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Article 14

A Framework for Remediation Plans for Counseling Trainees

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Remediation of counselors-in-training presents a critical issue to supervisors working with trainees during master's-level and post-master's clinical work. Counselor trainees with inabilities in professional issues, clinical skills, and/or documentation skills create situations that should be addressed by supervisors and counselor educators. Identifying and implementing useful supervision strategies with trainees struggling with these inabilities can be challenging. The purpose of this article is to provide a procedural framework to develop and implement an Individual Remediation Plan (IRP) which includes a process for monitoring, intervening, and remediating trainees' development.

Guidance from the literature related to remediation is not robust; there is a lack of empirical research, especially in the counseling field. Multiple models for gatekeeping and dismissing students from counselor education programs can be found (Baldo, Softas-Nall, & Shaw, 1997; Bemak, Epp, & Keys, 1999; Frame & Stevens-Smith, 1995; Kerl, Garcia, McCullough, & Maxwell, 2002; Lamb, Cochran, & Jackson, 1991; Lamb et al., 1987; Lumadue &

Duffey, 1999; McAdams & Foster, 2007; McAdams, Foster, & Ward, 2007; Wilkerson, 2006). However, the focus is on dismissing students from counseling programs using the gatekeeping process, rather than remediation. These models include steps where remediation should occur but do not provide details on how exactly the remediation process unfolds. Based on the literature, it is apparent that remediation is considered a part of the overall gatekeeping process.

From a legal perspective, procedures and documentation help address due process doctrine that must be met (Baldo et al., 1997; Frame & Stevens-Smith, 1995; Jackson-Cherry, 2006; Kerl et al., 2002; Lamb et al., 1987; Lumadue & Duffey, 1999; McAdams & Foster, 2007; McAdams et al., 2007) in addition to addressing the directive to document in the *ACA Code of Ethics* (2005). Supervisors have an ethical mandate to evaluate and obtain remedial assistance for trainees as noted in section F.5 of the *ACA Code of Ethics*. But few guidelines are provided on how to implement this mandate. The Code stipulates that supervisors should remediate trainees who are presenting with inabilities (F.5.b). However, the *Code* does not specify the details or extent of remediation procedures necessary to work with trainees' inabilities. Similarly, the *Ethical Guidelines for Counseling Supervisors* (1993) from the Association for Counselor Education and Supervision (ACES) requires that supervisors provide remedial assistance. In addition, the *Guidelines* maintain that supervisors should screen trainees from programs or employment and should refuse to endorse such trainees, as does the *ACA Code* (F.5.b, F.5.d). Also mirroring the *ACA Code*, ACES instructs supervisors to provide trainees with opportunities that will resolve any problems, allowing trainees to continue with their professional development.

Considering the recent landmark court case experienced by faculty and students at The College of William and Mary (*Plaintiff v. Rector and Board of Visitors of The College of William and Mary*, 2005), counselor education programs are imbued with specific responsibilities and obligations that must be considered when working with student challenges during clinical work (McAdams et al., 2007). The *ACA Code* separately addresses counselor educators'

and supervisors' roles in evaluation and remediation of students in Section F.9. The *Code* requires that counselor educators and supervisors "are aware of and address the inability of some students to achieve counseling competencies that might impede performance" (p. 16). This section also contains the directive to help trainees secure remedial assistance and to document any decisions to dismiss or refer trainees for assistance. Ethical guidelines suggest that remediation should be attempted *before* dismissal from training programs or post-master's supervision experiences.

Occurrences of trainees requiring remediation often happen during clinical experiences in graduate programs (Kerl et al., 2002; Lamb et al., 1987; McAdams & Foster, 2007; McAdams et al., 2007). The need for remediation can also occur during post-graduate clinical work. Supervision during trainees' clinical work is an integral part of the remediation process. Bernard and Goodyear (2004) broadly defined supervision as an experienced professional mentoring and providing direction, training, feedback, and evaluation to novice supervisees. With this perspective, supervision is designed to improve trainees' clinical skills, monitor client welfare, and provide opportunities for professional development. However, supervision and trainees' professional development are not always straightforward processes. Therefore, it may be difficult for supervisors to address trainees' inabilities that can occur during clinical work. When trainees' inabilities are recognized during clinical work, remediation is important. An explicit definition of remediation could not be found in the literature or the ethical codes. Considering this, remediation is defined as a documented, procedural process that addresses observed inabilities in trainees' performance with the intent to provide trainees with specific means to remedy their inabilities.

Individual Remediation Plan (IRP)

A particular challenge of trainees needing remediation is the subjective nature of the circumstances that call for remedial assistance. As supervisors, we must evaluate and remediate when

necessary. The last phrase, ‘when necessary,’ is what can prove decisive to the decision to initiate remediation. When does remediation become necessary? What does remediation entail and encompass? During our experience implementing remediation plans with master’s-level trainees, a procedure was developed to initiate remediation and implement carefully documented plans in a systematic fashion to address trainees’ needs. For an individual trainee, remediation is initiated after customary educational techniques and supervision procedures have not worked. The process begins with a discussion between the trainee’s supervisors and/or clinical faculty coordinator. A decision is reached collaboratively among the faculty and supervisors of the trainee to formally begin the documentation process and pursue remediation. During a master’s level trainee’s development, other counselor educators are consulted throughout the remediation process. The supervisors included in this stage of the process might include the faculty coordinator in the role of the university supervisor, another faculty member, possibly a doctoral student assigned as a university supervisor, in addition to the on-site supervisor.

As a result of the collaborative decision of the faculty and supervisors, an IRP would be developed and written by the university supervisor. A review of the trainee’s inabilities determines what is included in the IRP. A meeting is arranged with the faculty clinical coordinator, supervisors, and the trainee. At the meeting, the purpose of remediation would be discussed and the plan would be reviewed with the opportunity for collaboration with the trainee. Collaboration with the trainee is important in encouraging the trainee to be invested in the process and facilitate the remediation in a positive direction. Collaboration also incorporates procedural due process doctrine, allowing the trainee the opportunity to respond to the decision to remediate (Baldo et al., 1997; Frame & Stevens-Smith, 1995; Jackson-Cherry, 2006; Kerl et al., 2002; Lumadue & Duffey, 1999; Lamb et al., 1987; McAdams & Foster, 2007; McAdams et al., 2007). After the meeting, the IRP would be revised as necessary. The first meeting with the trainee, faculty coordinator, and/or supervisors

also incorporates informed consent through the use of the IRP as a step-by-step objective guide to both the supervisors and the trainee of what will be expected of the trainee. Confidentiality is not implied between the trainee and supervisors at any point in the remediation process, highlighting the importance of communication between all supervisors and faculty involved. The IRP serves as basic documentation of the remediation process; the final document is not static, rather it is used on a consistent basis for the entirety of the remediation process. The following sections provide a description of the IRP.

IRP Framework

The framework of an IRP includes three elements: a) professionalism of the trainee, b) counseling skills of the trainee, and c) documentation of clinical work by the trainee (see Table 1). We have found that each of these three elements have consistently arisen within various remediation plans we have developed. These elements can encompass an array of challenges and inabilities that a trainee experiences. As found by Li, Trusty, Lampe, and Lin (2008), and in accordance with our experience, the most consistent indicators of trainee inabilities are interpersonal skills, receiving feedback, and inappropriate boundaries. The first element of the IRP, professionalism, encompasses these indicators.

The IRP is developed for an individual trainee, customized to the trainee's inabilities and contextual situation. A review of the trainee's inabilities determines which of the three elements will be included in the IRP; not all elements are always included in the IRP, only the ones that are necessitated by the trainee's inabilities. Specific inabilities within each of the three elements should be addressed in the IRP as well as areas that necessitate flexibility depending on the trainee's progress. Under each of the three elements chosen for inclusion in the IRP, specific directives addressing each inability of the trainee are listed with a Likert scale. The trainee is assessed on each item in the plan according to the scale.

Element 1 - Professionalism of the Trainee

The first element of the IRP, professionalism, is tailored to the trainee's observed challenges related to interpersonal demeanor, procedural compliance, and developing a professional counselor identity. The interpersonal demeanor of the trainee involves the trainee's responses to communication between the trainee and one or more supervisors, other professionals, and/or clients. Specific items included in the IRP addressing this part of the first element might include the trainee: displaying receptivity and implementing feedback; demonstrating appropriate boundaries with clients, peers, supervisors, and faculty; examining personal issues; and being willing to attend personal counseling. Procedural compliance might include items such as: demonstrates knowledge of rules and regulations for the clinical setting, abides by the rules and regulations of both the university as well as the site, and attends supervision meetings on time. Professional counselor identity might include items that address the trainee's understanding of the ethical code and awareness of the different roles within the chosen specialty/emphasis area, for example, mental health, college, or school counseling.

Element 2 - Technical Counseling Skills of the Trainee

The second element of the IRP is aimed at the trainee's inabilities related to technical counseling skill acquisition and demonstration of those skills. Items included in this element of the IRP may address the trainee's inabilities in basic counseling skills. One option in addressing this element is to use an attachment to the IRP of an existing rating scale used to assess basic counseling skills as additional documentation. This additional documentation would be used weekly by the university supervisor when reviewing tapes of client sessions. Other items under this element might include using advanced counseling skills, such as a theoretical orientation, case conceptualization, and awareness of transference and countertransference.

Element 3 - Documentation by the Trainee

The third element, documentation by the trainee, assesses a trainee's inabilities in completing and submitting formal documents required for clinical work. Logs for direct and indirect hours, evaluations of supervisors by the trainee, and/or evaluations of the trainee by supervisors are examples of specific items that assess the trainee's ability to complete and submit formal paperwork required as part of his or her clinical experience. Meeting due dates or accurately completing these documents can also be items included in this element.

**Table 1: Item Examples Within Each Element
of the Individual Remediation Plan (IRP)**

Professionalism	Counseling Skills	Documentation
<i>Interpersonal Demeanor</i>		
1. Receptive to feedback from supervisor.	1. Demonstrates basic counseling skills.	1. Completes and submits application for clinical work.
2. Open to self-examination.	2. Consults with other professionals and coordinates services related to clients.	2. Completes and submits logs on time.
3. Exhibits appropriate boundaries with clients, peers, colleagues, supervisors, and faculty.	3. Demonstrates advanced counseling skills.	3. Completes and submits evaluations on time.
<i>Procedural Compliance</i>	4. Demonstrates his or her theoretical orientation.	4. Completes and submits audio/video tapes of counseling sessions.
1. Knowledgeable of site and university rules and procedures.	5. Able to conceptualize client cases.	5. Takes notes during supervision.
2. Attends supervision on time weekly.		6. Writes client case notes.
3. Participates in required staffing and meetings.		
<i>Professional Identity</i>		
1. Identifies appropriate counselor roles in specialty area.		
2. Demonstrates ethical behavior.		

An IRP is approached from a positive stance by developing constructive and specific choices for the trainee to succeed. The plan is effective for a specific time frame delineated in the introduction of the document, for example, from the time the plan is initiated until the end of the current semester. At the end of the articulated time frame, the outcome of the remediation process is assessed, with the specification that obtaining the total hours required by a counseling program or a licensure board is a minimum, and the plan subsequently may require additional clinical hours. The IRP serves as a concrete, tangible, and facilitative roadmap for a process that oftentimes seems vague and ambiguous. Having defined requirements can help ease trainee anxiety and counteract catastrophizing. The language used in the IRP is from the perspective of what the trainee will do, not what the trainee will not do. The IRP is completed weekly by the university supervisor and signed by all parties in attendance at each supervision session. Formal notes of each supervision session are also maintained by the university supervisor. A standardized supervision form (Vernon, 2007) is used each supervision session to document what topics were discussed and what each party is expected to accomplish for the next supervision session. The notes can be collaboratively written at the end of the session with the trainee. Audio or videotaping supervision sessions are also used as a form of documentation and a processing tool for both the supervisor and trainee.

Summary

Counselor educators and supervisors have an important responsibility to remediate both the professionalism and skill development of trainees experiencing challenges. Remediation is a fairly new process in supervision, with few documented resources for procedures and techniques that address both the supervisors' and the trainee's concerns. We have presented an IRP framework which allows supervisors and the trainee to collaborate during the remediation process. This framework provides objective guidelines

to address trainee inabilities through specifically articulated expectations. Using the IRP as a three-element framework, faculty and supervisors can assist trainees to resolve inabilities in professionalism, counseling skills, and documentation. The IRP is proactive in nature, encouraging collaboration between faculty, supervisors, and the trainee. The IRP also provides an important record articulating clear requirements and responsibilities of a trainee which is documented with signatures of the faculty, supervisors, and the trainee. Thus, an IRP can provide a systematic way of incorporating documentation practices for faculty and/or supervisors, whether a trainee is a master's level or post-master's level. We have found the IRP to be beneficial during a trainee's clinical work; the IRP could also be used early in a trainee's didactic experiences as well as providing additional procedural documentation to a counselor education program's dismissal policy.

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