *The*

Structure of the Scientific Revolution, Thomas Kuhn (1970) offers the larger scientific community several shared qualities to define a paradigm. According to Kuhn, paradigms must

include symbolic generalizations such as laws/definitions for essential factors (Kuhn, 1970). Furthermore, paradigms must maintain shared metaphysical beliefs and ontological assertions. Individuals drawing from the same paradigms must share similar beliefs and values. And finally, there must be shared exemplars of the paradigm to identify how to resolve common theoretical problems (Kuhn, 1970). Kuhn emphasized the need for paradigms to identify fundamental problems within research and maintain a generally accepted route to resolve such issues.

Research paradigms provide a general set of rules for researchers to follow so that they do not need to develop new rules for each new inquiry (Kuhn, 1996). Furthermore, paradigms provide researchers with a predetermined set of ‘intellectual tools’ to use to explore progressively complex issues and phenomena (Kuhn, 1996). Finally, since paradigms are rigorously explored and grounded in a specific research tradition, their fundamental assumptions become acceptable to the larger scientific community (Kuhn, 1996). Therefore, adhering to a specific paradigm will provide researchers with the ability to study novel questions if their framework is grounded in an acceptable model. Paradigms allow researchers the freedom to break new ground without being subverted by basic questions about their assumptions. Within any given paradigm, there is some room for interpretation and application of the data, however there is a fundamental assumption that the data; will be perceived and evaluated within a general framework. The adherence to a general framework provides important legitimacy to empirical work.

There are diverse approaches to qualitative work, with fundamental differences in how data are perceived and analyzed. Therefore, developing a clearly expressed research paradigm is particularly essential to qualitative research. A qualitative paradigm refers to a worldview that guides a researcher's approach to answering his or her question through axiology, ontology, epistemology, and methodology (Denzin & Lincoln, 2011, p.98). While no qualitative work is intended to provide any ultimate truth, the paradigm creates a lens through which the researcher can develop meaning and understanding. Axiology refers to the way the values of the research are expressed throughout the study (Denzin & Lincoln, 2011). A unique aspect of qualitative inquiry is the emphasis on the researcher and their bias. The axiological assumptions from a paradigm denote how researchers position themselves within their work. Ontology refers to the nature of reality and 'how the world works' (Denzin & Lincoln, 2011). Epistemology refers to the relationship between knowledge and its source (Denzin & Lincoln, 2011). The epistemological question is intended to unfold how the source understands 'how things really are.' Methodology refers to the means researchers use to answer their qualitative inquiries (Denzin & Lincoln, 2011). Qualitative paradigms provide researchers with a specific point of view from which to ask qualitative questions, to collect data, and to draw deeper meaning. Through their ontology, epistemology, and methodology, qualitative paradigms provide a way to frame reality in research.

Multiple paradigms were considered in choosing an appropriate fit to answer the current research question. A critical framework was initially considered as this approach intentionally examines power in social relationships (Guba & Lincoln, 1994). Research questions using this paradigm tend to focus on issues of oppression to promote social

justice (Guba & Lincoln, 1994). While this study addressed power within the MHE and trainee relationship, critical theory would be a less optimal fit for developing understanding for the social relationships within this study. Critical theory literature often aims to uncover and address social injustice, where the current study described the social relationship between educator and trainee. This study assumed that the power dynamic between MHE and trainees influences their social relationship; however, its chief purpose is not to uncover a social injustice. Social constructionism was also reflectively considered for this study. This paradigm generally purports that consciousness and ways of being are understood and taught through social interactions (Galbin, 2015). Social constructionists also assume that cultural and historical context are critical to understanding relationships. While an examination the social relationship between MHE and their trainees were critical to answer the research questions, ultimately this paradigm was not an optimal fit for the current research questions. Social constructionism assumes that knowledge exists between individuals through their social interactions (Burr, 2015). The interpretation of knowledge exists in social interactions does not account for the possibility that it exists within the individual level. This study makes the assumption that knowledge exists cognitively through the MHEs' perspective. Because this study exclusively examined the research questions through individual each MHE's perspective, social constructionism would be an inappropriate paradigm. This study used social constructivism to frame the current questions and provide deeper understanding for the MHE perspective. While social constructionism and social constructivism both meaningfully address social relationships, there are different fundamental assumptions between these two paradigms. Specifically, social constructionism assumes that

knowledge exists between individuals (Burr, 2015). This assumption contrasts social constructivism, which asserts that knowledge exists within individuals (Crotty, 1998). This basic assumption about knowledge allows this research to meaningfully address the MHE perspective. The following section will provide an overview on social constructivism and further rationale for using this specific paradigm for the current study.

Social Constructivism

Social constructivism is one of several branches that stems from the broader constructivist philosophy. Constructivists generally believe that individuals construct their own reality and that multiple realities exist (Charmaz, 2006). This general framework allows for a complex understanding of the world and emphasizes individual subjective perspectives. The constructivist research paradigm exists as several different approaches. Radical constructivism implores researchers to explore the repeating patterns from the “flow of experience” (Riegler, 2012 p. 245) Here, knowledge is built through active assimilation to the environment. Cognitive constructivism contests that reality is constructed through assimilation and accommodation of experiences (Riegler, 2012). While each constructivist approach has its strengths, this study benefited from a social constructivist lens.

Social constructivism more specially focuses on social interactions from one individual’s perspective. Research grounded in social constructivism uses the participant’s lens as much as possible (Creswell & Creswell, 2018). According to Crotty (1998) there are several important assumptions for the social constructivist paradigm. First, humans construct meaning as they interpret the world with which they are interacting. Here, individuals are actively engaged in the meaning making throughout

their lives. Interpretation of the environment takes on an active role in individuals' lives. Another major assumption proposed by Crotty is that individuals can make sense of their world only through the context of their current historical and societal perspectives. Here, culture is a major force that cannot be ignored while analyzing and coding interview data. The meaning behind an individuals' words can shift over time as the culture changes. Therefore, social constructivist research focuses on building context for the participant's world view. Furthermore, researchers' own experiences and background are believed to shape their interpretation of the data.

Another major assumption of social constructivism provided by Crotty is that meaning making is a social process. Here, meaning does not occur in an individual vacuum, rather is constructed through interactions with other individuals. While reality is constructed through the individual, social context is necessary to develop meaning.

Social constructivism provides researchers with the framework to understand complex research questions. This qualitative paradigm encourages researchers to develop a complex interpretation of participant data (Creswell & Poth, 2018). Rather than attempting to reduce the data into a narrow meaning, researchers develop a more holistic understanding of participant data. Social constructivism uses an inductive approach to interpretation (Creswell & Poth, 2018). Rather than being filtered through prior theory, analysis of the data is grounded in the actual data. Therefore, this study relied on open-ended questions to allow for the data to generate the results. Currently, there are multiple interpretations of social constructivism with different variations on the assumptions for the paradigm. This study drew from the social constructivism as outlined by Lev Vygotsky in his work *Mind in society: The development of higher psychological*

processes (1978). Here, there is an emphasis on the sociocultural context of the individual's world. Furthermore, Vygotsky's interpretation of social constructivism notes that historical context is necessary to understand individual development. In relation to the current study, there was an emphasis on the history and traditional practices associated with training in psychology because it provides important understanding for our current educational frameworks. Furthermore, Vygotsky asserts that knowledge is tied to a specific context (Liu & Matthews, 2005). This study specifically addressed how MHEs knowledge and expertise are influenced by the context of the contemporary competency-based educational framework. The Vygotsky lens allowed for MHEs subjective experiences to be explored within the context of their working experiences.

Currently, social constructivism is widely used in social science literature and is emphasized within the context of educational research (Kukla, 2013). Social constructionism is closely related paradigm also used in social sciences that emphasizes culture and the social world. Social constructionism broadly asserts that knowledge exists within social processes and that knowledge should not be separate from social action (Young & Collin, 2004). There are several similarities for these paradigms due to assumptions about individuals' interactions in society. Both social constructivism and social constructionism accept the notion that multiple realities exist (Burr, 2015; Kukla, 2013). Individuals will have a different experience of the world and develop understanding because they have differing social, historical, and cultural backgrounds because individuals have diverse experiences in the world, there will be diverse perceptions about the nature of reality. Furthermore, both paradigms acknowledge that social interactions are an important aspect in the production of knowledge. However, one

substantial difference between the two paradigms exist in how and where knowledge exists. Social constructivists believe that knowledge is subjective and exists cognitively within individuals (Crotty, 1998). Here, individuals internally construct their realities as they navigate social spaces (Crotty, 1998). Social constructionism assumes that knowledge and meaning stem from social exchanges (Burr, 2015). Furthermore, the framework assumes that knowledge exists only in social interactions (Burr, 2015). The next section provides a more substantive overview of the application of social constructivism to the current study.

The Current Study and Social Constructivism

This study explored how MHEs interacted with their trainees in distress given their unique expertise and training within the context of the competency-based educational framework. The social constructivists assumptions allowed MHEs to derive meaning from their social interactions with trainees. For the research question, it was essential to develop an understanding about the relationships between these MHEs' and their students. The subsequent analysis of the interview data will attempt to capture the MHEs' conceptualization of trainees within the context of the competency-based education framework. This paradigm both captured the dynamic social process unfolding between both parties while focusing on individual meaning from a singular perspective. Therefore, this framework provided a means for addressing MHEs' subjective realities within the relationship with trainees. Finally, MHEs' expertise and education are vital aspects of this study. There is currently limited literature available on how their expertise in psychology and their prior educational experiences affect their response to trainees in distress. This study addressed these gaps in the literature by focusing on their unique

perspectives affect their interactions with trainees. The analysis of the interview data through the social constructivist lens allowed the MHEs to express their perspectives based on their subjective interpretations of their experiences. The social constructivist paradigm provided this study with a meaningful way to address the MHE perspective without interviewing their trainees. The next section provides an overview of the purpose and direction, and a methodological approach for the current study.

Qualitative Approach

Qualitative inquiry allows researchers to develop some deeper meaning from a rich holistic description based on set of general assumptions (Holloway, 1997). A qualitative inquiry was the best approach to understand the current research question from a social constructivist perspective. Qualitative analysis allows researchers to explore complex phenomena using the participant's natural language (Hill et al., 1997). It was important to fully develop the MHEs voices in exploring their perspectives on interacting with students who were in psychological distress. Qualitative research allows individuals to describe their subjective realities in depth. In qualitative research, meaning is built through the shared experiences emerging from the data. Furthermore, the qualitative approach used in this study will not rely on prior theory to interpret the findings. Rather, this study emphasized the strict analysis of the data to establish the findings for the study. Meaning was constructed through MHEs' shared experiences working with trainees in psychological distress. Furthermore, this study focused on the MHE unique expertise and knowledge associated with psychology. Quantitative measures provide a seemingly objective and measurable understanding of a subject matter. Quantitative analysis also allows researchers the ability to make comparisons between different groups of

individuals. However, a qualitative approach allows individuals to provide deeper understanding for the knowledge in comparison to quantitative research. Furthermore, it allows participants to fully describe their subjective thoughts and how they use their knowledge. A qualitative approach was ideal to answer the questions associated with this study. The next section details the research design that was used approach the data and its analysis.

Qualitative research design

Selecting a methodology for collecting and analyzing data in qualitative research may fundamentally shape the outcome of the study. Several research designs were considered for the current study that could have provided an appropriate fit for the available data and research question. Grounded theory initially appeared to be a congruent fit to explore the relatively unexamined areas of focus in the current study. This approach takes on an inductive approach to data analysis which results in a new theory (Merriam & Tisdell, 2016). This approach was strongly considered because it bests addresses questions related to a process, which could have been reflective of the MHE process in responding to trainees. However, this study does not aim to develop a new theory. Therefore, this intensive approach was not a good fit for the current research question. A case study approach was also considered for use in the current study. Case studies provide an intensive analysis of a single bounded system or multiple bounded systems to provide understanding for a specific phenomenon (Merriam & Tisdell, 2016). This approach would have allowed data from a single program to provide an intensive and rigorous analysis of competency-based education. However, this was a poor fit

because it may be difficult to determine a bounded case that would provide the necessary data to address the current questions.

This study used a consensual qualitative research design to explore the research questions (Hill et al., 1997; Hill 2012). This methodology was created to provide a systematic and rigorous approach to qualitative research (Hill et al., 1997). There are several unique components for this approach to research as outlined in the comprehensive work *A Guide to Conducting Consensual Qualitative Research* (Hill et al., 1997). First, interviews are open ended, and participants' responses should not be constrained. Furthermore, aligned with most qualitative traditions, the analysis should depend on participants' words opposed to numbers (Hill et al., 1997). In addition, during analysis researchers should analyze the whole case to provide stronger context for specific parts of the interview. Furthermore, CQR is an a priori approach allowing for an inductive approach to data analysis, which allows the results of the study to be grounded in the data (Hill et al., 2005). As it relates to the research team, CQR identifies the need for consensus and auditors in the data analysis process (Hill et al., 1997). Finally, to ensure that the data analysis supports the participant's perspective, the primary research team must continually return to the raw data to ensure that their results are adequately reflective (Hill et al., 1997). CQR provides a unique approach to participant data and analysis.

The CQR approach is built on a foundation of ethical consideration and trustworthiness (Hill, 2012). A unique feature of this approach is its reliance on a small research team during the data analysis (Hill, 2012). In having a small independent team of individuals analyzing the data, the analysis was a more rigorous process, thus limiting

the influence of biases from a single individual (Hill et al., 2005). Through an ongoing process, team members argue for their interpretation of the data and makes recommended changes until they form consensus (Hill, 2012). Once the team builds consensus for each case, the domains and core ideas are sent to the auditor for review. Aligned with typical CQR methodology, the use of an auditor will provide an additional layer for trustworthiness for the results. In addition to the checks put into place by the CQR standard methodology, I engaged in reflexivity throughout the research process and work with the team to discuss biases in interpretation. All researchers hold certain biases and perspectives, as do the researchers associated with this study. Because these biases may impact the interpretation of the results for this study, they will be outlined in the subjectivity section. CQR will provide a democratic process for data analysis that will allow the voices of the MHEs to speak more clearly about their experiences with their students.

CQR as a qualitative approach was aligned with the social constructivist framework that guided this study. One of the major requirements for CQR research is the use of open-ended questions (Hill et al., 2005). Proper social constructivists analysis requires participants to make meaning of their social interactions. Open-ended questions provide researchers with additional data to develop this deeper level of analysis. In addition, CQR uses an inductive approach to data analysis (Hill et al., 2005). While, CQR requires that researchers develop domains based off the research questions or prior literature, it is a flexible approach that can shift as the data emerges. The social constructivist paradigm focuses on individuals' meaning making process. The inductive approach associated with CQR is a good fit for understanding meaning because analysis

is subsequently grounded in the data. Finally, one of the core strengths of the CQR methodology is its systematic and transparent approach to qualitative data analysis (Hill et al., 1997). Later within this chapter, I will describe the salient cultural and contextual identities for myself and my research team. Aligned with the interpretation of social constructivism used in this study (Vygotsky, 1978), social, cultural, and historical factors are important factors. In maintaining transparency through the CQR standard practices, I can reflect on my context and its potential influence on the analysis. The structure and rigor provided by CRQ is a congruent fit for the current research question. This study addressed how MHE expertise and professional responsibilities affects their responses to trainees' problems of professional competence due to psychological distress. The CQR methodology allows for individuals to construct their subjective realities. Therefore, this approach allowed MHEs to describe how they make sense of their interactions with trainees within the context of competency-based education. Educators were able to express their subjective thoughts about their trainees in distress. This approach allowed MHEs to tell their story and allowed the reader to understand the larger picture aligned with their words. The CQR analysis was sensitive to the complexity found within the data (Hill et al., 1997). In developing context and constructing the MHE perspective, this study built a deeper understanding for their responses to their students.

Procedures for Data Collection

Research Approval

This study was assessed by the Cleveland State University Institutional Review Board (IRB) for human subjects to ensure that the current study met appropriate ethical standards and adheres to federal and state regulations. The IRB proposal outlined the

procedures used to help protect the welfare for the participants in the current study. The study was approved by the board with minor revisions to the protocol.

Participants

Aligned with CQR methodology, this study had narrowly defined parameters for the participants it sampled (Hill et al., 1997). This study aimed to obtain a sample of MHEs who have worked with at least one graduate trainee whose emotional distress negatively impacted their professional competencies resulting in formal or informal remediation. Participants were included in the study if they held a terminal degree with a Ph.D. or a Psy.D. in psychology or an Ed.D. in counselor education. They were required to be employed as full-time faculty members at their program. These educators worked in master's level psychology programs in clinical or counseling or school psychology, APA-accredited doctoral programs in health service psychology fields, NASP-accredited masters, specialist, or doctoral program or CACREP-accredited counseling program. These criteria ensured that each participant depicted their experiences as both mental health experts and as gatekeepers.

Participants consisted of 12 MHEs who taught in APA accredited and CACREP accredited graduate programs. Educators sampled in this study had some varied multicultural identities; one participant identified as Black, two as Latinx, and nine participants as White. One participant identified as bisexual, one participant identified as gay, and ten participants identified as heterosexual. One participant reported having a physical disability, one participant had a sensory disability, and ten participants identified as able-bodied. Participants identified having diverse religious affiliations including two who identified as agnostic, one as Atheist, one as Agnostic/Atheist, five who were

Christian from different denominations, an individual who identified as Spiritual not religious, a Unitarian Universalist, and a Zen Buddhist. Participants had varied age range from 35-72. Pseudonyms were used to identify participants to protect their confidentiality. The table below reports the demographic data for each of the participants sampled in the study.

Table 1.

Demographics Data

Participant	Age	Gender	Race/Ethnicity	Type of program
Mark	36	Male	Latino	Masters Level Clinical, Counseling, or School Psychology
Michael	59	Male	White	CACREP-Accredited Counseling Program
Rita	49	Female	White	CACREP-Accredited Counseling Program
Kathleen	35	Female	White	CACREP-Accredited Counseling Program
Martin	38	Male	Latino	APA-Accredited Doctoral Clinical Psychology, Counseling Psychology, or School Psychology
Amy	63	Female	White	CACREP-Accredited Counseling Program
Ian	37	Male	White	APA-Accredited Doctoral Clinical Psychology, Counseling Psychology, or School Psychology
Rachel	48	Female	White	APA-Accredited Doctoral Clinical Psychology, Counseling Psychology, or School Psychology
Dana	44	Female	White	Masters Level Clinical, Counseling, or School Psychology; CACREP-Accredited Counseling Program; APA-Accredited Doctoral Clinical

				Psychology, Counseling Psychology, or School Psychology
Adam	73	Male	White	APA-Accredited Doctoral Clinical Psychology, Counseling Psychology, or School Psychology
Natalie	42	Female	Black	CACREP-Accredited Counseling Program
Tanya	37	Female	White	CACREP-Accredited Counseling Program

Sample Size

Saturation is a frequently used term in qualitative literature to determine when data collection is complete. It is believed to occur when the information redundancy is reached in the data (Hays & Singh, 2012). This study continued to collect data until a thick description and saturation was achieved. This study ensured that there are MHEs from professions that require competency-based education at the graduate level. Therefore, collection concluded when there was an adequate level of breadth and depth in the interview data (Burmeister & Aitken, 2012). This study used CQR as a research design, which has a recommended sample size of 12-15 participants (Hill, 2012). All interviews were conducted using a secured video conferencing program or via phone.

Recruitment

This study aimed to draw from a national sample of diverse MHEs from both professional psychology and counseling fields. In addition to gaining access to a larger selection of potential participants, using a national sample provided participants better privacy than a geographically bounded sample. Due to conflicts of interest and potential ethical considerations, this researcher did not use any educators who were involved with

her training program. During recruitment for the study, this researcher reached out to listserv administrators including The Society for Teaching Psychology (DIV2PSYCHTEACHER), SCP's listserv for Supervision and Training, and the Counselor Education and Supervision Network Listserv (CESNET-L) that are geared towards MHEs, providing them with information about the study. This study also used snowball sampling procedures (Merriam & Tisdell, 2016). Following the initial interviews, I asked each participant if they know of any appropriate colleagues that may be interested in participating and provided them with the appropriate information for participating in the study. Training directors from APA- accredited, NASP-accredited, and CACREP-accredited programs were contacted via email to recruit participants. They were asked to forward a recruitment email to their faculty and other individuals who may be eligible to be a participant. The email described the purpose of the study, provided information about the researchers and the IRB approval, and a brief demographic screening tool for the study via Survey Monkey. The link also provided the participant with the informed consent for the study.

Interview Procedures

The researcher arranged an interview with participants who meet the inclusion criteria. Interviews lasted for approximately between 30 minutes and 1 hour. The researcher used an encrypted audio recording device to capture any interviews. The researcher used a semi-structured interview protocol and followed up with additional questions or clarifications when appropriate. Following the interview, the researcher submitted a paper copy of the transcript to the participant to check for accuracy and any necessary clarification. Member checking is a valuable step in the research process

because it provides the participants the space to discuss limitations for the study and collaborate in the process (Hays & Singh, 2012). The researcher will make note of any appropriate changes in the transcript.

Confidentiality

Qualitative research uses a relatively small number of individuals to provide a thick description of an experience or phenomenon. In agreeing to engage in qualitative research, all participants maintain some level of risk to their identity being compromised through the process due to small sample sizes. Due to the sensitive nature of this study, I took several steps to respect the participant's privacy and protect his or her confidentiality. All interviews were conducted via a secured videoconferencing program at a time of their convenience. Any reference to a participant's interview used a pseudonym. The researcher also redacted any mention of the school, the instructor's department, the specific course, and specific names used in the interview. Student psychological distress is a sensitive topic and it is important to honor and protect any student's identity as well. To protect student information, prior to the interview, the researcher reminded educators to protect their trainees' identities under the Family Educational Rights and Privacy Act (FERPA) (U.S. Department of Education, 2015). The participants were reminded to refrain from using specific trainees' names and academic records. The researcher will further explain that instructors could refer to their personal experiences with students, however they should not use any personally identifying information during the interview. I redacted any personally identifiable information during transcription. In the informed consent, participants were informed of the potential risks associated with their involvement of the study and will be reminded that they can

withdraw their consent at any time during the interview. Finally, the recordings were stored on an encrypted thumb drive and will be stored in the dissertation chair's locked office on campus. These cautious steps will help respect the participant's sensitive information and identity.

Transcription

Each interview was transcribed by the researcher. Interviews were transcribed verbatim, including all short audible phrases such as 'yeah' or 'um,' moments of silence, audible nonverbal communication such as laughter or a sigh, and also noted inaudible phrases as well. Once the initial transcription was completed, the researcher used notes from the interview to provide additional context for the interview. Any identifying information from the MHE was deleted from transcription. The audio recorder used was encrypted with a password. When not in use, the audio recorder was stored in a lock box in the researcher's office. The audio file and the transcript data were securely stored in the committee chairperson's office for 5 years.

Interview

Demographics Form

The demographics form was critical to ensure that each participant meets the inclusionary criteria, information on their education/training, and participant diversity factors. The demographics form first asked if participants were full time faculty members and have professional experiences relevant to this study. To address their training background, they were asked broad questions about their education such as if they have any training in supervision or multicultural competence. Participants were asked for

demographic information including their race/ethnicity, national origin/immigration status, gender identity, and age during the interview.

Interview Protocol

The current study used a semi structured interview. This style of interviewing includes a mix of more and less structured questions (Merriam & Tisdell, 2016). A semi structured protocol ensured that the necessary pieces of information are explored while providing the researcher the ability to address necessary concerns as necessary in the moment. When appropriate, the researcher further queried the participant for clarification and deeper reflection. The questions comprised of a mix of different types of questions to understand how instructors think, feel, and experience these mental health disclosures (Hays & Singh, 2012). Behavioral or experience questions began the process of gathering a thick description of the experience, by providing the participant with the space to describe what happened. Opinion or value questions helped the researcher understand why they chose their response to the student in the moment. Feeling questions were used to help reflect the instructor's internal state. Finally, probing questions were used to help develop the participant's response (Hays & Singh, 2012). These questions helped build a thick depiction of how MHE perceive their graduate trainees in emotional distress, and how MHEs responded and interacted with trainees during these circumstances.

This study adhered to the standard practices in CQR in developing the questions for the interview. During analysis, it is important to look at the data a priori, or disconnected from the prior (Hill et al., 1997). However, in developing the interview questions, it is important to consider the prior research associated with the topic (Hill et al., 1997; Hill 2012). While there is limited empirical literature on some factors

associated with the current question, this researcher considered the influential theoretical articles on competency-based educational practices (Elman & Forrest, 2007; Falender et al., 2004; Kaslow et al., 2007a; Kaslow et al., 2007b) and prior qualitative research focusing on instructors' experiences with trainees in distress (Mazza, 2015; Kucirka, 2017). This study addressed gaps in MHEs experience with trainees with problems of professional competency with the competency-based education framework. Therefore, some additional questions aligned with this literature were used to ensure that this study was substantially adding new findings for the literature.

Coding

Data collection and analysis occurred simultaneously during the research process (Hays, & Singh, 2012). There were three major steps in coding and analyzing data for CQR. First, prior to analyzing the actual coded data, the research group developed a domain list. Within CQR, a domain list is a list of meaningful and unique topics explored in the interviews (Hill, et.al., 2005). This study developed a domain list based off the research questions and the interview data. This list was flexible depending on how the interviews unfold. While Hill (2012) does not provide a definitive number of domains for CQR projects, this study was judicious to ensure that there were not too many to complicate the interpretation process. Once the research team developed an initial domain list, they presented their ideas to the auditor (Hill et al., 1997). The auditor provided the research team with feedback on their initial list and discussed whether to make revisions based on the feedback. In the second step, core ideas were identified from the different domains (Hill, 2012). Core ideas are succinct summaries that encapsulate the essence of what is being said (Hill et. al., 2005). These core ideas were as close to the actual

language used in the interviews whenever possible to give the participants voice through the data (Hill, 2005). In developing the core ideas within the MHEs' authentic voice, this study's analysis stayed as close to the participant's perspective as possible. As the research team developed core ideas, they again consulted with the external auditor and adjusted their work based on her feedback.

The final step for this phase of the research was cross-analysis (Hill, 2005). Throughout the prior steps in the coding process, the analysis was conducted within individual cases (Hill et al., 1997). However, during cross-analysis the data was look at the across participants to search for similarities (Hill, 2012). During cross-analysis, the team collectively looked at all the core ideas for the domains across cases. Here, they determined how the core ideas collapsed into categories that emerged from the data (Hill et al., 1997). Cross-analysis was a crucial final step in CQR as it created categories that described the themes reflected in the data. As the research teams became more familiar with the data, the categories also evolved as our understanding improved (Hill et al., 1997). Throughout this process the research team came together to debate their interpretation of the data and eventually reached consensus on the common themes. Once the team reached a consensus for the common themes found across the data, the auditor was again consulted for feedback and subsequent revisions.

Research Team

A major strength of CQR methodology is its team approach to coding and analysis. This study used two team members and an auditor to analyze the data. This researcher is a cis-gender African American female with a M.A. in Clinical Psychology. The other researcher analyzing the data is a cis-gender White American female with an

M.A. in Psychology. Both researcher team members are in the same Doctoral program in the School of Urban Education with a specialization in Counseling Psychology. Both researchers have taken the basic and advanced level qualitative research methodology coursework at the graduate level. The auditor for this project is the chair of the committee for this dissertation. She is an Associate Professor who is a cis-gender White American female with a Ph.D. in Counseling Psychology. The auditor is also the Director of Doctoral Studies for the Urban Education Ph.D. program in the College of Education and Human Services and the Director of training for the Counseling Psychology specialization. She is a Fellow in the Society of Counseling Psychology in APA and was mentored in the auditor role in other qualitative research projects by a Counseling Psychology Professor in the College of Education and Human Services with extensive experience in CQR. Per CQR typical methodology, it is important to closely examine and disclose the research team members' identities to preserve the integrity of the data. The next section describes how this study will foster trustworthiness throughout the study.

Trustworthiness

Any research inquiry must take deliberate actions to ensure that the study is conducted with integrity and is reflective of the data. Within qualitative research, the term trustworthiness is frequently used to describe the study's validity or degree to which the findings reflect the participants' voices (Hays & Singh, 2012). This study employed several intentional steps congruent with both the social constructivism paradigm and CQR. It specifically examined fairness, authenticity, and meaning as criterial to establish trustworthiness (Morrow, 2005). Fairness as a criteria notes that different constructions are sought out and honored (Morrow, 2015). This study elicited the values, beliefs, and

experiences from all participants through thick descriptions. The constructivist perspective demands that the research embraces several forms of authenticity. Ontological authenticity stresses the importance in more fully developing and improving the participant's perspective (Morrow, 2015). To foster this form of authenticity, during the interview, the researcher encouraged participants to expand on their thoughts and appropriately probe for further information and clarity. Catalytic authenticity refers to the degree to which action is stimulated from the inquiry (Morrow, 2015). This inquiry aimed to provide insight into MHE subjective experiences and highlight their areas of concern in their work. An intended outcome of the analysis is to provide recommendations that may help MHEs as they navigate trainee problems of professional competence. To foster trustworthiness through meaning, this study engaged in contextual grounding (Morrow, 2015). Contextual grounding ensured that the interviews were reflective of the participant's context, culture, and interview rapport. To further develop trustworthiness in the researcher and research process, I engaged in member checking by providing participants with the transcribed version of the initial interview to check for accuracy, as well as asked them if they have any additional reflections about the topic since the interview. This process provided participants with additional opportunity to ensure that their voices were reflected.

Self-Reflexivity

The use of critical self-reflection is a unique and essential quality within qualitative methods. In this tradition, researchers are encouraged to examine their privilege, values, and potential sources of bias in construction of the research and interpretation of the data (Cannella & Lincoln, 2013). Through this re-reflection,

researchers identify work towards identifying tendencies towards being complicit with social injustices associated with the way we frame our participants (Davies, 2008). The researcher considered her positionality as a relative outsider to the group of MHEs who were describing their experiences with graduate students. In addressing my place power and positionality, I attempted to avoid marginalizing participants and their students. The researcher committed to regular journal reflective writing to track biases and subjectivity that may have been reflected in the interpretation and presentation of the findings.

Subjectivity

My identities as an African American female from a middle-class family have profoundly shaped my graduate career and trainee mental health. The realities of my intersecting ethnicity and gender have made me aware of how I may be perceived and the additional work I need to put forth to excel in my career. As a result, I struggled to balance my desire to persist with the responsibility to be transparent when I struggle as a trainee. Due to the realities of my identities, in many instances it can be feel more adaptive to focus on my resilience when in distress. Within the context of this study, I needed to be open to hearing educators' perspective on communicating distress with their trainees.

Aligned with standard qualitative methodology, I wrote a reflective memo following each interview. While each interview resonated with me in a different way, I felt a particular connection to Natalie who is an African American female. Due the interview, I identified with several of the challenges she discussed as an ethnic minority and a woman in higher education. Of note, she described being misperceived as angry in professional settings. I have experiences similar difficulties due to negative

misconceptions about African American women. While I believe that my sense of empathy was helpful during the interview, it was important protect the data from being shaded by our shared identities. To protect the data from my bias, I discussed all data analysis with my research team and used direct quotes from Natalie when possible.

My identity as a graduate student has been my most salient non-multicultural identity for several year. While this study aimed to study MHEs, as a graduate student I experienced many of the stressors addressed in the literature on graduate trainees in professional psychology programs. My closeness with these stressors may have influenced my choice to study trainee mental health from a de-pathologizing framework and may have biased my conceptualization. Also, having processed these challenging experiences with peers, I am sensitive to graduate student needs and emotional duress. From my personal experiences with stressors and my discussions from peers, I may have over identified with the graduate students being discussed during interviews.

My positionality as a doctoral student was further influenced by my experiences with the competency-based educational framework, as well as my developmental standing in my program. Throughout my doctoral education, I have been assessed and given feedback by my faculty. This approach helped me become more thoughtful of my professional practice. Having personally experienced the vulnerability associated with being evaluated in an effort to build personal competencies, I have insight that I would not have gained using a historic training model. As an advocate for the use of competency-based education in professional psychology, I was positively biased towards its use in training settings. I regularly checked myself in instances where a MHE may have a differing perspective. Furthermore, as a pre-licensure doctoral student, I was

sensitive to ethical concerns as it related to any form of practice. Having the APA ethics code referenced throughout my educational training made me very cautious and somewhat rigid in my interpretation of ethics in professional practice. This rigid approach to ethical consideration was typical given my current developmental stage in my professional development (Behnke, 2009). However, the participants in this study were in a more advanced stage of their ethical development given their education and professional experience. It will be critical for me to remain as neutral as possible and open to each MHE and their ethical decision making.

During my doctoral work, I have taught a class for undergraduate students on university life. While I do not instruct graduate students or those in mental health care, I have experience working with students in crisis. I have worked with students who have disclosed sensitive personal information and those whose psychological distress affected their academic performance. These circumstances have made me sensitive to ethical factors associated with education and the emotional effect of instructing students in crisis. My personal sense of responsibility and awareness of mental health and wellbeing influenced my interactions with these students. These experiences also partially inspired my work for this current study. These experiences may make me more sensitive to the emotions that MHEs may experience in working with students. Therefore, it will be important for me to check in with my transference from working with students in distress.

Summary

The current study used a qualitative inquiry to understand how MHEs' roles as experts in their field and gatekeepers to the profession influences their experiences of graduate student psychological distress. This study provided a thick description for the

MHEs' interpretation of the psychological distress. Furthermore, this study focused on addressing the behaviors and communications used by MHEs and the resources that would help them feel supported. A CQR design provided a thick description for the current study. Social constructivism, which postulates that the acquisition of knowledge is an ongoing social process dependent on culture and context provided the framework for this study (Crotty, 1998). Data was gathered from semi structured faculty interviews. The data was coded with a small team of researchers and an auditor as indicated in the CQR methodological design. This study took intentional steps to foster trustworthiness and protect the confidentiality for instructors and trainees.

CHAPTER IV

RESULTS

This chapter will provide the findings from the CQR data analysis. For this analysis, domains and categories were developed through a consensus-building process. (Hill et al., 1997; Hill 2012). First, the research team analyzed the interviews to develop broad domains. The research team initially analyzed the first two interviews and presented the auditor with seven domains from the data. The research team was given feedback to broaden the domains to fit all the appropriate data and to give each one a definition. The research team revised the domain list two additional times until we built a consensus surrounding four domains. The research team analyzed three additional interviews using these domains. These domains were stable and continued to represent the participants' voices; therefore, we sent the additional analysis for auditing. The auditor agreed that the four chosen domains were stable across the interviews. The research team applied the four domains to the remaining interviews. The final four domains were (a) professional competence, (b) balancing roles, (c) ethical decision-making, and (d) multicultural factors.

In the next stage of the analysis, core ideas that captured the essence of each statement were developed through a line by line reading of each interview. After the core

ideas were audited, all the interviews were placed in a single document and re-organized by domain. Each core idea was compared to similar statements from other participants and then grouped in categories and subcategories. The research team initially started the cross-analysis with 17 categories and 38 subcategories. The team worked together to consolidate the data into 13 categories and 12 subcategories that were sent to the auditor for review. The auditor retained the proposed list of categories and subcategories and asked the research team to edit the list for grammatical errors and to clarify several of the definitions. The professional competence domain had three categories. Two of the categories in this domain were further reduced into seven subcategories. The balancing roles domain consisted of four categories. The ethical decision-making domain had four categories. The multicultural factors category consisted of two categories. Two of the categories in this domain were further reduced to five subcategories.

Following the cross-analysis, as outlined by Hill et al. (2012), the frequency of each category and subcategory were counted to evaluate the representativeness of the categories. A category was labeled as general if it applied to at least 11 interviews. It was labeled as typical if it applied to at least 50% of participants or between 6-10 interviews. It was labeled as variant if it was found in less than 50% of interviews or between 2-5 participants. The remainder of this chapter will be used to describe the domains and categories that emerged from the data. The definitions of the categories will closely match the participants' language wherever possible. Exemplar direct quotes from interviews are referenced in each category to provide a deeper

understanding of the data. Table 2 shows the domains, categories, number of cases, and representativeness.

Table 2.

Cross Analysis Data Results

Domains/Categories/Subcategories	Cases	Representativeness
Professional Competence		
Educators' Role in Working With Trainees in Distress	12	General
Noticing and Assessing Trainee Work/Distress	11	General
Interventions in Supporting Professional Competence	11	General
Managing the Power Differential With Trainees	10	Typical
Feelings About the Outcomes of Remediation	6	Typical
Trainee Response to Distress	11	General
Trainee Maladaptive Response to Distress and Graduate School Challenges	9	Typical

Differences in Adaptive vs Maladaptive Responses	4	Variant
Trainees' Adaptive Response to Distress and Graduate School Challenges	3	Variant
Trainee Distress	10	Typical
Balancing Roles		
Educator Roles	11	General
Not Falling Into Clinician Role	9	Typical
Being Supportive With Boundaries	8	Typical
Using Clinical Understanding	7	Typical
Ethical Decision-Making		
Bigger Responsibility of Gatekeeping for the Community	9	Typical
Fair Ethical Decision-Making	8	Typical
Uncomfortable Feelings Associated With Gatekeeping	6	Typical
Restorative Remediation Process	4	Variant
Multicultural Factors		
Educator's Multicultural Minded Response	10	Typical

Understanding Trainee Cultural Context	8	Typical
Helping Trainees Develop Understanding With Their Multicultural Identities	5	Variant
Multicultural Factors and Power	3	Variant
Educators-Trainee Multicultural Identities	9	Typical
Educator Multicultural Identity Reflection	8	Typical
Trainee Cultural Context Impacting Work	3	Variant

Professional Competence

This domain included data where MHEs described assessing and developing a trainee's ability to engage in professional behavior. Educators identified problems of professional competence and emphasized their trainees' ability to manage their mental health and wellbeing. MHEs expressed having an awareness for each trainee's developmental level as they assessed their trainees' professional competence. They helped trainees identify behaviors that would support their professional growth by fostering adaptive ways of handling their distress. Also, educators described their awareness of the inherent power differential between MHEs and trainees as they evaluated trainees within the context of graduate training. Finally, MHEs described some of the challenges that trainees commonly experience as well as the general level of heightened distress associated with graduate education. This domain consisted of the following three categories (a) educators' role in working with trainees in distress (*general*), (b) trainee response to distress (*general*), and (c) trainee distress (*typical*). The

category educators' role in working with trainees in distress, had four subcategories, which included (i) noticing and assessing trainee work/distress (*general*), (ii) interventions in supporting professional competence (*general*), (iii) managing the power differential with trainees (*typical*), and (iv) feelings about the outcomes of remediation (*variant*). The trainee response to distress category, had three subcategories, which included (i) trainee maladaptive response to distress and graduate school challenges (*typical*), (ii) differences in adaptive vs maladaptive responses (*variant*), (iii) trainees adaptive response to distress, and graduate school challenges (*variant*). The third category, trainee distress, did not have any subcategories.

Educators' Role in Working With Trainees in Distress (general)

The first category in the domain, educators' role in working with trainees in distress, described the behaviors and considerations MHEs used while addressing trainees in distress. MHEs are trained in understanding mental health and were often therapists at some point in their careers. Despite their experience, they are ethically obligated to remain mindful of their current role as an educator and refrain from engaging in a therapeutic relationship, which would constitute a dual role relationship. Rather, their role is to assess trainees' professional competence and foster their growth aligned with the profession. MHEs often used the words "my role" when discussing the expectations for their behaviors when it related to working with trainees in distress. This category addressed the appropriate roles MHEs perform while working with trainees in distress. Rachel, a 48-year-old Caucasian woman, MHE described the normalcy of working with trainees in distress.

So, I think that the nature of training, coupled with the nature of being human equals psychological distress. So, I would say it's actually more likely that I work with students in distress at some point during their training than not.

Rachel identified that it is common for MHEs to encounter and work with trainees in some distress throughout the school year. She acknowledged that everyday hardships compounded with graduate school can cause distress at different points in training. MHEs perform an important part in trainees' lives who are in distress. This domain described MHEs' role in working with these trainees through their issues as they develop skills for professional practice.

Four distinct subcategories emerged from the data within this category. These subcategories were: noticing and assessing trainee work/distress (general), interventions in supporting professional competence (general), managing the power differential with trainees (typical), and feelings about the outcomes of remediation (typical).

Noticing and Assessing Trainee Work/Distress (general). The first subcategory under the educators' role in working with trainees in distress category, noticing and assessing trainee work/distress, described the initial signals that MHEs perceived that a trainee was in distress. This category also described MHEs' ongoing assessment of their trainees' distress and professional competence. MHEs were aware of the general level of distress pervasive across most trainees and how it can adversely affect their academic and clinical work. MHEs became aware of their trainees' distress from different sources of information; typically, through direct communication, observation of their academic work and interpersonal functioning, and from their students' site supervisors. Participants

often described wanting their trainees to proactively communicate with them about factors that were adversely affecting their professional competence. After becoming aware of the distress and its effects on their trainee's work, MHEs more closely assessed and evaluated their ability to work through their stressors and fieldwork.

Dana, a 44-year-old Caucasian woman, compared trainees who had an insightful and proactive approach to their stressors with peers who may be overly confident in their approach to graduate training.

Yes. I think the pattern I see is the students who come in right away like, hey, I've I have struggled. I take care of a grandparent. I have had some issues in my family who tell me right off the bat seem to do really well. And then the students who come in who are like, you know, I'm, you know, seem very confident, who are like "I know exactly what I want to do from point A to point B are the ones who are like, oh my God, this is really hard."

Through this quote, Dana identified that the trainees' insight and appreciation for their stressors coupled with their ability to proactively communicate with her fostered greater success. Her statements reflect this subcategory by referencing the MHEs role in noticing distress with trainees. In this instance, Dana suggests that successful students directly communicate their distress.

Rita, a 49-year-old Caucasian woman, described how behavior in the classroom may be a larger signal that the trainee has a problem of professional competence that may hinder their functioning as a therapist.

Right, because if they can't interpersonally function in the classroom. I do not know how they could function in a counseling center or even a one on one session. The classroom is a place where they need to demonstrate that they have the interpersonal skills for the job. There is a big difference between situational and oh my goodness, this is who this person is.

Rita exemplified this category because she described how professional behavior in the academic environment is a signal for their behavior in professional practice. She identified that inappropriate behavioral cues from the classroom were a signal for MHEs to be aware of when working with trainees. She expressed that there were differences between situational issues and systemic difficulties with interpersonal functioning. Rita suggested that a larger pattern of poor interpersonal functioning in the classroom could indicate poor interpersonal skills as a clinician.

Mark, a 36-year-old Puerto Rican man discussed ways he assessed trainees' distress and their professional work.

So, you have to be very thoughtful about screening students. And one of the ways we do that is looking at their journals and what their recording and within their courses seeing what their reporting as they are speaking in their group activities. And once you are able to sort of identify those things, you can see if they are just jittering or if it seems like other stuff that's underlying that is emerging. And so, we ask ourselves to what degree is this impacting work or what is enabling the student from getting the work done.

Mark employed a deliberate ongoing practice of assessing his trainees personal thoughts or insights and assessing their interpersonal behaviors with peers. These practices allow Mark to distinguish between trainees who exhibited typical ‘jittering’ and those whose underlying distress may be affecting their professional competence. Mark exemplified this subcategory through the description of his ongoing assessment of his trainees’ distress and their professional competence.

Trainees often experience heightened stressors in graduate school. As part of their role in assessing professional competence, educators must first be aware of when trainee stress becomes heightened and adversely affects their academic or fieldwork. They may notice the distress from various sources including from communications with trainees, classroom behavior, and reports from their fieldwork supervisors. Most MHEs preferred that trainees took a proactive approach in communicating their distress directly with them before their professional competence was affected. Educators then use this information and regularly assess their trainees and monitor their ability to engage in clinical work.

Interventions in Supporting Professional Competence (general). The second subcategory under the educators’ role in working with trainees in distress category, interventions in supporting professional competence, described how MHEs supported their trainees through their distress and fostered their professional competence. Educators employed a variety of strategies that were often tailored to each trainee’s specific concern. The primary tool they used to help trainees in distress was offering empathetic support and normalizing their feelings. Other interventions that supported their professional work included by was not limited to, asking them to take a leave of absence,

encouraging them to seek out therapy, and working with their fieldwork supervisor to develop clear expectations/benchmarks for their performance.

Tanya, a 37-year-old Caucasian woman, described her supportive discussions in normalizing her trainees' distress while focusing on specific behaviors that supported their professional competence.

You know, that I think sometimes students have an unconscious or conscious belief. They have to have all of their shit together in order to be in the program. And, you know, sort of one of my mantras with them that like our life doesn't just magically behave ourselves because we're in graduate school, or because we decide to become counselors. You know, it's like life happens and we're in process and none of us are done with our development or with our own, you know, personal psychological growth. And it's OK. It's OK that this is happening. It's OK. It's OK that something is coming up. It's OK that you're having a hard time right now. And then the next step is really figuring out what you need to ground yourself. Do you need to drop a class? Do you need to reduce your client load? Do you need to take a semester off? And again, I would say 90 percent of the time it doesn't require those things, but usually just requires being told. It's OK, so you're having a moment. I don't know it's a funny human thing, but that's really all it takes a lot of time to be told that it's OK for you to be at an experience that takes a lot of the pressure off and that they carry on, they continue. Sometimes it does mean them saying "Yes. I do feel a little bit overloaded; I am gonna drop a class." "I am gonna quit my job." You

know, “I am going to shift things in my world right now so that I feel better equipped to handle this.”

Tanya’s response exemplified every aspect of this subcategory through her show of support, normalizing their distress, and encouraging her trainees to engage in specific behaviors that would get them closer to professional competence. Her suggested interventions focused on helping her trainees ground themselves and developing a stronger sense of balance. Several of the behaviors she encouraged her trainees to consider were significant, including dropping a class or taking on fewer clients in their professional work. She also described that her trainees respond positively to this approach and are more likely to make changes in their lives so that they felt more capable of managing their responsibilities sustainably. Her interventions allowed her trainees to be more present and focused on their work, thus supporting their professional competence.

Michael is a 59-year-old Caucasian man, who described how he thought of trainees who were in distress and how he understood his role in supporting them.

When I’m working with people, the things that go on in my office is realizing that people are not perfect. People are typically broken. All people are. Counselors are. Regular people are. In their careers and everything... I think I have the opportunity to help people realize that they are just as broken as me as broken as everybody else, here’s how to fix things you know. But it always takes you looking at yourself first.

Michael represented this category through his empathetic understanding of trainee distress. He normalized the idea that all people, including counselors, are not perfect and

may have difficulties personally and professionally. Like the quote from Tanya in this subcategory, Michael allowed trainees to know that it was okay to experience distress. An additional intervention he described was encouraging his trainees to engage in self-reflection. The meta competence of self-awareness is another tool that can help trainees work towards developing their professional competence.

Martin is a 38-year-old first-generation Mexican American man, who described tailoring his approach to his trainees in distress based on their background.

There might be some, you know, differences in terms of like how their experience is in the program. You start thinking about distress, you have to think about the student's background. And everybody experiences a program in a different way. So, I think also how I deal with the student's distress kind of depends on not only the situation, but what is it, what is their story. You know, what led them to this place? And, you know, we apply the standards of the program and work them through the program policies and procedures. But it's also important, sort of like have a little bit of tailoring to a remediation plan or a support plan for the student. It may be different from one student versus the other.

Martin's approach illustrated this category because it centers on individualized interventions that have the trainees' background in mind. He was sensitive to the trainees' needs and their history while respecting his program's policies and expectations. He emphasized the importance of creating a tailored remediation plan for students.

All educators who became aware of their trainees' distress described using some form of intervention, especially when their distress affected their professional work. In most instances, MHEs described that trainees largely needed supportive conversations that addressed their struggles in the context of their work. MHEs also found that it was valuable to normalize their trainees' imperfections and their response to stressors. This approach often allowed trainees to make necessary adjustments to their lives so that they could continue to engage in professional activities. In other instances, educators needed to help students develop individualized plans to help foster professional competence.

Managing the Power Differential with Trainees (typical). The third subcategory under the educators' role in working with trainees in distress category, managing the power differential with trainees, described how educators were aware of the power dynamics with trainees in distress. They expressed how they shaped their power through their language and subtle behaviors based on the circumstances. In their role as evaluators, educators hold power over trainees while in remediation. In this subcategory, they describe how they mitigate the power differential when possible and emphasize it to ensure that trainees meet clear expectations.

Martin expressed his awareness of the power differential between educator and trainee and described how he used it during remediation.

But it is still like there's an inherent power differential where we are an evaluator. And, you know, whatever we put in that evaluation, it's really, really has carries a lot of weight and or whatever we put in that remediation place takes a lot of weight. So, you know, I think part of my job you know is continuing to improve and make it that development

kind of a remediation plan a more collective one. So that, we are both the student and whoever the people need to be involved are all in agreement with that. It helps put the student a little bit more at ease. That okay, it's something that we all came with together. We helped develop together. So, I'm going to do it. I think, you know, that impacts even with that, they're still a student.

Martin typified this category through his insight into the inherent power dynamic between educator and trainee, especially during remediation. He acknowledged that the words he used during evaluations were a major determining factor in his trainees' future. He attempted to offset the power differential by developing a collaborative remediation plan with the trainee. In this quote, he used supportive language to mitigate the power differential with trainees in distress.

Natalie, a 42-year-old African American woman, described her awareness of the power differential and caution for emphasizing the dynamic with trainees in distress.

To manage that power differential. There's the piece where you do realize there is a power differential there. A student may have just as much insight, maybe not as much knowledge. But, you know, they're going to be a colleague in just little bit, you know, so that power differential its short lived. But there are times where I just have to put on my professional hat and just be straight up with you; teacher to student and we are within that power differential. But I'm very cautious about using that as the stage, especially in times like this psychological distress. And the other piece is

you have to be careful. Students are still individuals. I don't know how students going to react or respond.

Natalie's response characterized this subcategory through her awareness and appreciation of the power dynamics. She acknowledged that there is a transient power dynamic that is a factor within the context of training that disappears once trainees graduate. Natalie identified that it can be necessary to focus on her role as an educator and tailor her language to accentuate the power dynamic to ensure that trainees are meeting the appropriate standards. However, she is cautious in emphasizing language associated with power in her social interactions with trainees in distress. She described an intentional and deliberate practice where she shifted her use of power depending on the context of the situation.

Ian is a 37-year-old Caucasian man, who described both his concern for using the power differential with trainees in distress and how he mitigated it through his social interactions.

Well, I think students are nervous about having those types of conversations and so I think that part of that is because of the, the power differential so I think, I think it's my job to be approachable. Um. I try to do that in small ways like I ask my classes like "how are you guys doing" at the beginning, even though it is like a, kind of a surface check in but, I mean, it shows that I care about them. Before going into classes, during the lecture or whatever. Um. So, just like little things like that. You know, saying "hi" to students, it kind of just shows that I'm available and

that I care about them other than they're the title you gain by doing the work that you do.

Ian's statements exemplified the category managing the power differential with trainees, through his reflexivity about the dynamic in different social interactions. He expressed concern for accentuating the power differential with trainees who were in distress. He was intentional about the language he used to approach these trainees. Rather, he saw his job as being approachable and dampening the trainees' perception of the dynamic by checking in with them and demonstrating that he cared about their wellbeing. In this instance, Ian used supportive language to demonstrate openness and availability as opposed to the power associated with the doctor title.

Educators were aware of the power differential they have in their relationships with trainees and are deliberate in how they use it. MHEs' described showing restraint with trainees in distress in using language that would highlight the differential. MHEs described that they needed to use their power to ensure trainees are meeting professional standards and behaviors. Some educators described the need to emphasize the power differential at times working with trainees. However, educators were also sensitive to their trainees' needs and were cautious in the language they used while trainees were in distress. MHEs often mitigated the effects of the differential by using supportive and collaborative language when appropriate.

Feelings About the Outcomes of Remediation (typical). The fourth subcategory under the educators' role in working with trainees in distress category, feelings about the outcomes of remediation, explained how MHEs think and feel about the outcomes of working with trainees in distress after remediation. The idea of remediation evoked

strong emotions and was a difficult process; however looking back, educators feel generally good about the outcomes. They often identified feeling positive that they responded to trainees in distress and they were assured in their decision making.

Amy is a 63-year-old woman, who described feeling reassured looking back at a situation where she helped a trainee whose anxiety signaled that she was not ready for fieldwork. Amy successfully worked through a formal remediation plan with the trainee.

I think it was well worth the time and effort that it took in order to work with her. And I'm glad that we went on ahead and did that. But, you know, I think it would have been...if we had not done that, I think it would have haunted me. I think that, that she was not... she might not have been ready and might not have been her best self when she was with her students. So, I'm glad that we did that.

Amy had no regrets in taking the time to work more closely with this trainee. She identified that she would have felt haunted if she did not adequately prepare this trainee for the realities of practice. Her feelings about her work and her decision to help her trainee develop her professional competence typified the general responses educators identified after successfully working with trainees in distress.

Adam is a 73-year-old Caucasian man, described his feelings about working with a trainee who was in a domestic violence relationship during her training. During the interview, he stated, "I'm glad I did it because If I hadn't, she may have been someone who probably might not have made it. I feel that way about a number of the students, but this one, in particular, you know." Like Amy's quote from this category, Adam felt positive that he helped this trainee. In this quote, he expressed having an urgency to help

this trainee work through her distress and identified that she might not have “made it” otherwise. Adam’s assured feelings about facilitating this trainee’s growth and the outcomes of working with them through distress are both a good exemplar of the category.

Working with trainees in distress can evoke difficult emotions for MHEs as it can be a challenging process. Still, educators generally felt good that they responded to their trainees and worked with them to help them resolve their issues. They expressed a sense of duty to respond to trainees when warranted and they note that their trainees may have not made it through their circumstances and graduate school without their intervention.

Trainee Response to Distress (general)

The second category under the professional competence domain, trainee response to distress, described the behaviors they engaged in while experiencing challenges in graduate school. As evidenced by the previous category, trainees often experienced distress throughout graduate school. To meet the necessary benchmarks for professional competency, trainees must demonstrate appropriate behaviors in academic and clinical settings.

This category described how educators viewed their trainees’ response to distress and their ability to engage in appropriate behaviors in support of their professional competence. Educators described both the maladaptive and the adaptive behaviors trainees engaged in response to challenges during graduate school. They also contrasted different response styles to describe how their behavior shapes MHE interventions. Due to the emphasis on MHEs’ understanding of trainees in distress and undergoing remediation, there may be a heavier emphasis on maladaptive behaviors. This category

was reduced into three subcategories including, trainee maladaptive response to distress and graduate school challenges (*typical*), differences in adaptive vs maladaptive responses (*variant*), and trainees' adaptive response to distress and graduate school challenges. (*variant*).

Trainee Maladaptive Response to Distress and Graduate School Challenges (typical). The subcategory under the trainee response to distress category, trainee maladaptive response to distress and graduate school challenges, described some of the dysfunctional behaviors trainees exhibited when they were facing challenges. Some trainees respond to the rigors and difficulties of the academic environment in a manner that may inhibit their progress. The maladaptive behaviors that MHEs described but were not limited to were failing to do academic work, difficulty receiving feedback, and being closed off to talking about their issues.

Kathleen is a 35-year-old Caucasian woman, who described the behaviors that often lead to remediation from trainees in distress.

Umm yeah particularly when we see distress occur that it leads to the level or remediation in two areas. One would be umm when causing them not to be able to complete the tasks related to course work or field work. So, I'm not turning things in on time, failing classes, umm and not going to internship those types of things so that would be one time in which we would enter a formal mediation plan... sometimes it comes in with unhealthy patterns we didn't catch in the intake or the interview that, you know, the admissions process....

Kathleen's description of common maladaptive behavior for trainees in distress provided a broad overview of the behaviors MHEs witness in academic and clinical settings. In her experience, trainees disregarded their academic work by failing to complete tasks or neglecting their clinical work by not showing up to their sites. She also mentioned identifying unhealthy patterns of behavior that were not identified early in the admissions process. Her comment suggests that it is important to be aware of such maladaptive behaviors early as possible, ideally during the admissions process.

Michael shared his observations with some trainees' aversions to receiving corrective feedback from professors.

...the next hard part that students have a lot of difficulty with is corrective feedback. They see it, you know, their egos get in the way. Their pride gets in the way. I think that is a developmental thing. Um, so I tend to be very patient with them. In fact, I don't demand my own way from them. Anyway, that's my part of it. Others have other different beliefs that's fine.

Receiving corrective feedback can be challenging for trainees; however, it is a critical aspect of training and fostering professional competence. Trainees are expected to respond to criticism with openness to learn and grow from their mistakes. Michael's comments reflected the subcategory because it showed the negative responses trainees had to this important aspect of graduate education. He referenced that receiving feedback appropriately may be a developmental process, which indicated that it may be particularly challenging for trainees who are new to the field.

MHEs often work with trainees in distress and must identify maladaptive responses to graduate school challenges. Educators described the behaviors that trainees engaged in within this subcategory, which typically focused on neglecting academic work and avoiding their clinical duties. MHEs were reflective of how trainees approached challenging situations and they described that some individuals had a closed-off attitude.

Differences in Adaptive vs Maladaptive Responses (variant). The second subcategory under the trainee response to distress category, differences in adaptive vs maladaptive responses, described the comparisons MHEs made regarding trainees' behavior when experiencing challenging circumstances. Educators emphasized that all individuals are susceptible to distress and there are some meaningful differences in how some trainees manage their issues. Several participants identified a difference in trainees responding to situational stressors and chronic patterns of maladaptive behaviors.

Rita explained that there is a commonality in human suffering and there are marked different ways of experiencing and handling distress.

I think inside we are all human. We are all going to have incidents that come up that are horrific. Just because the student is having a hard time does not necessitate that they cannot be a good counselor. And I think that some of our best counselors have been through it. And I've never really thought about it before, but I do think a lot of this comes down to, is this a bad situation that I am having difficulty navigating or is this who you are and this is how you act. When you have these sorts of reactions in class, you may also respond this way within the counseling relationship.

Rita's response exemplified this subcategory through her use of understanding and acceptance that trainees can all go through challenging circumstances and that trainees exhibit different behavioral responses to their distress. Rita observed that there are differences between trainees in experiencing situational challenges and those who have chronically poor interpersonal skills. She noted that interpersonal functioning within the classroom can give educators some indications for how they would respond in a professional environment. Importantly, she also emphasized that trainees who have gone through challenging circumstances are still capable of being good practitioners, depending on how they behave and how they manage their distress.

In this quote, Amy was asked how she felt about the outcomes of remediation. To describe how she felt, Amy contrasted her experiences with two different students.

If I can help people understand where their best fit might be, then I'm fine with that. Like with this person, I was just talking about who we had this recent issue. You know, giving her the time to really think about that was important. And I feel like that was helpful to her. The one, years and years and years ago who was dismissed. It was because she simply did not see where the rules applied to her. And therefore, made choices that were completely inappropriate.

Amy described how she felt about the remediation process for two different trainees. More recently, she worked with a trainee whose anxiety impacted her ability to practice. While the trainee was initially hesitant about the remediation process, she

worked with Amy and was ultimately able to develop the necessary professional competence. Amy felt good about supporting this trainee persistence because of her adaptive response to the remediation process. This trainee was juxtaposed with another whose chronic interpersonal issues were a major problem of professional competence and was ultimately asked to leave the program. During the interview, Amy described offering this trainee multiple opportunities to work on her behavior. However, in this instance, the trainee's maladaptive behavior during the remediation plan led to her dismissal.

Several MHEs contrasted adaptive and maladaptive behaviors to describe their conceptualizing trainee behavior in response to distress. They noted that all people are vulnerable to distress and their response to challenges provided important information about their trainees' professional competence. MHEs also identified a difference between circumstances where trainees had bounded situational stressors and more global issues that may affect their professional competence. When educators observed poor interpersonal skills in the academic environment, there was some indication that there were problems of professional competence as it related to their interpersonal skill as a professional.

Trainees' Adaptive Response to Distress and Graduate School Challenges (variant). The third subcategory under the trainee response to distress category, trainees' adaptive response to distress, and graduate school challenges described positive attitudes and behaviors trainees exhibit while in distress. Adaptive behaviors that educators described trainees engaged in included but were not limited to discussing their issues in class, engaging in self-reflection, and having insight into what was challenging them.

Rita worked with a trainee whose client died by suicide while in his fieldwork assignment. In this quote, she described the adaptive ways he worked through the distress.

So, for the one that had the suicide, he responded in a way that was completely {inaudible}. He was moving through the stages. But he responded appropriately to boundary setting in class. He would come into class and say, I need a little time to talk about this. But he would respect boundaries. He respected the amount of time we shared together as a class. He was able to respect my boundaries for meeting 20 minutes after class and when those 20 minutes are up, we're done.

Her response exemplified this subcategory through the description of her trainee's adaptive behaviors while in distress. She described his healthy progression while working through grief. She focused on his openness about his thoughts and feelings while he attended to the boundaries of the classroom and within the educator-trainee relationship. Rita demonstrated that distress may be a part of their work and trainees' responses provided important information for understanding their professional competence.

Tanya reflected on her experiences working with trainees' responses to distress and described an adaptive mindset for trainees in distress.

That insight. That self-reflection. Like when I think back to the other examples I gave you and then just the other students, it's like if we can come to an understanding of what you're experiencing and how that's showing up in the program, then it's a total totally workable thing.

Tanya's response indicated that a trainee's self-reflection and insight are important factors for adaptive responses to distress. Her statement characterized this subcategory because she focused on the factors that allow her to work collaboratively with trainees in distress. She described a need for openness and communication with trainees.

Trainee Distress (typical)

The third category under the professional competence domain, trainee distress, described the numerous stressors trainees can experience during their graduate training. MHEs are mindful of the various sources of distress trainees experience both associated with their graduate training and their personal lives. Also, educators describe the pressures associated with graduate education.

Martin described the pressure associated with graduate education along with the common stressors' trainees experience.

And what I tell them now, you're here in this grind for five years. You know, there's all these expectations, all these evaluations, all these requirements, all of these things. But your life doesn't stop outside of this, and that's okay. If there's something going on, you know, please let me know.

Martin's quote was a good exemplar of this category because it offered a picture of the pressures of graduate education. He mentioned the overall pressured atmosphere associated with graduate education and mentioned to expectations, evaluations, and requirements that trainees are expected to meet regularly. Furthermore, he identified that trainees have personal stressors that do disappear because of training.

His conceptualization provided a good descriptor for the distress trainees regularly experience.

In this quote, Tanya described some of the personal and professional stressors trainees experience while in graduate education.

Yes. So, of distress that I've seen pretty much every year is just at certain points in the program something comes up for the student. So sometimes that's personal, you know, like a breakup or a death in the family or, you know, like medical diagnosis. That has happened a few times where they come in and basically that this thing has happened and it's making it hard for me to show up in a way that I need to be fully present. Whatever. And then I've also had students who there isn't necessarily an external event, but something internal gets triggered. You know, usually by either by their clients or something that's happening in class.

Tanya's statement exemplified trainee distress by commenting on both the general stressors all people can experience along with the unique pressures of academic work and professional work. She normalized the notion that distress can hinder trainees from being fully present with their work, which is an important component of the professional competency. Furthermore, her statement brings up the normalcy of being emotionally triggered while in graduate school. This reflection offers a deeper understanding of sources of distress trainees may experience.

Adam described the distress one trainee had in response to an adverse experience at an internship site. He described being in contact with this trainee who was African

American completed her internship in a rural setting and was made to feel uncomfortable because of her race.

In one case, the older one for the better part of a year, sensibly she really wanted to get her dissertation finished umm, but it was really more about how can to keep her from walking out the door before you finish it. She was essentially depressed and in a fairly adverse situation that was not going to change until she finished her internship.

Adam's reflection exemplified the trainee distress category by describing how his trainee faced complex issues such as racial discrimination while in graduate school. He described the painful emotions this trainee experienced while trying to practice during her internship. And he identified that it nearly halted her from obtaining her degree in the last stage of the graduate degree process. This quote demonstrates that trainees are not insulated from larger societal stressors while in training.

Distress throughout graduate education is a reality that many trainees encounter. MHEs should be mindful of the general pressures associated with graduate training as well as the events that can affect their trainees' mental and emotional wellbeing. This category described MHEs' awareness of the issues that trainees may experience throughout the years and offered a generally sympathetic view of these issues.

Balancing Roles

This domain depicted the numerous roles and responsibilities MHEs' were expected to perform and balance in their work with trainees. This domain referenced MHEs' specific job associated with instruction and supervision as well as their roles as mentors, educators, and clinicians. Educators described how their training in mental

health shaped their understanding of trainee distress. In the domain balancing roles, MHEs' describe their attitude towards interacting with trainees while keeping their roles as educators and appropriate professional boundaries in mind. This domain consisted of the following four categories: (a) educator roles (*general*), (b) not falling into clinician role (*typical*), (c) being supportive with boundaries (*typical*), and (d) using clinical understanding (*typical*).

Educator Roles (general)

The first category under the balancing roles domain, educator roles, described MHEs' job duties as faculty and unique functions that are associated with the work across mental health disciplines. In this category, educators described their teaching duties and some of the unique aspects for the MHE role such as gatekeeping. They focused on their responsibilities to the university, the profession, and their students. Also, MHEs discussed some of the challenges associated with their educator roles when working with trainees in distress.

Educators have multiple responsibilities and demands daily. In this quote, Adam described his job duties and expectations from the university.

My work as faculty member mostly focused on teaching and advising and some research in professional schools. That's not emphasized nearly as much as teaching. My advising role is emphasized a lot in terms of sort of keeping tabs on students. And so that's very variable throughout the year. Umm, you have some routine kinds of things like, you have to give them their yearly evaluation as programs have to do... You may need to

remediate a student, or you know, help them out informally in terms of difficulties.

Adam's response exemplified this category by listing all his job duties and responsibilities. In addition to teaching, he is an advisor, researcher, and works with trainees in remediation when necessary. He described the aspects of his career he balances regularly.

Natalie described how her role as an educator in working with trainees in distress. Before this quote, Natalie described her experiences as an African American woman, and some of the negative perceptions she garnered from utilizing firmer boundaries in her role as an educator.

And it's not that I don't have empathy, but it's that I think that's where my teacher role helps me in that. I don't I don't really, I can empathize with you. But at the same time, this is a different role. I have my expectations because of these reasons.

Natalie's exemplified this category through her awareness that her role is an educator which has maintains that she needs trainees to respect the expectations of the role. As an African American woman, she reported being perceived as being harsh, however she reiterated that she is empathetic towards her trainees. In this example, she relied on her educator role to establish her expectations from the relationship.

Kathleen described the challenges MHEs experience as a function of their unique roles.

It's hard, I mean this is the least fun part of our job. Umm and it's something that other faculty members don't really understand that aren't in

Counselor Ed. Because computer science faculty members don't need to remediate personal distress ya know what I mean they might have to report it to the university and ya know walk a student to the counseling center but they don't, it doesn't affect their progress in the program.

Kathleen exemplified the educator roles category through her description of challenges that MHEs are more likely to experience in comparison to faculty in other professions. Part of her job is in gatekeeping the field for trainees who do not meet the standards for professional competence. She described how remediating distress is an important part of her job and a trainees' inability to do so could impede their progress in the program.

Educators maintain multiple job duties and unique responsibilities. While being asked to perform duties that are common to all faculty such as teaching, advising, and research, they have added expectations and responsibilities due to their role in remediating trainee's behavior and gatekeeping. Several MHEs noted that emphasizing their role as an educator was very helpful in ensuring that trainees knew the expectations of the relationship. MHEs work in different capacities in their work with trainees and must balance these multiple demands.

Not Falling Into Clinician Role (typical)

The second category under the balancing roles domain described MHEs' efforts in not becoming their trainees' therapist. While MHEs' frequently described the need for boundaries in their role, this category was created because of the unique reference to therapy. They described some of the added responsibilities that educators uphold that therapists do not follow. For example, educators are not bounded by confidentiality and

may need to disclose sensitive information a trainee may disclose. Educators used caution in how they approach trainees in distress, so they do not develop a dual relationship as a therapist.

Martin described the multiple roles he performs with trainees as part of his faculty role and the importance of boundaries in not becoming a therapist.

But I think that's certainly like a benefit for the students is that we have that training and that background. And I think that thing we have to be cautious about is not becoming their therapist. You know, like I think, you know, especially with students that you develop a relationship with. You know, because of you have a mentoring relationship, you might be chairing their dissertation. You know, some students connect with some faculty more than others. So, the relationship kind of evolves from more like a teacher to like more of a mentoring relationship. So it's, it's also like, you know, making sure that because of these multiple roles that we have in a doctoral program, you know, we have to be always mindful of that to make sure that we're helping the student the best we can, you know, without really kind of crossing a boundary.

Martin typified this category through his awareness of the roles he plays and a faculty and his focus on maintaining boundaries so that he does not become a therapist. While he viewed his education in mental health as a benefit to the student, he was wary of stepping into the role of therapist. He was particularly sensitive to the boundaries with trainees worked with more frequently such as mentees or with

individuals he served as a dissertation chair. Martin expressed high regard for the trainee; however, he acknowledged that it was important to maintain appropriate boundaries.

Ian described how his role as a faculty member does not align with the role of a therapist. Therefore, he has a responsibility to maintain appropriate boundaries in support of his work as a MHE.

Then I guess on the other side I have to be careful because I'm a licensed psychologist and I don't want to, you know if a student approaches me um I have to be kind of careful about um how to approach that. Um because I don't want them to view me as a therapist and I don't have the same, I'm not bound by the same confidentiality, because I'm their instructor, I have a duty to report certain things to the college...so I guess I have to be able to be more weary of um well just how to approach those types of conversations.

Ian exemplified this category through his awareness of his work as a psychologist and the competing responsibilities associated with being an educator. In this role, he is not bounded by confidentiality and has a duty to the university to report certain events because of Title IX that may impede trainees' education such as a sexual assault. In this quote, he acknowledged that he may need to have conversations with trainees on sensitive topics. However, he expressed explicit concern that he must approach trainees' as an educator as opposed to a therapist.

MHEs are aware of their training and professional identities as clinicians. They are also mindfully aware that the responsibilities associated with their role as educators take precedence over their identity as a therapist. They mentioned concerns

associated with blurring the roles between teacher and therapist and took added caution to ensure that they are not viewed as clinicians when trainees in distress approach them.

Being Supportive with Boundaries (typical)

The third category under the balancing roles domain described the support that educators could provide trainees in distress as long as there are appropriate boundaries concerning their role. Educators cannot be their trainees' therapist; however, they encouraged them to communicate with them when they are experiencing hardships. MHEs describe the importance of being empathetic as they listened to trainees. Additionally, they established appropriate working boundaries so that trainees would seek out additional ongoing help to work through their problems.

Dana encouraged trainees to come to her when they are experiencing challenges to talk about their barriers. She also identified maintained boundaries with her trainees by focusing on academic work.

So, I say to my students, like, "please come and talk to me." But, you know, there are points at which I'm like, "OK, you need a counselor or like, go get a counselor. Like, I can't give you that, but I can work with you academically." But that's it you know; those things are there boundaries that match together. So that's the hardest part for me. I mean, I'm sure it's hard for everybody...

Dana identified the need to provide her trainees support and encouraged them to be open about the challenges they were experiencing. However, she was also aware of her role as an educator and had boundaries surrounding the help she could

provide. Her reflections indicated that establishing these boundaries can be difficult and they are important for the educator-trainee relationship.

Tanya described her development as an educator and learning to establish boundaries with trainees in distress.

You know, I think for me, the biggest lesson has just been in finding the appropriate balance of engagement with psychological distress and like basically not being uninvolved and not being too involved. Which maybe that sounds obvious.

This statement is exemplary of the category because she described the need for balancing educator involvement with trainees in distress. She acknowledged that it was important to be aware of trainee stressors and maintain professional educator boundaries within the relationship.

MHEs were generally supportive of their trainees' growth and wellbeing during times of distress. Throughout the interviews MHEs described wanting to be supportive in their roles as educators, however it was important for them to be professionally removed from their trainees' distress. Therefore, educators must walk a fine line of being supportive and empathetic while respecting the boundaries associated with the MHE role.

Using Clinical Understanding (typical)

The fourth category under the balancing roles domain described how MHEs use their knowledge and expertise to support trainees. This category deliberately titled 'clinical understanding' as opposed to 'clinical judgment' because MHEs were not using their knowledge within the context of therapy. Rather, MHEs used their professional

knowledge to inform their understanding of their trainees. Educators viewed their training in mental health as a major strength as they worked with trainees in distress. They use their knowledge to foster a deeper understanding of trainees in distress, which allows them to be more empathetic as they address their trainees' concerns.

Mark described how he uses his thoughts as a clinician to understand how trainees are responding to distress and make a stronger assessment of their trainees' professional competence.

But at the same time as a clinician, I understand that people have these things are real no matter what their origin or genesis they are real. So, the question is how do they impact the students ability to perform and how do they impact their work with their actual client so there is a portion of me that looks back at it that needs to be factored in.

Mark's response exemplified this category as he used his lens as a clinician to understand that this trainees' distress is real to them. He used his clinical understanding so that he was not judgmental of his trainees. His clinical understanding allowed him to focus on how his trainees' behavior impacted their professional competence. In some ways, his response indicated that his clinical understanding helps him look at the bigger picture more objectively as he focuses on his trainees' functioning within the clinical environment.

Martin described how his sense of empathy and training is an added strength that may not be represented in other fields.

More than anything what it helps with is {thoughtful}.... I think that it's a good thing because it gives me more empathy. We have a little bit more of

an understanding as to where it might be coming from. Then, you know, perhaps a faculty member who might not have that training. And that's just because they're not in the discipline. I think, I think it helps the students to have that sort of people that are like, okay, this is somebody who is going to understand what's going on. And at the same time, we have to balance that with program requirements. What is it that you need to get better?

Martin also identified his training and clinical understanding of trainee distress as a benefit as a faculty member. Martin stated that it is helpful for trainees to know that their educators may be able to better understand their distress which could help them meet the program requirements.

All MHEs have advanced professional degrees that indicate that they hold a unique understanding of mental health and psychological processes. Educators indicated that their experiences helped them build more empathy for their trainees. These educators used their training and knowledge to best serve their trainees in assessing their ability to meet their professional competence and adhere to program requirements.

Ethical Decision-Making

This domain described ethical-decisions MHEs are making when working with trainees in distress. Within this domain, participants reflected on their ethical obligations to the public, trainees, and their professional fields. This domain focused on their decisions as they negotiated the ethical risks with trainees practicing in the field. MHEs described their thought process and the steps they take and mitigating risks to the public with trainees practicing. The ethical decisions were chiefly centered on remediation and gatekeeping. This domain consisted of the following four categories: (a)

bigger responsibility of gatekeeping for the community (*typical*), (b) fair ethical decision-making (*typical*), (c) uncomfortable feelings associated with gatekeeping (*variant*), and (d) restorative remediation process (*variant*).

Bigger Responsibility of Gatekeeping For the Community (typical)

The first category under the ethical decision-making domain, bigger responsibility of gatekeeping for the community, described a deep sense of ethical obligation as an MHEs to protect the community and the profession. They described their concern for clients who their trainees work with currently as well as potential future clients. All MHEs saw gatekeeping for clients as an important part of their work, some viewed this as their primary purpose.

Tanya described how she ethically considers trainees' ability to work with clients.

I take it seriously. Again, you know, the question that I was trying to ask myself was would you feel comfortable having this person see one of your family members who is in distress? And if your answer to that is no, then you really have to ask yourself why you're letting that person continue. Because, you know, like I I adore our students. I am invested in them when they are in the program. And they're always my second priority because the first priority is our community, and the clients that they're going to end up seeing.

Her response exemplified this category through her thoughtful consideration for passing students and her willingness to "pause" student's progress if they are not meeting appropriate benchmarks. Tanya takes her ethical considerations personally, as she uses a

personal reference to consider if she perceived that a trainee could competently practice. She identified that her primary responsibility is to the public followed by her trainees.

Michael described being motivated to earn his Ph.D. and become an educator to protect clients and the profession.

Well {interviewer} that's what made me go back into my PhD. I mean I was doing fine in private practice for many years. When I got my PhD, I got it with the intent that I was sick and tired of seeing counselors going into a master's program... the standards were not there, and they were being passed left and right... So, there is a lot of responsibility in being in the leadership position. We hold peoples' lives in our hands in this position. And we do not harm, and do no harm is my major thing. So, I'm going to train you and train you and train you as best as I can, and others will too as a team. And if you still don't get it, then we have to put this on hold.

Michael demonstrated his dedication to the public by shifting his career to train counselors. He described working hard to either helping trainees become competent or put their progress on hold. He described the bigger responsibility he holds in doing no harm to the people his trainees will counsel. In this quote, he expressed having a personal commitment to working with trainees and being a strong gatekeeper if needed.

Gatekeeping is one of the major ethical duties MHEs have as they work with trainees. Many educators described their deeper sense of duty to the public to ensure that their trainees meet appropriate competence for practice. Several educators especially

referenced that they place their responsibility to the public first above their trainees. Educators were reflective of their sense of duty to be a strong gatekeeper.

Fair Ethical Decision-Making (typical)

The second category under the ethical decision-making domain, fair ethical decision-making, described the balanced approach MHEs take when considering their trainees' progress in the program after they have made ethical errors. Educators balance the risks to the community while considering trainees' livelihood. Ethical decisions are not made lightly and take significant time and consideration. Before making a major gatekeeping decision, they often described being actively engaged in remediation with trainees to give them multiple opportunities to resolve ethical mistakes.

Rachel described the time and effort that she and her department takes in ethical decision-making.

But even thinking about it more, to think about the students we've remediated over the years who've been in great struggle... and who I had really, you know, had very significant concerns about how they would function as professionals. So, we make those decisions about, you know, whether or not somebody can actually remain in a program... very judiciously and only after we've given them lots of detailed feedback and lots of multiple opportunities to try to correct whatever concerns we have.

Rachel demonstrated that she and her program take great efforts to work with trainees before making rash ethical decisions. Her program makes sure that they offer trainees feedback and multiple attempts to remediate their behavior. Trainees whose behavior may indicate that they may not be able to function in the field, are still given

chances and are not reflexively asked to leave the program. They carefully consider the risks and balances it with their trainees' lives in mind.

Ian described balancing both his desire for trainees to be successful in their graduate studies and his duty to protect the public.

Uh, I guess, um I feel kind of torn about those obligations. I think because in general I want everybody to do well and be successful um but also, you know, at the same time I'm also I guess um I have to be mindful of um of that duty in this profession and in public. So it's you know it's kind of, it's a difficult situation or it can be...if you have to make some decisions based on behalf of someone you can still do it in a sensitive manner which gives them as much control as you can in that process. So, even if it's a difficult decision it can be, I can see it um, well, you can try to do it collaboratively.

Ian identified feeling torn about his obligation as a gatekeeper. In this instance, he described considering both his positive regard for his trainees and his responsibility to the public. He emphasized making sensible decisions that were collaborative.

Gatekeeping can force MHEs to make challenging decisions. Within this category, educators described balancing their responsibility for their trainees and the larger public. Educators discussed gathering enough information to make an informed decision and often emphasized the importance of being sensible in approaching trainees.

Uncomfortable Feelings Associated with Gatekeeping (typical)

The third category under the ethical decision-making domain, uncomfortable feelings associated with gatekeeping, described the discomfort that is associated with

gatekeeping. Educators described their or other faculty member's discomfort and their trainees' feelings about the process. They still view this role as vital to their functioning as MHE, despite the strong feelings' gatekeeping can create. Some participants noted that other faculty members do not engage in this role because of their discomfort.

Dana described her discomfort associated with the gatekeeping process and how she pushed past her feelings.

Definitely. Definitely. In fact, that's the way I always get when I feel like, oh, I don't want to. I don't want to... And I don't want to make them feel bad. That's how I always tell myself. All right, you're a gatekeeper. You got into this field because you worked in the field and you're like, I want to help people do this. And so, if I'm going to help people do this, then I have to be willing to be uncomfortable and make them uncomfortable.

Dana's response exemplified many of the uncomfortable feelings educators' described when needing to engage in hard ethical tasks. She described not wanting to make her trainees feel bad in asserting her role as a gatekeeper. But she reminds herself that this was one of the factors that got her to become an educator. Dana asserted that being uncomfortable can be seen as a part of the gatekeeping process.

Rachel described some of the factors that created added pressure to the gatekeeper role.

And I think it can be really tricky. Umm in part because there's a lot of competing factors. So, like we get a lot of pressure from administration as well as the APA about, you know, retaining students and about attrition rates and things like that. So, I'm recognizing that whether a student comes

and spends a semester or five years, that's time. That's their time, that's their money. So, I think when, I think about gatekeeping, I think about the obligation we all have as trainers to a larger general population, the field and things like that. And I think about the importance of, you know, having corrected experiences, having remediation experiences as a means of trying to protect both students, but clients and the profession as a whole in the future.

Rachel described additional pressures associated with gatekeeping that may not be superficially obvious. She described pressure from the school's administration whose self-interest may be centered on student retention. Additionally, she considers the time and money trainees put into their graduate school that could be wasted if they are not a good fit for the field. Finally, she thinks about the pressure to protect the larger public in gatekeeping. These competing factors may evoke strong mixed feelings for educators.

Gatekeeping can be an uncomfortable experience for trainees as well as MHEs. Like many ethical decisions, there is often not one clear cut answer on gatekeeping, and pressure from different sources can create added stress. It is viewed as a vital aspect of the MHE role that helps ensure the safety of the community and the profession. Still, gatekeeping is not an easy decision and can evoke strong feelings of discomfort for MHEs.

Restorative Remediation Process (variant)

The fourth category under the ethical decision-making domain, restorative remediation process, described the restorative work that can take place during

remediation and gatekeeping. Gatekeeping is an ongoing process and a trainee's response to remediation will provide educators important information that may shape their progress in the program. Within this category, educators focused on the restorative intentions behind the remediation process. Educators described allowing trainees to work towards being their best version of themselves through remediation.

Kathleen described her positive perspective about the outcomes of most remediation plans.

And I think that that's so much of what gatekeeping, and I, ya know it's not fun but it's so important and you asked me about outcomes, a lot of these remediation plans the outcomes turn out really well, like you are able to help the student grow, and you are able to help them I look at these as helping the student grow in an area of weakness.

Kathleen's response exemplified her belief that remediation can be used to foster trainee growth by addressing their deficits in professional practice. She identified that it can be a challenging process, but some trainees need to experience to adequately progress in the program.

Martin is both an educator and a site supervisor. In this quote, he described his responsibility to his clients and focuses on his role in training.

Yeah. You know, like I said, like, at the end of the day, especially my work is focused, working with underserved populations and populations have been marginalized and populations that, you know, especially like in research and in clinical work has been underserved... If I see a student, that might not be ready for the profession and just need more training; so,

extending their training would help ameliorate some of those problems that we see. Then, you know, like I always think I'm like, okay my job is to help the students become a competent health service psychologist.

Martin demonstrated this category through his focus on helping trainees work on the issues they are experiencing through extended contact and remediation. He is mindfully aware of his role in fostering generations of health service psychologists.

While gatekeeping has serious implications, the harder ethical decisions are often made following intensive focus and remediation. Participants who exemplified this category, describe their intent to help trainees become competence, and foster their growth in the field. These MHEs maintained a more positive perception of the remediation and its role in helping trainees who exhibit some deficits in their current professional practice.

Multicultural Factors

This domain included any examination of multicultural identity for MHEs and their trainees. This domain focused on MHEs' attending to identity factors as they interact with trainees in distress or remediation. Educators described how trainees' cultural context shapes their work and fosters their multicultural identity development. This domain addressed what educators do with the power dynamic that arises especially from their intersecting identities. Within this domain, MHEs were reflective of their cultural identity development and how their diversity factors were represented within their relationships with trainees in distress. This domain consisted of the following two categories (a) educator's multicultural minded response (*typical*) and (b) educators-trainee multicultural identities (*typical*). The category educator's multicultural minded

response had three subcategories, which included (i) understanding trainee cultural context (*typical*), (ii) helping trainees develop understanding with their multicultural identities (*variant*), and (iii) multicultural factors and power (*variant*). The category educators-trainee multicultural identities had two subcategories, which included (i) educator multicultural identity reflection (*typical*), and (ii) trainee cultural context impacting work (*variant*).

Educator Multicultural Minded Response (typical)

The first category under the multicultural factors' domain, educator multicultural minded response, described how trainees' multicultural factors shaped MHEs' responses and interactions. Three distinct subcategories emerged from the data within this category, each statement clustered around the following three aspects of educator multicultural minded response; understanding trainee cultural context, helping trainees develop an understanding with their multicultural identities, and multicultural factors and power. Each subcategory described thoughtful reflections on the factors on how they think about identity within the context of training.

Understanding Trainee Cultural Context (typical). The first subcategory under educators' multicultural minded response category, understanding trainee cultural context, described how educators tailored their responses to trainees with their multicultural factors in mind. They worked towards understanding their trainees' worldview by having conversations about their background. Several educators described using cultural humility to get a deeper understanding of how their trainees understand and practice their identities. Educators used both their general knowledge about identity and their trainees' description of their background to understand their diversity factors.

Kathleen described the types of information she used to understand her trainees' emotions.

And just understanding where the person what messages they believe about emotion and all those different things so. Oh, culturally, also in English we have a lot of international students where I work... Being aware like uhh if English isn't their first language or if things like how emotion and things like that are expressed in their culture umm is important...

Kathleen's statement demonstrated that she thinks about her trainees' cultural context and personal background. She attended to the fact that culture shaped how trainees' process emotions, which may impact how they communicate distress. Also, she expressed a cultural awareness of how their country of origin and native language can shape trainees' worldview. In this quote, she expressed sensitivity to how these factors influence their perspective, and therefore she could give a more multicultural minded response to trainees.

Mark described using cultural humility as a framework as he helps a trainee with social anxiety.

So I'm thinking about a student that I had was of Indian descent and she had really social anxiety issues and I remember speaking her with that about it focusing on her experiences and I'm trying to be culturally competent I'm trying to practice cultural humility. But she told me that with her, her particular family and her experiences, that they don't speak out as much. And that some Western countries may see that as something

negative, but that is a big part of her culture and that is representative of what she thinks of herself as a woman. So, her discretions with her social anxiety, we had to talk all about that. So I think that a lot of it is recognizing the student's multicultural piece and allowing them to bring it to the forefront or articulated but I think that an a{in distinguished} from different cultures.

Mark's response represented a strong cultural framework for understanding his trainee's identities while he is working with them through distress. Rather than pathologizing his trainee's anxiety, he worked towards understanding how her family of origin's perspective influenced her interpersonal style. Mark focused on understanding how womanhood was perceived within her cultural context. He used this awareness to help her practice competently while respecting her cultural context.

At the time of the interview, Amy was elected to hold a leadership position with a social justice organization. Much of her interview described her social justice values and multiculturally minded perspective as she interacted with trainees. Amy described how she understands identities as she worked with trainees.

I believe that we have as a profession and by we, I'm meaning, you know, kind of the counseling professions, counseling psychology, counselor Ed. etcetera, we have pathologized individuals as a result of the intersection of their identities and so I think that that is a critical piece of what we need to be aware of all of those implicit biases and all of those messages about whose okay and whose not and how people are supposed to be and actively counter those. And I teach my students a model of social justice

supervision that is grounded in respect for other ways of knowing, other ways of healing, other ways of being in interaction with each other related to mental health and personal growth, etc.. So, I believe really strongly that this is a critical topic.

Amy's response was a strong exemplar for this subcategory as she expressed a clear need to support social justice supervision when interacting with trainees. She described a concern that identity has been pathologized so that behavior associated when multicultural factors are misinterpreted for problems of professional competence. Rather she promoted understanding trainee cultural worldview and support for different ways of healing and psychological growth. This participant had a deeply personal value to respect her trainees' cultural context while fostering personal growth within the counseling profession. She used her position as an educator to support diverse trainees by valuing their identity by developing a deeper understanding and appreciation for other ways of being.

Many MHEs' described their awareness and appreciation for their trainees' multicultural identities who were in distress. They described some of the questions they asked themselves as they reflected on their trainees' background. They described a general awareness of how identity can shape their experiences and emphasized their specific perspective.

Helping Trainees Develop Understanding with Their Multicultural Identities (variant). The second subcategory under the educator multicultural minded response category, helping trainees develop understanding with their multicultural identities, described educators helping trainees recognize how their identities were present in

academic and professional work. MHEs helped trainees gain awareness of their potential biases and their worldview. Most of the participants who reflected statements within this category taught multicultural classes.

Dana described how her experiences teaching the multicultural class has helped trainees in their identity development.

While we're in an urban setting, I teach at a private institution that is overwhelmingly White, overwhelmingly White, privileged European-American people. And I am a White privilege European-American person. So, one way that I think about it when I'm working with my students, especially when it's largely White students, is that... So I was I was asked to teach multicultural counseling that semester... Teaching this class, largely a group of white students, then I can really check them one stuff that a person of Color wouldn't be able to check them on or would get pushback. Maybe in a different way or have different feelings about it. And so that's one piece. So I'm teaching this class; I have students who are varying degrees of being able to recognize their own privilege. And so there's it's really like an awesome. And I don't mean that in the awesome light, but, you know, awesome way, but an awesome responsibility, but also privilege that I have that I get to like talk them through these things that are really uncomfortable for them and be part of this growth. But, you know, I know that many of them are having.

Dana expressed an awareness of her multicultural identities and she used them to shape her ability to reach trainees in their development. Her response typified the

subcategory through her awareness of her trainees' identities and emphasis on teaching trainees how it shows up in their world. In this quote, she described the responsibility associated with helping a largely European-American privileged trainee population in their identity development. Dana identified that these conversations can be uncomfortable but should ultimately foster growth.

Tanya described some of the conversations she had with trainees regarding their racial identity development.

So, {Midwestern state} is super white. I think all of these situations that I've mentioned have been with White students. Which is interesting, because not all of our students have been White, but all of the ones that have had to have informal, and formal conversations about psychological distress have been White. I definitely, I teach the multicultural class, so I think that I hope it opens the door to being a safe person to talk to about, you know, the intersection of race and all our other identities as a counselor. And I've definitely talked to students of Color about how their ethnic identity shows up in the room and is affected. But none of those have needed remediation or intervention which is interesting.

Tanya's response described how she worked with trainees within the context of her multicultural class to help them foster a deeper understanding of how their identities. She saw her class as a safe space for inner reflection and exploration of identity development and understanding personal bias. She acknowledged how conversations with Caucasians students different from her discussions with trainees of Color. She

expressed an awareness of the larger cultural context of her state, her program, and her trainees as she had conversations surrounding identity development.

Several educators described their work with trainees with their multicultural identity development. Most educators who fit this subcategory taught their program's multicultural class and had very focused conversations on how their identity was showing up within the context of their professional work. Educators described how their identities and their trainee's cultural identities influenced the conversations they had on multicultural identity. Some identified the process as uncomfortable, but they saw it as important and appreciated their responsibility to foster growth.

Multicultural Factors and Power (variant). The third subcategory under the educator multicultural minded response, multicultural factors and power, described the educators' awareness of the power dynamics associated with their multicultural identities. The power dynamic that educators described in this subcategory is separate from the power differential defined under the professional competence domain because statements in this category specifically referenced multicultural identity. In this subcategory, educators often focused on how power associated with their multicultural identities shaped the remediation process.

Rachel discussed her awareness of her multicultural identities and some of the difference she has with trainees. In this quote, she described how her privilege and power associated with identities may be understood in her communications with trainees.

So, yeah, so that's like another example of my own class privilege having been raised by people who were college educated and several people, my family have graduate degrees as well. And so. Yeah, or even just like what

it means to like, you know email someone that, you know is in a position of authority to act on that. But we can apply that to that remediation experience, too, that our students, you know, like we hold a lot of power. And, you know, some of that is, you know, epitomized by our race or our sexuality or our class or all of those things. And I think that that's something that we all need to be thinking about in our comings and goings with students. You know, who do I represent to them? I had students over the years that almost come into the program. I feel like already decided that we're out to get them. And, you know, their experience with educators has sometimes not been very positive. Whereas throughout the vast majority of my schooling from K-through-12 forward I had a relatively positive experience. And I have to remember that that's not the case for lots of our students with, you know, multiple marginalized identities. So, again, I don't know if that answers all you're asking. But. All right.

Rachel's response was a good exemplar of her awareness and understanding of her privilege and how it impacted her relationships with trainees whose identities may not be privileged. She recognized that all of her intersectionality including her race, sexuality, and socioeconomic status can shape how trainees view her as she is in an already privileged position. She reflected on what her identities as an educator mean to her trainees, particularly individuals with marginalized identities.

Ian described how he was aware of his privileged identities when having conversations with trainees.

Right. Okay. Um hmm. Well, I mean for myself, I'm a White male so I can I guess I can, I, check most of the boxes for privilege. Also being educated and from middle class, so I think for myself I always try to keep that in mind when I'm having these conversations, with students, I mean, I'm working with a student who kind of eh, um well there's, there's a power differential so I always try to, as much as possible, the power differential exists but I try to minimize its impact as much as I can in that conversation by being transparent but and trying to give the person control in that conversation. And uh I think, um so I think for myself, that's in general for every conversation I think that's something I, what I'm mindful of.

Ian identified having a general awareness of his privileged identities can be perceived in conversations with trainees, particularly those in distress. He managed this power differential by fostering transparency and shifting some of the power for that trainees feel more control in speaking with him. He demonstrated his attempt to manage the power differential in all of his conversations with trainees given his identity factors.

There are power dynamics associated with individuals whose identities are associated with privilege. Most if not all educators were in a privileged position, given factors including their educational attainment and socioeconomic status. Due to the diversity factors represented in the field, many educators also held privileges through factors such as their race and gender identities. Educators who typified this category described their general awareness of their multicultural identities and how they affected the power dynamic with trainees.

Educator-Trainee Multicultural Identities (typical)

The second category under the multicultural factors domain, educator-trainee multicultural identities, described the general awareness educators had about their identity and their trainees' identities. Two distinct subcategories emerged from the data within this category, each statement clustered around the following three aspects of educator-trainee multicultural identities included, educator multicultural identity reflection, and trainee cultural context impacting work. Educators described their awareness of their identities and how it affected the training environment as well as their trainees' culture influencing their work.

Educator Multicultural Identity Reflection (typical). The first subcategory under the educator-trainee multicultural identities category, educator multicultural identity reflection, described how educators' multicultural identities were present with trainees. MHEs explained their personal multicultural identity development as they assumed their roles as educators. Also, educators described how others perceive them and interpreted their behaviors as a function of their identities.

Natalie described how the intersections of her race and gender shape how others in academia perceive her gatekeeping responsibilities.

Wow. So, I'll just be, you know, straightforward. I think that sometimes my direct, my directness in my obligations as a gatekeeper and my feelings about becoming an effective counselor can be interpreted differently just because I'm a I'm a black female. Working in academia can be seen as, you know, "I'm hard. I don't play." That's the descript I get "Well you don't play." And I'm like "Would you say this to your other

professors?” But you know, it can be like that, that that stern perception. I don’t want to say stereotype. But you know what people might think as is, you know, what strong black women may be. You really have to meet some standards and that, you know, my standards may not be as flexible as some.

Natalie is a Black woman, which is a visible identity that shaped how people perceived her responsibilities. While most educators describe being a strong gatekeeper, she acknowledged that others attributed her responsibility as being harsh. She demonstrated an awareness of this issue as she questioned if her trainees would perceive her strong gatekeeping the same if she had different intersecting identities. Despite her awareness of these negative perceptions, Natalie maintained her standards for ensuring that trainees were practicing competently.

Rachel described her overall journey in identity development. She explained her reflexive practice in understanding how factors associated with her life were represented in her interactions with trainees.

Yeah, I mean, I think so as I've grown myself as an instructor and a mentor and a psychologist and as a person. I just, I guess my hope would be that... I've often or most recently had a good awareness of my White privilege. Certainly, you know, that was something that I was made aware of very early, you know, relatively young, young in my training or younger my development... we can't it tease apart because my class privilege informs my work, my race privilege and vice versa. But, yeah, it's... I don't know that a day goes by that I'm not thinking about my class

privilege as it intersects with my race privilege in my and other forms of privilege too.

Similar to Natalie, Rachel described a general awareness of how her identities are received in the training environment. However, Rachel's multicultural identities were different than Natalie's, which shaped her perception and the questions she asked herself about identity. She focused on her overall identity development. She reflected on her inability to tease apart her identities because of their interconnectedness. She also described her reflective practice in how her forms of identity were present in her world.

The educators who fit this category identified that their multicultural identity factors were present when they interacted with trainees. Several described their growth overtime as it related to their development. All three ethnic minority educators described different tensions associated with their race in the training environment. A larger sample size of ethnic minority educators would be necessary to create a subsample necessary to provide a deeper analysis of how race shapes their work as faculty members. Still, all educators who fit this category described an awareness of how their identities influence their work with trainees.

Trainee Cultural Context Impacting Work (variant). The second subcategory under the educator-trainee multicultural identities category, trainee cultural context impacting work, described their trainees' identities affected their professional and academic work. In this subcategory, educators primarily described how their trainees' worldview can bias their professional work. Some educators focused on the lack of insight trainees had regarding their cultural context.

Mark described an experience with a trainee who fabricated a story that occurred at their site while working with clients from a lower socioeconomic status.

Yeah, and a lot of the underlying issues there was um the student's own anxiety I think mixed in with some prejudice and some bias. And just some kind of uncertainty about how they were going to be received and they had some unfounded concerns about their safety.

Mark identified that the trainee's anxiety for working with their proposed population stemmed from some underlying prejudice and bias. He identified that the trainee projected their insecurities onto the clients and expressed baseless concerns for their safety. He found that the trainee's cultural context and prior bias negatively influenced their wellbeing and that they made poor choices in addressing their concerns. Mark acknowledged that the trainee's identities and worldview created serious concerns for their ability to competently practice.

Dana described how a trainees' unexamined privileges could be a detriment to their interpersonal functioning in the academic setting.

So, it's like she's somebody I wouldn't say it's that she has mental health stuff, but like, you know, unchecked privilege, for example. That she's always wanting to talk about. A lot of our faculty struggle with this particular student because you can see other students like rolling their eyes because they're getting frustrated with there is a lot of that's a lot of unchecked privilege in a program that's very focused on, you know, social justice and advocacy. And so, it's a lot of, you know, like I took Spanish in

high school. So, I am a Spanish speaker. And then we have a student who is, you know, a Mexican American is like, no, you're not.

In this quote, Dana's describes how her trainee's cultural context could be impacting her professional work. In this example, her trainee's unexamined and unchecked privileged identities hindered her insight and awareness of her cultural competence. Her trainee's thinking was particularly concerning since the program was grounded in social justice pedagogy. She noted that others interacting with this trainee including faculty and trainees identified this as an issue and struggled to identify steps to resolve this issue.

The subcategory trainee context impacting work demonstrated how trainees' identities were present in their professional and academic work. Several educators described how their trainees' identities affected their progress in the program and their professional competence. Trainee difficulties with their multicultural identities were not the focus of the present study, however, educators noted that identity could affect trainees' professional competence and progress in the program.

Summary

Educators consider numerous factors while addressing trainees in distress. Foundational to their approach with trainees are their sense of compassion and ethical duty to the community. Graduate education is a stressful environment and trainees are susceptible to both professional and personal stressors. As part of their work, participants regularly monitor and assess their trainees' professional competence and clinical practice. Once an educator is aware of a trainee's distress that is hindering their professional practice, they make deliberate efforts to address the issues that are a barrier to their

progress. For most issues, educators have supportive conversations with their trainees' that normalized their emotional responses which help address the trainees' distress. Here, MHEs focus on maintaining appropriate professional boundaries as they specifically referenced concerns for becoming their trainees' therapist. While working with trainees, educators reflect on potential ethical risks with their therapeutic practice and progress in the program. In their decision making , they describe attempts to keep their thought process fair and sensible. Educators weigh multiple factors while considering informal and formal remediation including their trainee's wellbeing, multicultural identities, and the power dynamics associated with being their evaluators. In reflecting on their prior experiences, a majority educators felt assured that helping trainees in distress was the correct decision as they wanted to foster growth and protect the community.

CHAPTER V

DISCUSSION

This study explored MHEs' experiences working with trainees whose emotional distress affected their professional competence. This study utilized a CQR methodology because of the rigor involved in analyzing the data and collaborative approach to check potential bias. The domains and categories that emerged in the interviews provided a deeper understanding of how MHEs' role as educators shapes their decision making and behaviors while assessing trainees' professional competence. The qualitative research paradigm social constructivism was used because of its emphasis on understanding the data from the individual's perspective from an inductive process. Social constructivism develops meaning-making through the participants' understanding of social processes (Crotty, 1998). The specific social process being examined here is MHEs experiences working with trainees in distress. Power dynamics were examined through Lev Vygotsky's social constructivist lens. According to this approach, power dynamics must be understood within its historical and social context. Within the context of this study, power was understood within the context of the MHEs career and the competency-based framework.

This chapter will summarize the analysis, build a deeper context for findings, and provide recommendations for training programs and future researchers. First, this chapter will summarize the findings from the analysis and describe how it fits with previous research on competency-based education and trainee mental health. Next, the initial research questions from this study will be answered using the data analysis. Following will be a review of the implications and recommendations for graduate training from this study's findings. Finally, this chapter will discuss this study's limitations and provide a conclusion.

Domains and Categories that Emerged from the Data

Four domains were inducted from the cross-analysis of the interview data. The first domain, professional competence, had three categories and seven total subcategories. The second domain, balancing roles, had four categories. The third domain, ethical decision making, had four categories. The fourth domain, multicultural Factors, had two categories and five total subcategories.

Professional Competence

This domain described educators' identification of a potential problem of professional competence associated with their mental health, ongoing assessment of their work, and the behaviors they use to help trainees through their distress within the context of training. In this domain, educators described the stressors trainees are susceptible to during graduate school and identified the adaptive and maladaptive ways they respond to their distress. This domain consisted of the following three categories (a) educators' role in working with trainees in distress (*general*), (b) trainee response to distress (*general*), and (c) trainee distress (*typical*). The category educators' role in working with trainees in

distress, had four subcategories, which included (i) noticing and assessing trainee work/distress (*general*), (ii) interventions in supporting professional competence (*general*), (iii) managing the power differential with trainees (*typical*), and (iv) feelings about the outcomes of remediation (*variant*). The trainee response to distress category had three subcategories, which included (i) trainee maladaptive response to distress and graduate school challenges (*typical*), (ii) differences in adaptive vs maladaptive responses (*variant*), (iii) trainees adaptive response to distress, and graduate school challenges (*variant*). The third category, trainee distress did not have any subcategories. Educators commonly described the behaviors that signaled that their distress may affect their professional work and discussed how they worked with trainees to foster their growth. Consistent with the previous literature, MHEs described graduate training as a stressful experience and identified behaviors that support or hinder their professional competence.

Previous literature on graduate education in mental health identified that trainees frequently experience heightened distress (Rummell, 2015). Historically, these issues were framed using the language of “impairment,” which is problematic because of its stigmatizing language (Elman & Forrest, 2007). The current study used the contemporary framework on addressing trainees’ behavior through competency-based education. This framework emphasizing assessing trainees through developmental benchmarks for professional practice. From the Standards of Accreditation used by the APA Commission on Accreditation, this study focuses on professional competence, which is defined as “Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology (SoA; APA, 2015).” This

study provided offered a fresh perspective on graduate trainee mental health by adhering to the competency-based framework and using less stigmatizing language.

A criticism of the previous literature on mental health and graduate education was that it focused on trainees who are experiencing extreme levels of distress (Brear et al., 2008). With this focus on the extremes opposed to the norms, the literature was missing a realistic perspective of trainee mental health and MHEs' role in working with them. In the current study, MHEs' described the full range of experiences with trainees. They described trainees whose remediation helped them progress in the program and individuals who were unable to meet professional competency benchmarks. MHEs also normalized the notion that trainees are susceptible to added stressors during their education. Previous literature noted that MHEs' were aware of the heightened distress and pressure trainees were experiencing (Glenmayer & Bolin, 2007, Mazza, 2015, Kucirka, 2017). In the current study, educators described the process for assessing trainees' ability to meet the standards for professional competence and working with them in attempts to help them work towards their expected benchmarks. MHEs also described both adaptive and maladaptive behaviors trainees engaged in that informed their professional competence. This study aimed to look at distress in a broader sense to capture how professional competence is fostered in training.

Balancing Roles

This domain referred to job duties and roles MHEs are expected to fulfill and balance throughout their careers. Educators described their faculty duties such as classroom instruction, advising, and research. While educators valued their knowledge of mental health, they were mindful to develop multiple relationships with their trainees as

their therapist. Rather, they described being supportive of their trainees' growth in the program and maintained appropriate boundaries because of their educator role. This domain consisted of the following four categories: (a) educator roles (*general*), (b) not falling into clinician role (*typical*), (c) being supportive with boundaries (*typical*), and (d) using clinical understanding (*typical*). Educators emphasized their primary role as educators. They often described that their training in mental health was a major strength to their work with trainees as it allowed them to be more empathetic when they were in distress. However, educators had to qualify the support they could provide trainees with appropriate professional boundaries associated with their educator role.

MHEs have varied responsibilities and expectations as part of their work.

Previous literature notes that MHEs' may experience distress and they balance their duties such as research and instruction (Good et al., 2013). In the current study, MHEs' were acutely aware of their role and their unique responsibilities to their profession, university, and their trainees to provide a quality education. MHEs frequently focused on their role as they described their interactions with trainees who were in distress. There is limited previous research what the role MHEs perform look like as they interact with trainees in distress. A previous study from using a sample of social work programs found that faculty frequently encountered trainees with a described "psychiatric disability," and only 32% of respondents described an explicit policy for working with these trainees (Glenmayer & Bolin, 2007). This study did not ask educators for their program's policy for working with trainees in distress, however they were all acutely aware that they had a responsibility to address trainees who were in distress. MHEs' were also very mindful that they could not be their trainees' therapist because of ethical conflicts for entering a

multiple relationships. They also aimed to maintain appropriate boundaries with trainees so that they could be more objective in their assessments of trainees.

There was limited research on how MHEs expertise and knowledge influence their work with trainees in distress. This study focused exclusively on the MHE perspective to build a deeper understanding of their point of view and understanding of trainee distress. MHEs valued their training and expertise in mental health. Under the category using clinical understanding, educators identified that their training allowed them to have a better understanding of their trainees and their distress. Their unique perspective as experts in mental health allowed them to have a deeper sense of empathy for trainees. However, in being mindful of their role as educators, they also aimed to maintain appropriate boundaries for their relationship.

Ethical Decision-Making

This domain described the ethical considerations educators make when working with trainees in distress. MHEs' first concern was frequently any potential harm done to current or future clients trainees seen in practice. Educators focused on making sensible decisions that keep consider their trainees' development along with ethical risks to the public. This domain consisted of the following four categories: (a) bigger responsibility of gatekeeping for the community (*typical*), (b) fair ethical decision-making (*typical*), (c) uncomfortable feelings associated with gatekeeping (*variant*), and (d) restorative remediation process (*variant*). During the interview every interviewer identified their gatekeeping as a necessary role for their work. Several participants saw gatekeeping as their primary responsibility. Some MHEs discussed remediation within the context of gatekeeping and viewed it as an opportunity to help trainees become their best selves.

Discomfort associated with making gatekeeping decisions was discussed during several interviews, however these individuals described feeling assured that they attended to their ethical obligations.

Previous literature specifies that MHEs have a legal and ethical obligation to identify trainees who exhibit “problematic behavior” (Forrest et al., 2013). In the current study, MHEs were aware of the fundamental ethical obligation for identifying and assessing problems of professional competence. However, this study highlighted educators’ profound sense of ethics as they worked with trainees in distress. There is limited literature available on MHEs feelings about their ethical obligations on gatekeeping. MHEs’ described that they had a duty to the public to make ethical decisions surrounding gatekeeping. Previous literature notes that MHEs are cautious in their gatekeeping and do not believe in dismissing trainees based on psychiatric diagnosis (Schwab & Neukrug, 1994). Similarly, MHEs in this study reported that they were sensible in their ethical decisions with trainees. They weighed their ethical obligations to the public with their trainees’ needs when deciding their trainees’ progress in the program. Much of the previous literature highlights the stress associated with remediation and gatekeeping (Enochs & Etzbach, 2004, Forrest et al., 2013). Similar sentiments of discomfort were echoed by MHEs from the current study. However, several MHEs saw remediation as an opportunity for professional growth. These educators offered a fresh perspective on how the ethical duty to work with trainees in distress through remediation can lead to stronger and healthier future clinicians.

Multicultural Factors

This domain described any examination of multicultural factors within the context of the educator trainee relationship. This domain addressed how MHEs and trainees' multicultural identity shape interactions with trainees in distress. This domain consisted of the following two categories (a) educator's multicultural minded response (*typical*) and (b) educators-trainee multicultural identities (*typical*). The category educator's multicultural minded response had three subcategories, which included (i) understanding trainee cultural context (*typical*), (ii) helping trainees develop an understanding of their multicultural identities (*variant*), and (iii) multicultural factors and power (*variant*). The category educators-trainee multicultural identities had two subcategories, which included (i) educator multicultural identity reflection (*typical*), and (ii) trainee cultural context impacting work (*variant*). Most educators described having an awareness of their trainees' identities. Within this domain, they used both their knowledge of multicultural identity as well as cultural humility to address their concerns. Participants also reflected on their multicultural identities and how they may shape their interactions with trainees.

A criticism of the previous literature on assessing problems of professional competence was the lack of research exploring multicultural factors (Shen-Miller, et al., 2012). Still, a more recent review did not yield a substantial amount of new research on identity and problems of professional competence. The APA's updated multicultural guidelines inform psychologists to be aware of the role identity, culture, and the environment throughout their professional endeavors (APA, 2017b). Throughout the current study, MHEs' often described a multiculturally competent approach to their trainees' intersecting identities and culture. Previous literature encouraged psychotherapy

supervisors to utilize cultural humility to understand their trainees' identity (Burkard, et al., 2014). In the current study, several MHEs' described using cultural humility to gain a deeper understanding of their trainees' experiences and perspectives about the program. MHEs were attuned to their trainees' identities and then engaged in culturally sensitive interventions as they helped trainees identify ways to work through their distress and build their professional competence. MHEs were also aware of their intersectionalities and how they impacted their trainees' experiences with them in remediation. MHEs described their personal identity development and several participants described taking intentional steps to help trainees develop a stronger understanding of their identities within the context of their professional work.

Research Questions

The larger question this study address is how do MHEs interact with their trainees whose distress adversely affects their professional competence? This research had three major aims to address the larger research question. 1) How do MHEs' unique perspective as experts in mental health influence their work with trainees in psychological distress? 2) How do MHEs ethical obligations as gatekeepers influence their work with trainees who are expressing psychological distress and have risen to the level of a problem of professional competence? 3) How do MHEs understand graduate trainee psychological distress?

How Do MHEs' Unique Perspective as Experts in Mental Health Influence Their Work with Trainees in Psychological Distress?

Many of the MHEs interviewed had either currently or previously as a therapist in some capacity. These experiences shaped their perspective in working with trainees in

distress. Both their clinical training which helped them maintain a stronger understanding of distress and a deeper sense of empathy was a major benefit to their ability to understand and process their trainees' difficulties. While educators had a deeper sense of understanding related to their trainees' distress, they were also firm with the boundaries that were associated with their role as educators. Their identity as MHE took precedence over their work as therapists. They were very cautious to frame their interventions with trainees in distress within the framework of professional competence so that they do not become their therapist.

MHEs' training allowed educators to be sensitive to noticing and assessing behaviors that indicated that a trainee was in distress and was having difficulties meeting their professional competence. Also, educators were sensitive to multiple factors as they worked with trainees in distress including multicultural identity and power dynamics. Because of their awareness of these overarching factors, educators were able to appropriately respond in a manner that was aligned with their personal and professional values. Educators' training and expertise in the field also allowed them to have stronger supportive interventions tailored to helping the trainee foster their professional competence.

This is the first study to acknowledge MHEs' other professional identities as mental health practitioners to this researcher's knowledge. Even if an educator did no other therapeutic endeavors beyond the requirements of graduate school, their education in treating mental health and psychological factors likely influenced their understanding of their trainees and, their behavioral functioning. Educators largely saw their training

and expertise as a benefit to their students. Educators described that their training allowed them to have a deeper sense of empathy for their distress.

Even with their deeper clinical knowledge and deeper insight, educators did not lose sight of their role and responsibility to their programs to maintain appropriate professional boundaries as an educator. Educators were supportive of their trainees in helping them work towards professional competence and they had boundaries around the relationship. As Bodner (2012) asserted, MHEs were aware of the need to avoid multiple relationships as a therapist. During the interviews, 11 out of 12 educators specifically addressed their roles and responsibilities as educators. Furthermore, 9 participants specifically identified the importance of not providing therapy to trainees. Educators balanced their understanding and empathy with the greater responsibility associated with their role as a MHE.

Mental health professionals across disciplines are trained in evaluating and attending to client's distress. While educators were very firm that they did not view their trainees as clients, they were sensitive to the behaviors that indicated distress. Educators engaged in an ongoing assessment of their trainees' behavior and functioning in academic and professional settings. Within the context of competency-based education, they are evaluating their trainees' technical skills, clinical judgment, and ability to intellectually and emotionally process material with their clients (Kaslow et al., 2007b). The data noted that educators made these evaluations in part based on the behavioral observations in class as maladaptive behavior here can be an indicator of their interpersonal functioning in professional settings.

MHEs' expressed being sensitive to behaviors that affect their trainees' professional competence. There, they exhibit similarity to a grounded theory study that described nursing faculty member's response to trainees in distress which included a nonlinear process which included: noticing, responding, experiencing, and reflecting (Kucirka, 2017). While these educators are in many respects, both are in the helping profession and demonstrate their awareness of their trainees. In the Kucirka study, educators responded partially based on their previous experiences with mental illness. In the current study, educators responded very frequently to trainee distress, which made be shaded by their familiarity with their mental health expertise.

As part of professional training, clinicians are expected to have a meta-awareness of multicultural factors and how power dynamics are present in relationships. The data suggest that MHEs are knowledgeable, flexible, and aware of the larger dynamics that shape their relationships. All professional organizations offer guidance on multicultural factors that individuals trained in those fields are expected to follow. Currently, there is a lack of research on how multicultural factors play a role in assessing problems of professional competence (Shen-Miller, et al., 2012). This study begins to unpack how educators' unique perspective in aligning with their training understands and utilizes multicultural factors in working with trainees, especially whose psychological distress adversely affects their professional competence. Aligned with the guidance provided by Burkard et al. (2012) educators were reflective of how their culture influenced how they spoke to trainees. MHEs were reflective of their multicultural identity development and were aware of how their privileged identities affected their relational dynamics. They worked towards understanding their trainees using both their

knowledge-based and by asking trainees to reflect on their cultural context. Many educators used cultural humility as suggested by Hook et al. (2016). Several participants described having direct conversations with their trainees to understand how their identity informs their worldview. They used the information gathered in these conversations with trainees along with their knowledge and expertise to inform their specific interventions with their trainees.

Power influences all social discourse (Hall, 2012). Discourse is the primary tool of power, indicates that language bounded within its social and historical context. Educators were aware of the overt power differential associated with their title and the role they play in their trainees' lives. They had a deeper understanding of the language they used when talking with trainees in distress. Many educators attempted to use language to mitigate the power differential in the moments of distress. Educators were aware of how their words could be perceived by their trainees and what they represented within the context of their graduate experience. They were aware that the term remediation often brought about feelings of dread, fear, and embarrassment for trainees. Therefore, they tried to mitigate the power over remediation by discussing it as a way for trainees to improve themselves. However, the use of power through language was firmly established through the policies and expectations for professional practice. When necessary, educators shifted their tone and language to signal that there were explicit expectations for professional practice. One educator called it having a "come to Jesus talk," where they more firmly discussed the issues and expectations. Educators shaped their language to shift the power differential in the direction needed for their social interactions with trainees. They were aware of overall power imbalances associated

with evaluation but were also sensitive to how they talked to trainees in distress. Often during moments of distress, educators sought to mitigate the power by making intentional decisions to focus on offering them support. In other instances when they needed to ensure that trainees were meeting professional standards, they shifted their language to ensure that their trainees were aware of their expectations.

How Do MHEs Ethical Obligations As Gatekeepers Influence Their Work With Trainees Who Are Expressing Psychological Distress and Has Risen to the Level of a Problem of Professional Competence?

MHEs' often saw their primary role as a gatekeeper to the profession. Educators were compassionate towards their trainees, however, their responsibility to the public took precedence before their students. In their ethical decision-making, educators considered the risks associated with trainees' current practice in the field under supervision and their ability to practice competently in the future. Educators were protective of their profession and the quality of trainees leaving their institutions. Educators were also reflective about major decisions they made regarding trainees' practice and were dedicated to maintaining sensible and collaborative solutions. When considering appropriate ethical decision-making, educators considered their trainees' livelihood and turned to remediation as an opportunity to help trainees focus on their professional competence. The dynamic between ethical risks to the community and concern for the trainee is can lead to uncomfortable feelings. Educators describe negative emotions associated with gatekeeping decision making. Despite these feelings, educators find the process of reaching out to trainees while protecting the public a worthwhile endeavor. They saw remediation as an extension of the gatekeeping process as they can

continue to assess and foster professional competence until the risks to the community are too great.

MHEs had a deep sense of responsibility to their profession and their community as a gatekeeper. Educators were not only aware of this ethical responsibility but were proud to have a role in protecting clients and the community. During one interview, an educator indicated that he left his work in private practice in part to engage in the gatekeeping role. Schuermann et al. (2018) also found that gatekeeping was a primary ethical role in preventing harm and maintaining accreditation standards for counselor educators. This study echoed the sense of responsibility these educators described within their role as educators to protect the public and their programs.

While educators valued their role as gatekeepers, MHEs did not indiscriminately dismiss trainees from their programs for an ethical lapse, depending on the context surrounding the issue. Rather, educators maintained a sensible approach as they considered risks to the community in comparison to their trainees' livelihood. They took their time in their ethical decision making and wanted to think about all the factors that could inform their decision making. Educators wanted to make sensible decisions that mitigated risks. The finding that educators' do not intend to dismiss their trainees indiscriminately is not new (Schwab & Neukrug, 1994). Similar to the findings from Glenmaye and Bolin (2007), educators believed that trainees who were in distress were largely capable of becoming proficient and competent clinicians. There is limited literature on individual educators' ethical decision-making approach to gatekeeping. This study indicates that educators appreciate the gravity of how a dismissal could dramatically alter their trainees' lives. Furthermore, they use the remediation period to

monitor and re-assess their trainees' professional competence. Remediation is seen as an opportunity for educators to help trainees work on themselves so that they can correct problems of professional competence.

Ethical decision-making surrounding gatekeeping can be an emotionally taxing period for educators. As Kaslow noted (2007b), gatekeeping and remediation can be a stressful and time-consuming process. Similar to the Butler (2017) study, MHEs have a genuine sense of concern for their trainees which makes the process hard, and going through the process can harm their wellbeing. However, a key finding from this earlier study was that educators' prior experiences in gatekeeping encouraged them to be more proactive in their interventions with trainees. Similar to the results in this study, educators were vigilant to lapses in their trainees' professional competence and tried to respond to trainees using informal remediation as a first step. MHEs acknowledged the need to maintain their sense of ethics as they interact with trainees in distress. While these circumstances can be stressful, none of the educators in this study regretted their decision to be involved in the remediation and gatekeeping process.

How Do MHEs Understand Graduate Trainee Psychological Distress?

Martin, a participant best described the pressures associated with graduate school and life outside of training that can lead to psychological distress in this quote:

And what I tell them now, you're here in this grind for five years. You know, there's all these expectations, all these evaluations, all these requirements, all of these things. But your life doesn't stop outside of this, and that's okay. If there's something going on, you know, please let me know.

MHEs were aware of the stressors both associated with graduate education and that outside stressors did not stop for training. Educators normalized their trainees' feelings and their reactions to distressing situations. They maintained a compassionate lens as they thought about their trainees and the stress they were experiencing. Through most interviews, MHEs asserted that whenever appropriate, they would help their trainees through their distress to support their persistence in graduate school.

Trainees responded to their distress using adaptive or maladaptive behaviors that affected their academic work and professional competence. MHEs did not believe in automatically dismissing trainees whose distress adversely affected their professional competence. Rather, remediation was sometimes viewed as a restorative process to allow trainees to work towards meeting the benchmarks of their professional competence. Several MHEs looked to understand if a trainees' distress was situational or part of a larger pattern of behavior that would indicate that they could not competently practice. Trainees were often given multiple opportunities to develop their professional competence and were asked to leave the program only after extensive work was completed to foster their competence.

Graduate training in mental health is stressful and trainees are susceptible to psychological distress from their education and personal lives. Trainees are responsible for maintaining balance their academic responsibilities, clinical work, personal lives, and sometimes experience life-altering events. These findings give further context to the El-Ghoroury et al., (2012) study that found that 70.5% of trainees in a nationally representative study identified that their stressors impeded their optimal functioning. While educators were aware of the professional competence and the need for trainees to

meet the benchmarks, they also normalized their humanity while in distress. Educators described helping trainees engage in behaviors that would help ameliorate their issues so that they were allowed to practice competently. Schwab & Neukrug (1994) found that educators did not believe in blanketly dismissing trainees for psychological concerns. MHEs in this study described the same attitude as their behaviors were shaded by their compassion and desire to see their trainees healthily persist in the program when possible.

Much of the previous work on trainee mental health and remediation focused on the extreme ends of psychological distress that leads to trainees being dismissed from their program (Brear et al., 2008). However, there was a missing piece within the literature that addressed how the typical stressors associated with graduate education are handled. This current study developed a stronger overall picture of mental health in graduate school and how MHEs and their trainees respond.

Within the context of competency-based education, MHEs described trainees' responses to distress in terms of adaptive and maladaptive behaviors. Adaptive behaviors and attitudes included but were not limited to addressing their distress with educators, discussing their issues in class, and having insight into their problems. Educators valued trainees' insight and ability to communicate their difficulties with their educators. These findings echoed the Swords and Ellis (2017) assertion that the supervisor-trainee working alliance was an important factor in helping trainees against burn out. Trainees' ability to openly communicate with their educators appropriately was indicative of professional competence. Maladaptive attitudes and behaviors trainees engaged in included but were not limited to being closed off to talking about their issues, failing to do academic work, and difficulty receiving feedback. Trainees' attitudes and behaviors were similar to the

Bogo et al. (2006) study that found maladaptive attitudes were defensive,' 'judgmental,' and 'cynical.' In response to trainees' distress, educators sought to engage in informal remediation when possible to support trainees, until their trainee's behavior indicated that they were a risk to the larger community.

Significance of Findings

This study aimed to provide novel research addressing problems of professional competence for mental health graduate programs. A major contribution to the literature is the attention to a wider range of trainee distress within the context of the competency-based education framework. Much of the prior literature addressing problems of professional competence, focused on the more extreme occurrences within graduate programs. While it is important to research trainees whose behavior leads to a dismissal, this emphasis provides a limited scope for understanding trainee distress. Data from this study indicate that many graduate trainees will likely experience distress throughout their careers, and most will still graduate from their programs. Therefore, it is important to understand how MHEs work with trainees who experience distress and can develop professional competence for practice. Participants describe adaptive vs. maladaptive ways their trainees respond to personal and professional issues they encounter. Within the professional competence domain from this study, MHEs' regularly evaluate and monitor their trainees' interpersonal behavior in their classrooms and at their practicum sites and intervene with them when appropriate. The data from this study provide a deeper understanding of the ongoing process for evaluating professional competence through their trainees' ability to appropriately respond to distress.

To this researcher's knowledge, there is no previous literature exploring MHEs' perspective as experts within their field. As part of their training, these educators have expected competence in addressing mental health issues in a professional setting, and many actively provide therapeutic services. This study addresses their unique skill set and how it impacts their interactions with trainees. Participants value their training and deep understanding of mental health issues. Several participants noted that their expertise makes them a stronger educator. However, the data also suggests that participants must be sensitive to their role as they interact with trainees. Almost every participant describes a need to maintain appropriate professional boundaries so that they are not perceived to be their therapist. This potential boundary confusion may be unique to MHEs given their background. While this conflict was evident from the data, this study may be the first to address this concern in a meaningful manner. This study offers new insights into trainee distress within the competency-based education framework and a fresh perspective on MHEs' work. The next section outlines important recommendations developed from the data to help provide better experiences for MHEs and trainees.

Implications for Training

Competency-based education is the standard for health service psychology programs as mandated by the APA SoA (2015). To ensure that programs maintain their accreditation status, they must demonstrate that their programs are providing trainees with an education that supports their personal and professional growth in multiple domains (Fouad et al., 2009). Furthermore, educators are expected to regularly assess their trainees so that they are aware of their deficits and are given opportunities to improve upon their professional behavior and practice (Kaslow et al., 2009). This study

focuses specifically on professional competence within competency-based educational practices. Two core competencies in the APA's benchmarks from the SoA reference for professional competence are professional values and attitudes and communication and interpersonal skill. In this study, MHEs were interviewed to understand how they interact with their trainees' whose psychological distress adversely affects their professional competence. This study described how MHEs identified, assessed, and helped foster trainees' problems of professional competence with these trainees. This current study has multiple implications for competency-based education and mental health and their theoretical models of practice.

The cube model is the most well-known model of competency-based education for professional psychology and was designed in part with professional competence in mind (Nash & Larkin, 2012). The competency cube was made up of three domains of competency which included foundational competency domains, stages of professional development, and functional competency domains (Rodolfa et al., 2005). This model could be easily applied to the work of the MHE's who participated in this study. Educators fostered trainees' theoretical and technical knowledge according to their developmental level. This study provided a practical application of how educators assess and foster different aspects of their trainees' foundational competence domain. They used their communications with trainees, behavioral observation, and information from their site supervisors to understand assess areas within the domain including their self-assessment, relationships, ethical standards, and attention to diversity factors.

The results from this study indicated that the cube model misses some aspects of professional behaviors that MHEs' described as they worked with trainees in distress.

Primarily, this model should consider including ‘fostering behavior in support of self-care.’ When in distress, MHEs’ described the adaptive and maladaptive behaviors trainees exhibited while experiencing the challenges of graduate training. While working with trainees’ in distress, MHEs’ focused on remediation solutions so that trainees were developing skills to function at their optimal level. Trainees’ who needed informal remediation primarily needed the support from their MHEs’ and were able to independently engage in these behaviors. Trainees’ who required more time and effort, needed help fostering the awareness of how to take care of themselves and their stressors. Adding this factor to the foundational competency domain would provide an area to help MHEs appropriately assess and support trainees’ mental health and wellbeing within the bounded context of competency-based education.

According to the SoA in Health Service Psychology, trainees must demonstrate competence in the following areas: research, ethical and legal standards, individuals and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills (APA, 2015). Within the first area, professional values and attitudes, MHEs’ are expected to assess and support trainees’ ability to self-reflect and exhibit “integrity, deportment, professional identity, accountability, lifelong learning” and concern for the welfare of others” (APA CoA, n.d.). MHEs’ mostly referenced trainees’ ability to self-reflect, development of their professional identity, and their accountability as evidenced through their academic work and showing up to their clinical sites. The other area, communication and interpersonal skills were discussed throughout the study much more frequently. Trainees are expected to develop skills that

will allow them to navigate interpersonal conflict, foster various professional relationships, and utilize appropriate verbal, nonverbal, and written information (APA CoA, n.d.). MHEs' valued their trainees' ability to communicate their distress appropriately while maintaining appropriate boundaries. Furthermore, MHEs used their trainees' interpersonal functioning within the classroom as an indication of their interpersonal style as a professional.

The SoA in its current form aims to distance itself from using the language of impairment when assessing trainees.' This shift is important as it is a stigmatizing framework that does not leave room for growth and remediation (Brear et al. 2008). Equally as important, previous literature notes that educators believe that their trainees with psychiatric illness can be strong clinicians (Glenmayer & Bolin, 2007). In distancing itself so far from the language of impairment, the current SoA neglects the realities that people may experience distress during graduate school and throughout their careers. In attempting to step away from assessing trainee mental health and wellbeing, it misses an opportunity to address a professional's ability to adapt to distress and engage in professional behaviors that can promote their professional competence. The data from this study suggests that MHEs assess their trainees' level of awareness into their problems and their ability to engage in adaptive or maladaptive behaviors in response to their issues. Furthermore, educators frequently describe helping trainees identify behaviors that would restore themselves to competency and allow them to practice. This study suggests that the APA should consider revising the language within the SoA to allow for some flexibility in assessing and fostering trainees' ability to engage in behaviors that would support their ability to support their professional activities.

While this study has multiple implications for SoA, the findings also provide valuable insight for graduate programs and their faculty. MHEs are important figures in the context of their trainees' graduate careers. MHEs may have multiple roles for their trainees depending on the environment including serving as their professor, advisor, practicum evaluator, dissertation chair, and mentor. Navigating the boundaries within these relationships may be challenging, especially when addressing trainee distress. MHEs are experts in their field and often have experience as therapists; as a result, trainees may interpret conversations with their educators as therapy. In this study, almost all educators specifically reference maintaining professional boundaries within their role and ensuring that they do not become their trainees' therapist. To ensure that their trainees are aware of appropriate professional boundaries, it is recommended that educators talk with trainees about the nature of their working relationship early in their program. While educators can foster open communication with their trainees, it is recommended that trainees seek out a therapist independent of their graduate program when appropriate.

Like other mental health professionals, these educators may face difficult ethical dilemmas that require thoughtful and deliberate action. The data coded under the ethical decision-making domain indicates that educators felt a personal responsibility as a gatekeeper to protect current and future clients. Despite the weight of this obligation, educators also described a need to maintain a thoughtful and sensible ethical decision-making process. It is recommended that programs maintain a strong consultative group of educators that can discuss challenging ethical decisions. Similar to many ethical dilemmas that mental health professionals experience, gatekeeping decisions may not

always have a clear answer. A consultation group will allow educators to bring fresh perspectives to potentially complex issues.

There are vital influential resources available for MHEs who aim to enhance their educational practices on providing competency-based education. Primarily the Competency Assessment Toolkit for Professional Psychology made by Kaslow et al., (2009) provides important insight and behaviors to support the new “culture of competency.” However, multiple MHEs identified running into some similar issues while working with trainees in distress with problems of professional competence. These findings indicate that there may be a need for additional resources available for educators to describe their best practices. For example, educators described difficulties with helping trainees understand the boundaries and roles of their relationships as MHEs. Several MHEs described a policy of putting their limits to confidentiality in their syllabus and openly discussing their roles and boundaries early in the school year to mitigate this role confusion. MHEs’ may benefit from having space either at the professional organizational level or the program level that would offer regular guidance on the best practices on navigating competency-based education and trainees’ professional behaviors.

Directions for Future Research

The current study broke new ground in the area of trainee mental health and competency-based education. Additional research will be necessary to develop best practices in support of MHEs’ and their trainees for assessing and working through problems of professional competence. First, noticing and assessing trainee work/distress was one of the most frequently discussed categories discussed during the interviews. One

participant offered a variant view of noticing and assessing trainee distress because her program was an online format. She reported that trainees were thus able to easily hide their distress due to the online format. Additional research would be helpful to understand how educators who work with trainees on an online program assess and monitor their trainees' professional competence. Many of the MHEs used trainee's behavioral observations in the classroom as a signal to a trainees' distress and interpersonal functioning. There was not enough data here to make any conclusions about an online program's ability to address professional competence, however, further research is necessary to understand how the online training environment influences the assessment of this benchmark.

Much of the gatekeeping and remediation literature has focused on trainees on the instances where trainees were ultimately dismissed. This study used the broad term 'psychological distress' which allowed educators to talk about a wide range of emotions and behaviors trainees experience. Therefore, MHEs' were able to talk about trainees who needed informal and formal remediation to support their professional competence. Further research on both informal remediation and outcomes of remediations that did not lead to trainee dismissal. This literature would be helpful to understand the educator behaviors that helped foster professional competence. While this study highlighted many of the interventions that educators used to support trainees and foster growth, additional research with the explicit goal of MHE interventions would help identify best practices. Also, research addressing the trainee's factors that led to better outcomes in remediation would help identify and foster strong professional competence.

Currently, there is limited research available on how multicultural factors influence the remediation process. While this study explored this topic tangentially, the study of identity and remediation could provide volumes of additional research. This study indicated that most of the educators expressed greater awareness of their trainees' multicultural identities and were sensitive to their identity factors in their communications with trainees. Additional research is needed on how MHEs perceive professional competence through the lens of trainees with different multicultural identities. Further research should address identity as it relates to age, gender, sexual orientation, race/ethnicity, country of origin, disability status, and socioeconomic status. Educators also identified being reflective of their multicultural identities and understanding how their identities were potentially perceived during the remediation process. Further literature explicitly exploring how various multicultural identities shape MHEs interactions with their trainees in distress.

The field of psychology faculty lacks ethnic diversity (Bichsel et al., 2019). This study had three educators who identified as ethnic minorities. This subsample was not large enough to complete a cross-analysis of their experiences. However, there was meaningful data that suggested that their experiences differed from their colleagues who were Caucasian. Mark, a Puerto Rican man, described his negative reaction to his trainees' asserting that they do not want to work with individuals with different identity factors. Natalie, an African American woman, described how her trainees negatively interpreted her behavior and misinterpreted her firm ethical stance as a function of her ethnicity. She questioned if her trainees would interpret her behavior similarly if she were of a different ethnicity or gender. Currently, the field of psychology has disproportionately

fewer ethnic minority faculty (Bichsel et al., 2019). Therefore, greater attention could be made to understand MHEs' of color and their experiences in higher education and with trainees undergoing remediation.

Currently, several theoretical articles are available that describe the various models of competency-based education (Rodolfa et al., 2005; Nash & Larkin, 2012). This study was important to the overall literature on competency-based education because it described its actual application in graduate programs. Participants described their assessment of trainee's problems of professional competence and the steps they took to foster their growth and development. During the interviews, educators described a clear understanding of benchmarks and competency-based education as a whole. Additional research addressing trainees' understanding of competency-based education would provide a needed perspective in mental health graduate education. Specially, a study exploring trainees' understanding of the professional competency and problems meeting this benchmark may highlight insight into the remediation and gatekeeping process from a different perspective.

Limitations

As with any research, there are limitations to the current study. This study aimed to represent MHEs' diverse experiences as they interacted with trainees' in distress. This study began to provide novel information about MHEs' subjective experiences within the context of the current competency-based education model. However, multiple studies would be necessary to account for all factors associated with MHEs' work with trainees in distress. Limitations for the current study include potential issues related to sampling bias, limited diversity within the sample, limited focus on

multicultural factors, limits in trainees' perspectives, and two participants did not meet all aspects of the requirements outlined in the methods section.

Most of the MHEs who agreed to participate in this study were heavily invested in the topic of remediation and gatekeeping. Several MHEs identified that they were well versed in the remediation literature and either they or their trainees conducted research on the topic. This is likely a sampling bias in the individuals who agreed to participate because of their personal and professional interest in the topic. The domains and categories that emerged from the data suggested that MHEs were very dedicated to their trainee's education and professional development. Furthermore, during their interviews, some educators described that some of their peers were intentionally less involved in working with their trainees in distress. Therefore, the participants sampled may be more representative of exemplar educators who respond to trainees rather than the typical MHE.

A more representative sample of MHEs' across cultural and professional identities may have been a benefit to the overall data analysis. This study was generally reflective of the racial and gender identities present amongst psychology faculty (Bichsel et al., 2019). This study's sample had roughly 58% women and 25% of individuals from an ethnic minority group. Currently, women represent about 56% of faculty and only 17% of faculty members are ethnic or racial minorities (Bichsel et al., 2019). For this study, having additional MHEs with diverse identities would have allowed for a cross-analysis of their experiences. This subsample would have provided more information about this topic from different perspectives. Future research should address remediation from individuals with more diverse identities.

While this study addresses factors associated with multicultural identity and remediation, its focus was on problems of professional competence and psychological distress. This study did not address identity factors with the depth necessary to make larger assertions about MHEs' and remediation through a fully multicultural lens. Additional focused research questions exploring how MHEs' and their trainees' intersecting identities affect remediation is necessary to make more meaningful conclusions.

A limitation of this study is that it does not account for trainees' perspectives in addressing psychological distress and problems of professional competence. Most of the previous literature on remediation addresses the educator's perspective, this study included. An extensive review of the literature only found one study that explored the trainees' perspective as it related to remediation (Kallaugher & Mollen, 2017). This researcher's findings indicated that trainees had a vastly different experience from MHEs' on the remediation process. Much of this research is conducted from the educators' positionality, which is the person who holds more power within the relationship. MHEs may have blind spots regarding this topic that are not addressed in the literature. Additional research from the trainees' perspective is necessary to meaningfully address their experiences with distress and remediation.

All the educators sampled in this study offered important insight into their work with trainees in distress. One limitation to this study was that two of the MHEs sampled, did not meet all the requirements outlined in the methods section. One being that one MHE was recently finishing her first year of experience. Another educator had multiple years of experience as a full-time faculty member, however, was all but

dissertation within her degree. Both educators provided important information that provided a deeper richness to the data. Their perspectives were critical to this data analysis as their diverse multicultural identities provided the data analysis with a more representative sample. While they offered well-developed perspectives, the essence of the interviews was similar to other MHEs.

This study provided valuable information on education for any stakeholder in graduate training in mental health professions, however, it had multiple limitations. Future researchers addressing topics should use these limitations and make intentional steps to improve upon their methods. Additional research needs to ensure that more aspects of competency-based education are addressed and emphasize multicultural factors in the study.

Conclusions

This study provided new insights into how MHEs' interact with their trainees whose psychological distress adversely affects their professional competence. This study explored trainees' psychological distress broadly and addressed how educators use their specialized expertise in mental health while working with trainees. Educators' offered a rich dialectic of behaviors that simultaneously highlight their specialized knowledge while being mindful of their boundaries and limitations associated with their role. Findings suggest that MHEs' are sensitive to the challenges associated with graduate education and the possibility of potential personal life stressors. Findings suggest that MHEs use verbal signals from their trainees, behavioral observation from their classroom, and information from their trainees' worksite to become aware of and

assess trainee distress. They use these cues to also assess their trainee's ability to engage in professional practice while they are in distress.

The participants from this study were guided by a firm sense of ethical obligation to the first to the public and were willing to exercise their role as gatekeepers when there are overt risks to clients. However, these decisions were not taken lightly and MHEs' weighed their trainee's livelihood with their ethical risks. Participants noted that they often had a tremendous sense of empathy for their trainees in distress. They were often supportive and provided interventions that would support their trainees' professional competence. Individuals trained in the mental health care field are also often sensitive to issues of culture and power. MHEs were aware of their trainee's multicultural identities' and tailored their language to individual trainees. Furthermore, MHEs' were aware of the overall power dynamic in their role as faculty and their social interactions and shifted their language to either mitigate or emphasize their power depending on the situation. MHEs apply their knowledge and expertise in their work with trainees in distress, however, they are always aware of their primary role as educators. The ongoing exploration of MHEs and their work with trainees will help foster new tools to support a healthy training environment in mental health graduate programs.

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APPENDIX A

SCREENING DEMOGRAPHICS QUESTIONNAIRE

Please complete the following form as accurately as possible and to the best of your abilities

Are you a full-time faculty member? Yes No

1. How many years have you been employed as a full-time faculty member
_____?

2. Which of the following best describe the program you hold full-time faculty status with:

- a. Masters level clinical, counseling, or school psychology
- b. CACREP-accredited counseling program
- c. APA-accredited doctoral clinical psychology, counseling psychology, or school psychology
- d. If affiliated with multiple programs, please indicate the types below

3. Which of the terminal degrees in Mental Health have you acquired? Ph.D.

Psy.D. Ed.D

4. Do you have formal education in providing supervision? Yes No

5. Do you have formal education in multicultural competence? Yes

No

6. How formal or informal is your program's process in assessing competencies?

Very	Somewhat	Somewhat	Moderate
Informal	Somewhat Informal	Very Formal	
	Formal	Formal	

1

2
4

3
5

7. Have you worked with a trainee whose psychological distress negatively affected their professional competence Yes No

- a. Did this issue prompt either informal or formal remediation? Yes
No

8. What is an acceptable email for the researchers to contact you for the study?

Thank you for completing this brief survey. A member of the research team will contact you if you meet the inclusionary criteria for the study.

APPENDIX B

INTERVIEW QUESTIONS

1. Tell me about your work as a faculty member and your experiences with students who are in psychological distress.
2. What is the range of distress that you have seen with your students?
3. What is it like to be someone who is trained in mental health in these situations with students?
4. Tell me about a situation when this distress rose to the level of a problem of professional competence and led to informal or formal remediation.
5. Looking back, how do you feel about the outcome of these circumstances and how does it feel like to talk about it now?
6. Do you see yourself as a gatekeeper?
7. How do you feel about your ethical obligations as a gatekeeper?
8. How have your multicultural identities and your trainees' multicultural identities affected these interactions with students who are in psychological distress and are undergoing remediation? Multicultural identities maybe any salient identity that you or your trainee identify with include but is not limited to race/ethnicity, nationality, gender identity, sexual orientation, religion, disability status, age, or socioeconomic status.
9. What has been the effects of the power differential between yourself and students on this process?
10. Is there anything else that would be helpful for me to know?

APPENDIX C

DEMOGRAPICS QUESTIONNAIRE

1. What is your age in years? _____

2. What is your race/ethnicity?

Prefer not to answer

3. What is your gender identity?

Prefer not to answer

4. What is your nation of origin?

Prefer not to answer

5. What is your sexual orientation?

Prefer not to answer

6. Which of the following best fits your disability status?

Mobility

Sensory

Learning

Mental Health

A Disability Not Listed _____

No Disability

Prefer not to answer

7. What is your religious affiliation?

No religious affiliation

Prefer not to answer