Counselors-in-training and impairment

Higher education can be a stressful time for many students, and counselors-in-training are no exception. The stresses of schoolwork can be tough for some counseling students to handle, especially when paired with internship and practicum experiences in which these students may hear about difficult situations that their clients are facing. Additionally, some students may have a history of anxiety or depression that can complicate the situation.

These factors may lead to impairment that can put both the student and the student’s clients at risk. These issues have implications for counselor educators, counselors-in-training and those who supervise counseling students at practicum and internship sites.

Jennifer Williamson and Barbara Herlihy recently sat down to discuss the issues surrounding counselor education and possible student impairment for the Ethics Update column.

Williamson is senior co-chair of the ACA Ethics Committee. She is a visiting associate professor in the Texas A&M University system, adjunct professor in graduate counseling at the University of Mary Hardin-Baylor and ethics subject matter expert in the My Way Program at Mary Hardin-Baylor. A licensed professional counselor in Texas, licensed professional clinical counselor in Kentucky, approved supervisor in Kentucky and national certified counselor, Williamson is a Fulbright specialist alumna and serves on the executive board of the International Association of Marriage and Family Counselors. She has presented nationally and internationally on counselor ethics.

Herlihy is junior co-chair of the ACA Ethics Committee and co-author with Gerald Corey of the ACA Ethical Standards Casebook, now in its seventh edition. Professor emeritus at the University of New Orleans, Herlihy is a licensed professional counselor, approved supervisor and national certified counselor. She has written extensively and presented nationally and internationally on counselor ethics.

To help illustrate the issues being discussed, the following fictional scenario was presented:

Professor Jones is a counselor educator at a state university, where he serves as faculty supervisor for students in his practicum course. Lisa and David are two of his students who recently began practicum as mental health counselors at a local community mental health agency. Today Lisa stopped by professor Jones’ office to express concern about David. She says that David confided in her a history of depression and suicidal ideation and that he has been very upset several times in the past week. Lisa reports that David sent her a text message last night saying he had been having suicidal thoughts again.

Assessing the situation

The first step is to ensure the student’s safety and well-being. “First and foremost, we want to ensure that David gets the help he needs,” Williamson says. Professor Jones must contact David to assess the severity of the situation.

“Certainly there is concern for David’s safety,” says Herlihy, "as we don’t yet know his level of risk to himself.”

Jones should also keep in mind that the information so far is coming to him from a third party; this information may be incomplete or inaccurate. When Jones contacts David, he should “evaluate if this is accurate information, [determine] what needs to be addressed and [decide if] David [is] getting the help he needs,” Williamson says. It is crucial that Jones speaks with David and gathers as much information as possible about his situation.

Once Jones knows the severity of David’s struggles, he can work with David to decide the next step. The role of Jones and the program could range from supporting David if he is currently seeking treatment to helping him plan to take time off to helping him get emergency services should the situation be urgent. If David is struggling but is not a danger to himself or to his clients, he possibly could continue to work at his practicum site under close supervision.

“This is also an opportunity to work with students to allow them to do the right things” to take care of their health, Williamson says. “We can give them good counsel and allow them the opportunity to pull themselves from that [practicum] site, and that would be powerful for the student.” Guiding students in making such decisions gives them a sense of autonomy and control over their education and mental health.

Counseling students must learn to be self-aware and recognize when their judgment or health might be compromised because, ultimately, that could have a negative impact on their clients. “It becomes an issue of nonmaleficence, doing no harm to the client, and saying to the student that ‘we see you may be in a dangerous situation and we want to protect you,’” Williamson says.

But speaking to a student about potential mental health issues can be tricky. “If we are going to remediate a student, how can we make them see that it isn’t punitive?” asks Herlihy. Students must not feel singled out or as if they have failed if they need to take a break from the program. “That’s an issue for counselor education programs and faculty,” Herlihy says. “How can we present this as [students] taking time out to get better and [then] come back as their best selves? Sometimes after stepping out and returning, students will reflect on it and later say, ‘That [break] was the best thing that happened to me.’”

Regular follow-up with the impaired student is also an important part of the process. Professor Jones, the counseling program faculty and possibly the supervisors at the practicum site all “need to attend to this in an ongoing fashion,”
Williamson says, “We need to monitor and check in to make sure David is in a good place.”

**Serving the student’s clients**

The impaired student is not the only person at risk in this situation. “Ultimately, we want to make sure there is no harm to clients, and we need to see if this student is capable of providing care without risking harm to clients,” Williamson says.

“There might be concern for the clients at [David’s] site if his depression is affecting his ability to counsel effectively,” Herlihy says. If, after talking to David, Jones finds that a significant level of impairment exists, a plan would need to be devised to protect the clients. This might involve contacting the site supervisor, closely monitoring David’s interactions with his clients or reassigning them to other students and staff if necessary.

The focus on client welfare should be built into the policies of the counseling program. “We need to be very aware at each level of the protections that are put in place to ensure the welfare of clients,” Williamson says. “The supervisor’s oversight of client care is the primary obligation, because we have to make sure the clients are protected and well-served.”

It is key that the professor is in contact with the practicum site and that site supervisors are informed and included in the evaluation process. They must be able to make appropriate decisions regarding David’s clients to ensure their well-being and preserve the progress of their treatment.

**Site policy and legal consideration**

It is important that counselor education programs have a standard policy regarding impaired students. When developing or updating these policies, the 2014 ACA Code of Ethics should be consulted, especially those standards regarding client welfare. Faculty should be duly informed of all policies and procedures so that all educators are ready to assist a student in need.

When programs are trying to determine who should be involved in handling these types of situations, “ensure attention is directed to who is in the chain of care for the student and the clients,” Williamson advises. “Who is making decisions that will affect both the practicing student [and] the clients being served?” The overall policy will include certain faculty who must be informed in these situations.

Decisions concerning student safety should not be made in isolation. It may be necessary to consult with other counselor educators, but only on a need-to-know basis. University policies and procedures should identify individuals who need to be included when determining a proper course of action for the student and the clients served. However, every individual case is different, so consider carefully who needs to be informed of the situation. Consider which faculty work with the student most often or have some supervisory role; they might be people who should be included in making a plan for the student.

There are also legal issues, such as the Family Educational Rights and Privacy Act (FERPA), that apply to institutions of higher education. When crafting policies regarding impaired students, counselor educators should consider which members of the faculty, staff members at the practicum site and students should be informed of this type of situation. According to FERPA regulations, the standard that should be consulted is called “legitimate educational interest.” Because this is a legal matter and most universities have designated FERPA representatives or legal counsel, counselor educators should consult with these parties, both when crafting policy and when issues arise.

After ensuring David’s safety, following the program and university policies, and creating a treatment plan, the next step is to notify David’s site to get assistance in implementing the plan. This might require that David suspend his clinical work or simply inform the site supervisors so that they can help monitor the situation. Because the site staff may need to be involved in this process, “We need to educate our sites [about our policies] ahead of time,” Herlihy says.

Each site might also have its own policies separate from the university or the counselor education program. Therefore, some of the same advice applies to providers who take on practicum students. It is vital that these sites have a plan in place ahead of time to care for students and clients and to take precautions to protect privacy.

**Caring for the student cohort**

Many students might have difficulty doing what Lisa did and coming forward with information about a classmate’s potential impairment. “[Students] are in the power-down position, and oftentimes students feel a solidarity [with one another],” Herlihy says. “That’s why in the student handbook, in the student orientations and at meetings we have with students before they begin their fieldwork, as well as in our orientation of the site supervisors, we discuss all of those areas of concern that might affect client safety and how those would be handled.”

All counseling students should be fully informed about what to do if they feel that a fellow student is struggling, and they need to know what steps will be taken to help. “We need to encourage students to make decisions and disclose information that may impact student and client care,” Williamson says. “It is important that students know what their responsibility is and how much sharing will be happening. It is prudent to have these guidelines established long before these situations arise.”

Regarding the relationship between David and Lisa, “They are colleagues, and he also obviously trusts her enough to confide in her,” Herlihy says. “I would like to preserve that [trust] if possible.” Therefore, it would be helpful for professor Jones to facilitate a conversation between the two students so they both can process their thoughts and feelings about the situation and move forward in a positive way.

Because of the closeness that often develops between students in counseling programs, it is possible that other students may become aware of David’s situation. Therefore, if Lisa and David told anyone else in the counseling program about the situation, it is important that they follow up and explain that everything has been handled so that there is no need for further concern or hard feelings in the cohort. It is important to maintain an environment of trust and openness among counseling students.

**Evaluating outcomes**

After all the steps have been implemented, both Herlihy and Williamson recommend reviewing the process and assessing its impact on those involved. Counselor education programs and practicum sites should continually evaluate their policies to best serve clients and students and to ensure that the policies are aligned with the ACA Code of Ethics. Additionally, it is important to document
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Joy Natwick is the ethics specialist for the American Counseling Association. Contact her at jnatwick@counseling.org.

Letters to the editor:
ct@counseling.org

the process that was followed to ensure the safety of clients and students and the protection of confidentiality.

Students enter the counseling profession for many reasons, but one commonality unites them: a desire to help. In counselor education programs, this means looking out for the well-being of both clients and fellow students. After all, some students may face the same struggles as their clients, and they might find that they or their classmates are the ones in need of help.

Situations concerning student impairment can be complex, but Herlihy and Williamson agree that the well-being of students and clients is paramount. Ideally, universities and practicum sites should have policies in place before such situations arise to help ensure the best outcomes. With proper communication, careful legal consideration and appropriate university policies, student impairment situations can be handled in an ethical and safe manner.

**Conclusion**

For more information, consult the following standards in the 2014 **ACA Code of Ethics**:

- A.1.a. Primary Responsibility
- D.2.a. Consultant Competency
- D.2.b. Informed Consent in Formal Consultation
- Section F: Supervision, Training and Teaching (introduction)
- F.1.a. Client Welfare
- F.5.b. Impairment
- F.6.b. Gatekeeping and Remediation
- F.8.d. Addressing Personal Concerns
- F.9.c. Counseling for Students

Check the following select resources:

- “A practitioner’s guide to ethical decision making” by Holly Forester-Miller and Thomas Davis, American Counseling Association.
- Resources on FERPA: familypolicy.ed.gov/ferpa-school-officials

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