# Article 4

# **Assessing Peer Problematic Behavior and Related Training Experiences**

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#### **Abstract**

The purpose of this study was to examine the experiences of counselors-intraining with peer problematic behavior. A sample of 105 master's-level counseling students completed a self-report survey addressing their experiences and observations of peer problematic behavior. This included their observations and personal experiences as well as the influence of training and departmental policies on reporting. Results highlight the need for departments to develop and implement policies that address student identification and reporting behaviors. In addition, the level of observations of peer problematic behavior was consistent with previous research.

Ensuring client welfare is the counselor's primary responsibility and meeting this goal requires not only a focus on counselor skills and knowledge but addressing the personal dynamics that counselors may bring into the process (Emerson & Markos, 1996). This may include deficits or problematic behaviors of counselors that can directly or indirectly negatively affect the counseling process. However, addressing deficits,

competence, and/or problematic behaviors in the counseling profession is challenging due to the general lack of consensus in defining and addressing potentially harmful practitioners. Impairment has been defined as "a significant negative impact on a counselor's professional functioning which compromises client care or poses the potential for harm to the client" (Lawson & Venart, 2005, p. 243). While the term "impairment" appears in the American Counseling Association (ACA) and Council for the Accreditation for Counseling and Related Educational Programs (CACREP) literature, the term is not frequently used to describe a student limitation due to the term's close association with the Americans with Disabilities Act (ADA) of 1990. Resulting from this concern, several alternative terms have been suggested to describe this issue including, but not limited to, competence, deficit, and problematic behavior (Cobia & Kiedinger, 1997; Kress & Protivnak, 2009; Pope & Brown, 1996). Most recently the concept of problematic behaviors has been used to describe a counseling practitioner who is functioning at a below acceptable standard that may include deficits in clinical skills or psychological issues that could potentially impact clients, peers, and/or the counseling profession (Evans, Carney, Shannon, & Strohl, 2012; Kress & Protivnak, 2009).

There are clear professional calls to identify and address problematic behavior issues among counselors and counselors-in-training as reflected in the ACA Code of Ethics (2005) and CACREP standards (2009). Both ACA and CACREP call for counselors, counselor educators, and counseling programs to be aware of and address limitations or problematic behaviors in practice and training (ACA, 2005; CACREP, 2009). However, there is limited research on how counselors and counselors-in-training engage in the process of identifying these problematic behaviors and how they respond or report such behaviors. This is extremely important when considering peer relationships. The dynamics of these peer relationships may make reporting or addressing problematic behavior more challenging. Moreover, peer problematic behaviors have the potential to directly and indirectly affect other students, the classroom environment, and the perception of how these issues are addressed not only in one's program but also the counseling profession (Mearns & Allen, 1991; Nelson, Oliver, Reeve, & McNichols, 2010; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004)

Among counselors-in-training, problematic behaviors might be observed in the classroom or clinical settings in a variety of ways. For example, a problematic student might engage in enmeshed relationships with clients/peers, demonstrate poor boundaries, use excessive self-disclosure, or attempt to practice counseling skills outside of their professional competencies (Emerson & Markos, 1996). In their practicum or internship classes, a problematic student might blame the client for their lack of therapeutic progress, use inappropriate language to describe a client or client issue(s), or not understand appropriate professional boundaries (Lambie, 2006). What is disconcerting is that these behaviors not only impact the development of the student engaging in them, but they also have the potential to impact their class peers. This can happen directly through strained peer relationships, or indirectly by creating tension in the classroom (Schwartz-Mette, 2009).

In looking at the impact of peer problematic behavior, Rosenberg, Getzelman, Arcinue and Oren (2005) found the majority of their counseling psychology subjects (95% or 129 students) reported having a negative experience with a problematic peer throughout their course enrollment. Reported disturbances of problematic behavior might

include (a) disruption of class time, (b) difficulties applying the cohort model during supervision, or (c) challenges related to individual student learning (Oliver et al., 2004). Furthermore, non-problematic students have reported experiencing negative feelings toward the problematic peers, encountering challenges and difficulties in the classroom, experiencing decreased confidence toward the rigor of mental-health professions, and decreasing confidence in faculty's ability to address problematic behaviors (Mearns & Allen, 1991; Oliver et al., 2004, Schwartz-Mette, 2009). This impact can also be demonstrated through poor peer relationship behaviors including bullying or gossiping about the peer and/or withdrawing from classroom interactions (Mearns & Allen, 1991; Rosenberg et al., 2005). This highlights that peer problematic behavior can be a significant concern for counselors-in-training, counselor educators and counselor education programs.

### **Peers and Problematic Behaviors**

Peer problematic behaviors can also be challenging for counselors-in-training in regards to how to address or deal with the issue. Mearns and Allen (1991) found that approximately 95% of 73 polled student subjects reported experience interacting with a problematic peer. In these cases of identified problematic students, the polled graduate students stated that they wanted to uphold the ACA Code of Ethics (2005) regarding their role as a gatekeeper; however, they felt they lacked the knowledge and skills to uphold this role effectively (Mearns & Allen, 1991). This study highlights a unique issue regarding problematic behavior, which is the acknowledgement that students function in a different role with peers as opposed to faculty. First, graduate students often have more social and classroom interactions with their peers than faculty, and these interactions can be more personal in nature. Thus it is not uncommon for students to notice behaviors in their peers earlier or more consistently than faculty (Oliver et al, 2004; Schwartz-Mette, 2009). In addition, students with problematic behaviors may modify their behaviors in the presence of faculty because of concerns related to evaluation (Bradley & Post, 1991; Myers, Mobely, & Booth, 2003; Rosenberg et al., 2005). Based on this, it is not surprising that Rosenberg et al. (2005) found that graduate students believed that they were more aware of problematic peers than faculty.

Students also function in a different role with peers than counselor educators in relation to evaluation. Without a method for evaluation, students are often confused as to how and if they should report a problematic peer to faculty or administration. Research confirms that students are hesitant to report a struggling peer to faculty and are fearful that faculty will not respond to their reports of a problematic peer (Mearns & Allen, 1991; Rosenberg et al., 2005). Among students who did approach a faculty member to discuss concerns regarding a problematic student, the number one reported behavioral indicator was interpersonal issues as opposed to academic or ethical infractions (Oliver et al., 2004).

Students are also concerned about how they should respond, beyond simply reporting to a faculty member. Despite the presence of problematic behaviors in a peer, students indicate that they are not likely to confront the individual. In fact, students are more likely to avoid interactions with the problematic peer (Foster & McAdams, 2009; Schwartz-Mette, 2009). This withdrawal may directly affect motivation within the

classroom thereby impacting the non-problematic student's academic and emotional functioning (Rosenberg et al., 2005). Not addressing the issue of a problematic peer directly or through faculty intervention may lead non-problematic students to feel challenged or overwhelmed, thus potentially influencing their perceptions of how problematic behavior is addressed personally and professionally. This may also directly or indirectly influence non-problematic students' perceptions of the counseling profession (Foster & McAdams, 2009). Due to the negative implications often associated with peer problematic behavior, it is important for counselor education professionals to consider the presence of this issue and how programs can or have addressed this issue. This study sought to expand and replicate previous research by documenting the prevalence of problematic behaviors, its impact on other students, and reasons that students do or do not reach out to others to address problematic behaviors. This study also adds to previous work by exploring the knowledge that students have of policies and procedures.

### Method

### **Procedure**

Data collected for this study was facilitated using one researcher-designed survey. Randomly selected faculty from 104 Community and/or School Counseling Programs were contacted (one from each regionally identified higher education institution) via email requesting their support in disseminating the surveys. A total of 12 faculty members from randomly selected programs agreed to participate.

Of the 12 counselor education faculty, 5 faculty were from CACREP programs and 7 faculty were from non-CACREP programs. The 292 surveys were mailed through the United States Postal Service. Packets included the Awareness of Problematic Behavior Survey, stamped envelope, and information sheet.

### Instrument

The Awareness of Problematic Behavior Survey was created in response to previous research (Li, Trusty, Lampe, & Lin, 2007; Rosenberg et al., 2005). The survey included 12 items; 1) four closed-ended questions on demographics, such as gender, degree program, credit hours completed, and specialty; 2) one item about policy: does your program have a policy/procedure that addresses remediation and problematic behavior?; 3) one item on problematic behaviors and training: have you had training on identifying problematic behaviors? If the subject answered ves, the follow-up question is: what was the nature of the training?; 4) one item on program observation: have you observed any peer related problematic behaviors while in your program? If the subject answered yes, the follow-up question was: what percentage of students in your program do you believe have experienced problematic behavior (1-5%; 6-10%; 11-15%; 16% or higher)?; If a percentage was identified, the follow-up question was: what types of problematic behaviors have you observed?; 5) one item on experience: what concerns have you experienced relating to peer problematic behavior?; 6) one item on addressing: have you ever discussed a peer's problematic behavior?; and 7) one Likert scale item on concerns: to what extent are the following [behaviors] a concern for you? This survey was reviewed by a panel of experts including faculty and advanced students in counselor education to address content.

# **Participants**

One hundred and five complete surveys were received (return rate = 36%). The demographic characteristics of the 105 study participants are included in Table 1.

Table 1

Demographics

Demographic Variable	CACREP	Non -CACREP	Total
	48	57	105
Female	37	52	89
Male	11	5	16
Community Counseling	33	25	58
School Counseling	13	20	33
No program identified	2	12	14
0 – 12 Credits	12	15	27
13 – 24 Credits	21	12	33
25 – 40 Credits	6	17	23
41+ Credits	9	13	22

#### Results

Students were asked several questions about their program's policy on remediation and training as well as observations of problem behaviors in peers. (See Table 2). Of the 105 respondents, 56% indicated that their program had a policy or procedure that addresses remediation and problematic behavior. Another 36% indicated there was no such policy while 8% did not know or chose not to respond to this question.

Most (66%) respondents reported that they received training on identifying problematic behavior among colleagues as a professional counselor. Of those students who received training, the most common mode was training integrated into courses (83%), followed by training during supervision (28%), and training through academic advisement or meetings (17%). These categories were non-exclusive, so some students reported receiving training in more than one mode. One student also reported attending a workshop that covered this topic in conjunction with training in ethics.

When questioned about whether they had ever observed a peer exhibiting any problematic behavior, 58% (60 students) indicated yes, while 42% (43) indicated no, and 2 students declined to answer. The respondents were also asked to estimate what percentage of students in their program they believe have experienced problematic behavior. Eighty-five percent of students estimated that the rate of problematic behaviors was 0-5%, consistent with previous literature (Forrest, Elman, Gizara, & Vacha-Haase, 1999). Ten percent of students estimated the rate of problems at 6-10%, while 9% estimated the rate as 11% or more.

Future research should explore the consistency of ratings within programs. Given that we collected the data anonymously and without tracking which program each

respondent came from, we do not know if there are some programs with alarmingly high rates of problematic behavior or if some students are simply more aware of (or biased towards assuming) problematic behaviors in peers.

Table 2. Survey responses on training and policies

	N	Percent			
Policy on remediation		_			
No	38	36%			
Yes	59	56%			
No response	8	8%			
Training on identifying peer problems					
No	69	66%			
Yes	36	34%			
Nature of training					
Integrated	30	83%			
Supervision	10	28%			
Academic	6	17%			
Other	2	6%			
Observed peer problems					
No	43	42%			
Yes	60	58%			
No response	2	2%			
Percent of peers experiencing problems					
None	45	43%			
1-5%	40	38%			
6-10%	11	10%			
11-15%	6	6%			
>16%	3	3%			

Seventy-six of the respondents (72%) reported being affected by peer problem behavior (actually more than reported *observing* a problem). The most common impacts were disruption of class (43%), difficulty completing group projects (42%), concerns about ability to self-disclose (38%), and frustration that faculty/program did not address problem (37%).

# **Types of Problems Reported and Their Negative Effects**

Sixty students reported observing a peer with problematic behavior. (See Table 2.) When asked about the type of problematic behavior observed, the most common included problems with self-awareness (60%), difficulties in interpersonal skills (53%), difficulty in collaborating or working with others (50%), emotional problems or concerns (45%), and maturity problems (40%).

# **Reporting Problems**

Of those students who reported discussing a peer problem with others (N=64), the vast majority (92%) reported the problem to another peer. A majority also reported discussing the problem with faculty (59%). See Table 3. These categories were not exclusive, and it appears that students reported problematic behaviors to more than one confidant. Future research should explore variability in the type of problem observed and the likelihood of a student reporting that behavior to another peer versus a faculty or administrative member.

Table 3. *Disclosure of problems to others* 

Discussed peer problems with others				
No	41	39%		
Yes	64	61%		
Discussed problem with (N=64)				
Peer	59	92%		
Faculty	38	59%		
Counselor	6	9%		
University supervisor	6	9%		
Site	3	5%		
Department head	1	2%		

The survey also asked respondents about what influenced their decision to report a problematic behavior. The influences that students were most likely to report as a concern (defined as reporting concern or significant concern on the Likert-type scale provided [scale points 4 and 5]) included not feeling comfortable reporting on peers (48%), faculty not being aware (45%), and faculty not being receptive to reports (42%). Comparisons of item responses on these eight Likert-type scales between students who did and did not report peer problems indicated no differences in their concerns. There were also no significant differences between those who did and did not *observe* peer problems.

Comparing students who did and did not receive training on identifying and reporting problematic behaviors, there was a significant difference in their responses of feeling "prepared to identify or report" (t(65)=2.469, p<.02, d=.65), with those without training reporting more concern (by .6 scale points). Comparing students who came from programs with policies on reporting and those without, there were significant differences in responses of feeling "prepared to identify or report" (t(61)=2.432, p<.02, d=.64) and being concerned about "no policy or procedure for reporting" (t(61)=3.335, p<.01, d=.88). As would be expected, students without policies on reporting indicated greater concern about these two issues (by .6-.8 scale points).

#### **Discussion**

It is imperative that the counseling profession addresses the impact of problematic students on learning and performance. Consistent with previous research, this study found that students who have encountered a problematic student experienced challenges (72%) beyond mere observation (Oliver et al., 2004). Furthermore, of the students who reported interacting with a problematic peer, 95% consulted with peers and 59% with faculty. Interestingly, regarding prevalence, 85% of subjects reported that approximately 1-5% of the student body represented problematic students. This finding is consistent with Forrest et al.'s (1999) study that estimated 5% of counseling graduate students were remediated or dismissed each year. Finally, this study found that although a majority of students reported acknowledging a problematic student and remediation policy in their program, 36% of the participants stated that they were unaware of such a policy. The students who reported no knowledge of a policy to address problematic students also reported more concerns regarding their peers.

Per ethical mandates, it is required that counselor education programs implement problematic students, and remediation policies to monitor and evaluate student progress (ACA, 2005; CACREP, 2009). Although counselor education programs have implemented policies to address problematic students, some counseling students are unaware of these policies. This finding suggests that counselor education programs should incorporate additional training opportunities for graduate students to identify, assess, and address problematic behaviors in the counseling profession.

Researchers found that helping professionals experience burnout, psychopathology, and impairment at a higher rate than the general population (Maslach, Schaufeli, & Letier, 2001; White & Franzoni, 1990). Furthermore, in the first years of training, counseling graduate students are especially vulnerable to impairment due to the multiple roles and responsibilities they must undertake in order to perform successfully in school (Schwartz-Mette, 2009). The threat of remediation, leaving the profession after investing in an expensive education, and the potential for no income may discourage counselors from identifying personal problematic behavior (Emerson & Markos, 1996). Counseling self-efficacy, as defined by Larson and Daniels (1998), is "one's beliefs or judgments about his or her capabilities to effectively counsel a client in the near future" (p. 180). This concept applies to the ability of counselors-in-training to engage in selfreflection when examining their ability to provide effective counseling services (Barnes, 2004). Counseling self-efficacy is consistent with section C.2.d. of the ACA Code of Ethics (2005) that requires practitioners self monitor their effectiveness. All in all these concepts suggest that counselors must be self-aware of their strengths and limitations as practitioners and demonstrate responsibility in practice. In circumstances whereby a counselor-in-training misjudges his/her skills to be more advanced than actually observed can be problematic (Barnes, 2004). If a counselor-in-training is not accurately aware of his/her skill level, the shortsightedness can negatively impact the classroom, supervision process, and overall counseling experience. Barnes (2004) recommended that counseling self-efficacy can be applied in situations where a counselor-in-training's self-reflection of the skills is incongruent with their current abilities. In this case, researchers recommend that supervisors assist the counselor-in-training in becoming more skilled in selfreflection through interventions such as identifying strengths/limitations, normalizing the

experience, modeling the ability to receive feedback, and fostering supervisor/counselor-in-training collaborations (Barnes, 2004; Choate & Granello, 2006; Nelson et al., 2009). The purpose of introducing self-reflective activities in training programs is twofold. The first is to increase personal self-efficacy, thereby promoting critical thinking, self-awareness, and the ability to receive constructive feedback. The second purpose is to enhance the student's understanding of appropriate behaviors to promote improved relationships with faculty, empowerment, and a deeper understanding of ethical decision-making.

Lambie (2006) suggested that supportive professional environments and career congruence are suitable burnout and problematic behaviors prevention methods. Thus, counseling programs may want to consider introducing prevention methods that include career exploration, honest dialogue on managing professional challenges, and emotional regulation as it relates to professional behavior. Furthermore, counseling programs must foster professional and supportive relationships with practicum/internship supervisors to improve dialogue and gatekeeping policies at the practitioner level. It is imperative that counseling programs invest and communicate with all stakeholders to promote empowerment, support and healthy relationships for counselors-in-training.

Researchers found that counseling professionals are hesitant to confront a problematic peer (Foster & McAdams, 2009; Scott & Stevens, 1998). Some reasons for this hesitation include fear, on the reporter's part, of negative repercussions, of being wrong, and of misinterpreting the ethics code (Kitchener, 1986). "Most colleagues in any profession are hesitant to report behavior that seems to be unethical or the result of impairment for fear of retribution or for the simple reason that they may be wrong" (Sheffield, 1998, p. 100). This aversion to addressing problematic behaviors can be quite damaging to the profession. For example, 76% of polled professional counselors reported an unwillingness to report a peer and 83% of that same sample stated that they were unaware of available, state wide professional development activities to provide training or support when experiencing problematic behaviors (ACA, 2004). If the counseling profession wants to be alerted to the presence and persistence of problematic behaviors, then individuals who have the courage to report a peer must be alerted to professional resources available to assist and support them in professional gatekeeping practices.

#### Conclusion

Counselors' are trained to explore and treat the emotional pain of their clients; however, counselors are not educated on how to attend to their own or peers' mental health needs (Kilburg, Kaslow, & VandenBox, 1988; Lambie, 2006). Peer problematic behavior in counselor education programs has the potential to negatively impact learning and student development. Counselor educators are called to identify, evaluate, and address problematic behaviors; however, peers are often more aware of and experience a greater impact when interacting with a problematic student. It is necessary that counseling programs provide training for counselors-in-training to identify and report problematic behaviors. Furthermore, the counseling profession must provide support and encouragement to individuals who effectively uphold their role as a gatekeeper.

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