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Lifting the Empathy Veil: Engaging in Competent Supervision

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Abstract

Counselor educators and supervisors (CES) have an important role to assist counselors-in-training in their development as professional counselors. As part of this process, educators and supervisors must intervene when they see a trainee who is demonstrating behaviors or attitudes that would inhibit the trainee's ability to engage in competent and ethical client care. However, some CES are reticent to enter into gatekeeping and remediation practices. The purpose of this article is to examine the concept of CES having an *Empathy Veil* that impedes their gatekeeping attitudes and behaviors. Specifically, the role of empathy and other components of this veil will be defined, the consequences of allowing counselors-in-training to gateslip will be examined, and recommendations for CES to overcome the effect of the Empathy Veil will be explored.

Counselor educators and supervisors (CES) are the caretakers of the counseling profession to ensure counselors-in-training (CIT) have the proper skills, education, attitude, and self-awareness to provide competent services to clients. In particular, the American Counseling Association *Code of Ethics* (2005) states “[r]egardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement” (p. 14). CES are ethically bound to not let any CIT progress toward licensure if he or she is engaging in problems of professional competency (PPC) that would harm the public. Sue and Sue (2012) provided that individuals “are products of cultural conditioning, their values and beliefs (worldview) represent an *invisible veil* that operates outside the level of conscious awareness” (p. 123). It is the belief of the authors of this article that CES are conditioned to embrace the role of empathy in gatekeeping, which creates what the first author has termed the *Empathy Veil*. Specifically, CES may feel the need to empathize with the CIT and be hesitant to engage in ethical and competent gatekeeping with CIT showing PPC (Kerl, Garcia, McCullough, & Maxwell, 2002).

Role of Empathy

In 1990, the Supervision Interest Network published *Standards for Counseling Supervisors*. These Standards included the statement that supervisors should be “encouraging, optimistic, and motivational” and should provide “facilitative conditions (empathy, concreteness, respect, congruence, genuineness, and immediacy)” (p. 30). Appropriate boundaries are encouraged by the ACA Code of Ethics (2005) but potentially beneficial relationships also are addressed and may include “providing support during a stressful event” (p. 16). Kottler (1992) exhorted the counseling profession to demonstrate the skills CES teach CIT by modeling the core conditions. Whereas he does not address PPC, his concerns bring to the forefront the conflict which emerges when CES try to balance empathy and support provided for CIT with professional gatekeeping functions such that CES “may focus more on empathy and helping than on evaluation and dismissal” (Kerl & Eichler, 2007, p. 77).

Empathy may contribute to avoidance in dealing with PPC (Forrest et al., 2013). In this mixed method research study, faculty members expressed concern about damaging the working relationship by giving negative feedback. Because of a desire to maintain the relationship, faculty members may be prone to give informal feedback as opposed to initiating more formal procedures (McAdams, Foster, & Ward, 2007). Findings from a study by Gaubatz and Vera (2006) provided some support for the concept that faculty may operate from a perspective of empathy and understanding of their students. In this study, faculty members estimated a lower percentage of students with PPC than estimated by students in the same programs. The authors surmised peers were either more aware of problems among students or they were more critical of their peers and their fitness for the counseling field. Perhaps faculty members have a greater empathy for the problems encountered by students and were less likely to see them as unfit.

Faculty members prefer to have positive roles with students (Forrest, Elman, Gizara, & Vacha-Haase, 1999). The result may be that informal meetings are preferred for fear of overreacting (Foster & McAdams, 2009). Jacobs et al. (2011) identified that “empathy may be both a blessing and a curse when preparing for and having difficult conversations” (p. 179). Because CES have been in the same role as the CIT, a sense of empathy may develop which can then lead to overprotective behaviors. Johnson and colleagues (2008) addressed the tension that develops between the advocacy and evaluative roles fulfilled by CES during training. These researchers found the balance between being genuinely supportive while also maintaining professional standards and expectations is the challenge CES face.

Additional Components of the Empathy Veil

While the role of empathy is fundamental in CES developing an Empathy Veil, there are other challenges CES face when gatekeeping because of additional factors that limit or negate their gatekeeping attitudes and behaviors. These complications can include lack of peer and institutional support (Homonoff, 2008), diversity in gatekeeping (Shen Miller, Forrest, & Elman, 2008), and the threat of litigation or recrimination from CIT (Gaubatz & Vera, 2002).

Lack of Support

Gizara and Forrest (2004) found educators were challenged by their interactions with CIT demonstrating PPC due to lack of adequate training related to gatekeeping and remediation, lack of support from their agency and colleagues, and the emotional toll to the educator. Specifically, CES must balance the needs of the clients, the CIT, and the institution that employs them and negotiate the dynamics between their colleagues. Bogo, Regehr, Power, and Regehr (2007) completed a qualitative examination of four separate studies of master's in social work programs and found field supervisors had a difficult time judging supervisees to normative standards of professional conduct set by the university administration. It would seem some CES feel they are caught between a rock and hard place. They want to gatekeep CIT demonstrating PPC; however, they face quotas for enrollment or need clinicians to fill positions. Another study identified that gatekeeping and evaluations were found to be the most problematic areas for field social work supervisors, and these supervisors wished for the university to shoulder more of the responsibilities regarding these issues (Homonoff, 2008). Further, some CES may fail to discuss concerns regarding a CIT for fear of negative feedback from fellow CES (Gizara & Forrest, 2004) or disagreement as to how to intervene with a CIT exhibiting PPC (Vacha-Haase, Davenport, & Kerewsky, 2004).

Role of Diversity

Although substantial research has been conducted in multicultural competencies relating to the supervisory relationship, little research has been completed in the area of multicultural competency related to PPC with CIT. One qualitative study of counseling psychology programs was found that examined the extent educators utilize race/ethnicity and/or gender in conceptualizations of CIT remediation (Shen Miller et al., 2008). These researchers found that all fourteen programs reported that a CIT's gender and/or race/ethnicity were considered, and in some cases, influenced the process in which competency problems and remediation procedures were addressed. Additionally, faculty members in all programs reported a "fear of actual or perceived allegations of discrimination, felt personally attacked, or expressed discomfort because of fears of inappropriateness tended to assign responsibility for problems to" CIT (Shen Miller et al., 2008, p. 508).

Due to this lack of literature, CES may face additional challenges when intervening with PPC when the CES and CIT have a difference in culture, gender, religion, sexual orientation, and/or race (Vasquez, 1999). Forrest et al. (1999) suggested that CES from marginalized populations may have difficulty in intervening with CIT of the majority culture, specifically when the clients these CIT are working with are from a marginalized group. Additionally, majority culture CES may also face certain challenges when working with CIT of a minority population. Specifically, in order to avoid "appearing racist, sexist, or homophobic... some educators... [may] remain silent about trainees who, in their view, are not meeting minimum professional standards" (Forrest et al., 1999, p. 671).

Threat of Litigation or Recrimination

Faculty in counselor education programs appear to be reticent to dismiss students for fear of possible litigation and personal recrimination (Frame & Stevens-Smith, 1995)

and receiving poor teaching evaluations (Gaubatz & Vera, 2002). A study of pre-service counselors found that 22% of students surveyed would consider legal action if they were dismissed from their program (Gaubatz & Vera, 2006). However, only 2% of the students responded they would think about pursuing litigation if they were referred for remediation by a faculty member. Further, 97% of students provided they would follow their programs' professional fitness remediation plan. If dismissed, 43% reported they would try to enroll in a different counseling program. It seems as if educators' fears regarding legal recrimination are somewhat unwarranted due to the recent court decisions in favor of CES and universities (Herzog v. Loyola, 2009; Keeton v. Anderson-Wiley et al., 2010; McAdams et al., 2007).

Although the term *impairment* has been used in the literature and ACA Code of Ethics to define a clinician's deficits, it is important to note that CES may be opening themselves and their organizations up to possible legal exposure by utilizing this term in gatekeeping (Falender & Shafranske, 2007). Wester, Christianson, Fouad, Santiago-Rivera (2008) supported terminology to address PPC which are distinct from impairment as covered under the Americans with Disabilities Act (ADA). When considering accommodations under the ADA, Gilfoyle (2008) examined risk management in addressing student competence problems and stated that "educational programs have no obligation to accommodate a student with a disability if the student cannot, with reasonable accommodation, meet the essential requirements of the program despite the disability" (p. 206). Even when the student has a disability as defined by the ADA, the focus should remain on the "student behaviors that are problematic and link those behaviors to professional requirements" (p. 207). By avoiding usage of language related to impairment, CES can stay in the role of evaluator and maintain a link to the goals related to required skills for the profession.

Consequences of Gateslipping

Gaubatz and Vera (2006) referred to the process of a student staying in a mental health training program without engaging in remediation for PPC as *gateslipping*. In order to prevent gateslipping, educators must engage in the gatekeeping process. Consequences of gateslipping can be viewed from three perspectives: impact on client care, impact on other CIT, and impact on the profession.

Impact on Client Care

Although the ultimate purpose of gatekeeping is to protect the client, little information appears in the literature on the impact of PPC on clients. CES may experience conflict between their concern for future clients and their empathy for CIT who have made an investment in their education (Brear & Dorrian, 2010). There also is the potential for legal liability when a student engages in behaviors that might be damaging to a client (Schoener, 1999). Jacobs et al. (2011) connected the code of ethics to inappropriate treatment of the client through the general principles of beneficence and nonmaleficence, which are not being upheld when a CIT is engaging in inappropriate behaviors. Additionally, Enochs and Etzbach (2004) cited a court case in which graduating a student who was alleged to have not been properly trained resulted in a

lawsuit that was settled out of court, thus implying that training programs can be held responsible.

Impact on Other Trainees

There is a dearth in the literature regarding the impact of colleagues' PPC on CIT after leaving a graduate program. However, research on CIT currently enrolled in graduate programs indicates CIT are aware of other students with PPC (Gaubatz & Vera, 2006) and are affected by the behaviors of these students (Brown-Rice & Furr, 2013). Graduate students have reported that having a fellow student with PPC in their program resulted in a disruption of the learning environment (Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004), increased workload (Rosenberg, Getzelman, Arcinue, & Oren, 2005), and created additional stress (Brown-Rice & Furr, 2013; Oliver et al., 2004; Rosenberg et al., 2005). Additionally, trust may be lost with faculty members who do not appear to be taking appropriate actions with these students (Forrest, Elman, & Shen Miller, 2008). Brown-Rice and Furr (2013) surveyed 389 CIT and found that 65% were frustrated with their faculty for not addressing peers demonstrating PPC. However, even when faculty addresses a student with PPC, fellow students can still be impacted. CIT in programs where a lawsuit occurred were found to be highly impacted by the lawsuit and needed factual information as well as attention to their emotional reactions (McAdams et al., 2007).

Impact on Reputation of Profession

The literature supports that there is a need for a clear professional counselor identity to achieve distinction from other behavioral health professions (Kaplan & Gladding, 2011) because the profession of counseling lacks the recognition and reputation that other behavior health professions have established. Reiner, Dobmeier, and Hernández (2013) believed individual counselors, counselor educators, and counseling organizations should advocate for the profession and work to solidify the acknowledgment of the profession. Given the call for the counseling profession to receive the same recognition as other professions, it is crucial for CES to ensure that only competent CIT are allowed to achieve licensure. However, 78% of CIT reported being concerned about the counseling profession when a peer with PPC is allowed to continue in their master's counseling program (Brown-Rice & Furr, 2013).

Lifting the Empathy Veil

Because CES are products of their training as professional counselors, their values and beliefs toward others are deep-seated in Rogers' (1951) core concepts of accurate empathy, congruence, and unconditional positive regard. Further, CES must deal with peer and institutional pressures, act in a culturally competent manner, and protect themselves from potential grievances. Failure of CES to lift the empathy veil can result in inadequate client care, negative implications for other CIT, and damage to the reputation of the counseling profession. To counter the presence of the empathy veil, CES should maintain appropriate ethical boundaries and avoid dual relationships with CIT, inform and educate themselves regarding the proper gatekeeping protocols, and limit their own hypocrisy regarding acting in a competent and ethical manner.

Ethical Boundaries

The ACA Code of Ethics (2005) states that “counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students” (p. 13). Welfel (2013) defined *role slippage* as when the more powerful clinician loosens the boundaries between the therapeutic relationship and the other relationship, which can also occur in the supervisory relationship. Therefore, CES must keep clear boundaries with CIT within professional, personal, and social interactions (ACA, 2005). CES should avoid nonprofessional relationships with current supervisees, carefully monitor other professional roles, and must not “engage in any form of nonprofessional interaction that may compromise the supervisory relationship” (ACA, 2005, p. 14) including providing personal counseling to CIT. Further, given the power differential inherent with supervision, CES must acknowledge their personal and professional power (Bernard & Goodyear, 2013). In particular, CES should not utilize professional relationships with CIT to satisfy personal or professional unmet needs (e.g., friendship, emotional validation, sexual attractiveness, research endeavors, work product). CES must “seek to carefully assess and minimize the realities of the power imbalance and to prevent exploitation of students” while also maintaining “responsibilities to students’ future clients who, by virtue of the therapeutic relationship, are also in a temporary position of subordination” (Vasquez, 1999, p. 688).

Appropriate ethical boundaries and proper dual relationships with CIT serve to protect the trainee from potential victimization. Further, both the CES and CIT are supported in seeing the supervisory relationship as an intervention of an evaluative nature (Bernard & Goodyear, 2013). By having appropriate personal and professional distance with CIT, the CES is able to engage in accurate gatekeeping. Therefore, the first element in lifting the empathy veil is to ensure CES maintain ethical boundaries and suitable dual relationships with CIT.

Inform and Educate

Gatekeeping needs to be established as a central tenet in the counseling program’s philosophy (Foster & McAdams, 2009) and begins at the point of admission to a program. There is legal precedent from cases involving medical schools that interpersonal skills can be a requirement for applicants in a professional training program (Enochs & Etbach, 2004). Therefore, the admissions process should include an assessment of interpersonal skills along with the academic criteria. Programs use methods such as “role-play vignettes, specific questions, and informal discussions throughout the applicants’ interviews to evaluate interpersonal skills and cultural sensitivity” (Ziomek-Daigle & Christensen, 2010, p. 410). Once admitted, CIT should be informed of expectations about professional behavior, and processes for addressing concerns needs to be explained. One method to inform CIT is to develop a statement of professional dispositions and have CIT sign an acknowledgement of reading the statement. New student orientation and statements in course syllabi (e.g., ethical and clinical courses) are places to inform CIT about performance standards (Foster & McAdams, 2009).

CES also need to be educated in the institution’s procedures (Brear & Dorrian, 2010). Often, programs and agencies do not provide training for CES on how to facilitate these difficult discussions, especially when the PPC overlaps with diversity issues (Jacobs et al., 2011). Wester et al. (2008) recommended that CES learn about types of

competency issues and increase awareness through activities such as examining hypothetical situations that can help CES explore personal biases that may interfere with identifying PPC.

Written protocols for addressing PPC need to be established and made part of institutional handbooks that include a clear process for regular evaluation of CIT concerns and how this information will be communicated to the CIT (Wilkerson, 2006). Establishing due process is critical to these policies, and decisions surrounding PPC should be made as a group rather than individually (Forrest et al., 2013). Defining the problematic behavior, establishing the expected CIT behavior change, identifying the CIT actions and responsibilities, defining the CES role, and providing a time frame for implementation and follow up are important elements. Also, establishing the consequences of unchanged behavior is an essential component of any document. McAdams et al. (2007) added the importance of requiring the CIT's signature on all documents. When remediation plans are not successful, appropriate steps need to be followed that provide due process to the CIT. Having an established protocol prior to an event and carefully implementing the policy is crucial to supporting the case for removal (Enochs & Etzbach, 2004). Any type of termination should include formal documentation that records the steps leading up to the dismissal and demonstrates that due process was followed (Wilkerson, 2006).

While the research has prominently been focused on counseling program policies, it is essential that supervisors and their employers also engage in these protocols. Gatekeeping is not just part of university training programs; it is part of the supervision process towards licensure. Post degree supervision has been established by state licensing boards as a means for professional counselors to regulate their own and protect the public from incompetent newly graduated clinicians (Goldberg, Dixon, & Wolf, 2012).

Having established procedures for recognizing and addressing CIT with PPC provides support for CES by providing an approved approach to gatekeeping and remediation. Further, it is fairer to CIT to provide them with the criteria by which they will be evaluated in a transparent manner (Foster & McAdams, 2009). Specifically, both the CES and CIT will share a vision regarding the required expectations for the CIT to make successful progression. Therefore, the second component in lifting the empathy veil is to ensure there are specific, written gatekeeping, remediation, and termination protocols.

Limiting Hypocrisy

CES must be honest with themselves about their own transgressions regarding not addressing CIT with PPC and their own behaviors that could be considered problematic. This is not only related to individual CES, but also the organizations that employ them. There may be institutional "attitudes, beliefs, and unspoken 'rules'... [that] are a strong influence on trainers' willingness and ability to" address trainees with PPC (Jacobs et al., 2011, p. 179). The culture of the institution may expect the responsibility to fall upon individual CES and not the administration which may lead to some CES being seen as their institutions' enforcers of comportment issues. CES must be supported by fellow educators, supervisors, and administrators to engage in gatekeeping, remediation, and termination of CIT with PPC.

CES should ensure they do not endorse any CIT whom has PPC (ACA, 2005). Norcross, Bike, and Evans (2009) surveyed 1,454 psychotherapists, psychologists, social workers, and counselors inquiring the criteria they used to determine their own clinician. The top five criteria the participants identified were competence, warmth/caring, clinical experience, openness, and professional reputation. CES should not be hypocritical and require more of their personal counselor than they require from a CIT they are supervising. Further, CES must be willing to require of themselves the same attitudes, skills, behaviors, and self-awareness that is required of CIT. Kottler (1999) made a call to the counseling profession for CES to be models to trainees; in that, he asked that CES confront their own narcissistic tendencies, self-indulgent attitudes, and unresolved issues and be caring, respectful, flexible, honest, and competent. The authors of this article concur. CES should treat CIT with respect, be flexible regarding their training needs, and be transparent regarding evaluation. Of particular importance is CES engaging in the highest level of professional and personal competence and model this behavior to CIT.

The authors of this article believe this final element in lifting the empathy veil is the most difficult. It is challenging to put a mirror up to ourselves to see our own lapses. However, it is essential that CES and the organizations that employ them look inward to determine any deficits that are impeding the gatekeeping processes. It does not serve trainees, the public, or the counseling profession to allow CIT with PPC to progress toward licensure. Further, CES must strive to engage in behaviors and attitudes that model the traits that we require of our students and supervisees.

Conclusion

It is essential for CES to engage in ethical gatekeeping protocols. While it is understandable that CES want to be empathetic with the developmental process that is inherent with a trainee's journey to becoming a professional counselor, it is essential that CES do not hide behind their empathy veil. Of the utmost importance is to ensure clients receive the best care. CES must also protect other CIT who are required to have interactions with problematic peers and the overall reputation of the counseling profession. These goals can only be accomplished by universities, agencies, and schools providing an environment that is supportive to CES addressing PPC and having established procedures. The field of professional counseling can only be promoted by CES's openness to engage in self-reflection regarding his or her own empathy veil and willingness to lift the veil to engage in appropriate gatekeeping, remediation, and termination protocols.

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