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Clinical Counseling Supervisors' Perspectives of Gatekeeping During Prelicense Supervision

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Walden University
2023

Abstract

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Supervision

by

Marquita R. Garrett

MS, Wright State University, 2005

BA, Albertus Magnus College, 1994

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor, Education, and Supervision

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Abstract

This interpretive phenomenology qualitative study explored the clinical counseling supervisors' perceptions of gatekeeping during the supervision of postgraduate prelicense counselor trainees, specifically around problems of professional competence (PPC). This study aimed to address a gap in research surrounding gatekeeping relative to the specific needs of postgraduate prelicense counselor trainees. Exploring the gaps in gatekeeping, specifically around PPC regarding ethics and multiculturalism in clinical supervision, might increase the necessity for professionalism and recommendations for continuity across state lines. Data were collected from nine participants through Zoom interviews and analyzed using an interpretive phenomenological approach. Selection criteria included clinical counseling supervisors with at least 1 year of supervising postgraduate prelicense counselor trainees. Four central themes and three subordinate themes emerged. The themes consisted of (a) the importance of doctoral supervision course, (b) the amount of gatekeeping and state support, (c) the use of multiculturalism and ethics, and (d) the trial and error of PPC. The research results implicated a necessity for guidelines on gatekeeping and PPC for all clinical counseling supervisors, better training, and continued education for anyone striving to become a clinical counseling supervisor. These outcomes may increase the professional knowledge of clinical counseling supervisors who work with postgraduate prelicense counselor trainees, which might benefit uniformity and continuity and lead to positive social change.

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Dedication

This dissertation is a dedication to my parents, who instilled the drive to complete my education despite adversity. In memory of my father, James Garrett, the first in his family to graduate from high school and become a first-generation college graduate earning two master's degrees in his life. In honor of Dorothy May Garrett, my mother, who completed her education after having me, thank you for always instilling the value of education through the history of our lengthy lineage of college graduates. Additional dedication goes to my children and grandchildren. To them, I pray you do not ever take education for granted. Continue to learn throughout life, no matter what obstacles may arise. Completing this dissertation demonstrates that you are never too old to reach your goals. I targeted the moon, using the stars as resting points. I now encourage you to travel beyond the moon!

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Chapter 1: Introduction to the Study

Introduction

Counselors, counselor educators, and supervisors have used various standards created by instrumental counseling bodies over the years to ensure sound work with clients, students, and counseling supervisees. A cohesive outline of principles regulates the counseling profession. The American Mental Health Counselor's Association (AMHCA) is considered a significant contributor to the standard of counselors. When the AMHCA began in 1976, the goal was to offer a collectively recognized professional identify for clinical mental health counselors. The AMHCA aimed to be the standard for the professionalism of clinical mental health counselors through their code of ethics (Messina, n.d).. The mental health professional associations formed codes of ethics to protect the clients. The AMHCA leaders established a separate corporate entity called the National Academy of Certified Clinical Mental Health Counselors (NACCMHC) in 1979. By 1993 the NACCMHC merged with the National Board of Certified Counselors (NBCC), a nonprofit certification association established in 1982. The NBCC, a credentialing organization for counselors, created standards for clinical counselors who become certified counselors through their organization.

The AMHCA was a division of the American Counseling Association (ACA) from 1978 until it separated in 2019 into a standalone organization. The ACA was established in 1952 and benefited professional counselors in the United States and 50 other countries in Europe, Latin America, the Philippines, and the Virgin Islands; their unison encouraged public confidence and trust in the counseling profession (ACA, 2014).

The ACA code of ethics was designed in 1961 to guide counselors professionally and ethically (ACA, 2014; Homrich & Henderson, 2018). By 2014, the ACA code of ethics was the primary document of ethical guidelines in counseling. Kaplan et al. (2014) described the ACA code of ethics as the industry standard in counseling.

Within the ACA (2014) code of ethics, the mandated gatekeeping approach ensures that counselors entering the profession are appropriate and the client's welfare is protected. The gatekeeping definition for counseling is the practice of guarding the counseling profession against inappropriate admittance (Borders, 2016; Furr & Brown-Rice, 2016; McKibben et al., 2018). Gatekeepers can include counseling programs, counselor educators, state counseling boards, and clinical supervisors in counseling. Bernard and Goodyear (2019) described clinical counseling supervisors as gatekeepers who monitor counseling trainees to provide competent services to clients and endorse them as clinically competent. Gatekeeping is applied in counselor education to ensure those graduating from counseling master's programs become ethical counselors (Demyan et al., 2018; Rapp et al., 2018; Teixeira, 2017).

After a candidate for counseling graduates from their master's program, most states require that they complete supervision to become licensed. Hawaii Pacific University Psychology Department (2020) reported that 39 states, including the District of Columbia, call for postgraduate prelicense trainees to practice under a clinical counseling supervisor for a certain amount of time before becoming licensed. The other 11 states, Alabama, Arizona, Idaho, Illinois, Kansas, Kentucky, Maine, Minnesota, Ohio, Nevada, and New Mexico, operate under a two-tiered system where the counselor may

become licensed after graduation; it is not temporary or provisional. Bernard and Goodyear (2019) defined clinical counseling supervision as a collaboration between the supervisor and the counselor while training to evaluate and assess, therefore helping to ensure therapeutic clinical competence.

Bernard and Goodyear (2019) further described clinical counseling supervision as an effective method for shaping the professional counselor because it influences counselors professionally and monitors them for problems of professional competence (PPC). Those with PPC were initially called impaired counselors (Rust et al., 2013). Impaired counselors are dangerous for clients as they might not have proper interpersonal skills and boundaries and could disregard ethical guidelines (Demyan et al., 2018; Kozachuk & Conley, 2021; Wissel, 2014).

Like the ACA's (2014) code of ethics, clinical counseling supervision structure and expectations have advanced. The Association for Counselor Education and Supervision (ACES) developed the *Standards for Counseling Supervisors* in 1991 (Borders, 2016; Field, 2017; Homrich & Henderson, 2018). Bernard and Goodyear (1992) also created a theoretical framework, competencies, and best practices for clinical counseling supervision. In 2005, the ACA incorporated these standards into its code of ethics (Field, 2017; Homrich & Henderson, 2018). These standards generated an outline for clinical counseling supervisors to follow when guiding postgraduate prelicense counselor trainees.

Notwithstanding the theoretical framework, the counseling field has not yet implemented a national professional model with universal clinical supervision standards

and a defined application of best practices. While these standards and structures exist, there is no unification of the licensing procedures from state to state, clinical counseling supervision, and gatekeeping (Rapp et al., 2018; Teixeira, 2017). Although clinical counseling supervision has designed standards that have adapted to modern-day conditions, supervisors do not always understand their obligation to gatekeep trainees or prelicense counselors, and, as such, sometimes a counselor becomes licensed and operates impaired (Cook & Sackett, 2018; Demyan et al., 2018; Homrich & Henderson, 2018).

Impaired counselors, or PPC, are an ongoing concern in the counseling profession. Clinical counseling supervision of prelicense counselors lacks unification or inconsistency in standards across state lines. The PPC results from the scarcity of gatekeeping and the lack of integration of ethics and multiculturalism into supervision (Borders, 2016; Cruikshanks & Burns, 2017; Rust et al., 2013). Cruikshanks and Burns (2017) proposed that gatekeeping ensures the postgraduate prelicense counselor trainee is competently trained and understands the profession's ethics. Examples of an impaired counselor or counselor trainee that show professional competence issues include but are not limited to ethical concerns, such as crossing professional boundaries, and multicultural matters, such as imposing personal values onto the client.

In this research, I explore the perception of gatekeeping among clinical counseling supervisors, especially when it involves PPC encompassing ethics and multiculturalism while supervising postgraduate prelicense counselor trainees. The consequence of PPC affects the counseling profession through the normalization of

impairment (Rust et al., 2013). After graduation, a better experience in gatekeeping might socially influence the unification of gatekeeping procedures or increase the need for more research surrounding gatekeeping in counselor trainees.

Within Chapter 1, I examine the background of gatekeeping through several studies and research articles. I present the problem statement, the purpose of the study, the theoretical foundation, and the nature of the analysis more in-depth. Lastly, I end Chapter 1 with an overview of the study's definitions, assumptions, scope and delimitations, limitations, and significance.

Background

The designation of clinical counseling supervision was introduced within counseling in 1990 and has developed over time to include gatekeeping (Borders et al., 2014; Henriksen et al., 2019). While the literature contains articles on gatekeeping, most research has addressed gatekeeping as a part of counselor education. Teixerra (2017) examined gatekeeping through the lens of counselor educators, introduced the importance of gatekeeping to prevent PPC, and extended a universal call to action focusing on the need for standardized training protocol for clinical counseling supervision. Similarly, Levine et al. (2019) examined the attitudes and beliefs of counselor educators toward their gatekeeping responsibilities. While most counselor educators felt gatekeeping was necessary, they had no specific procedures to remediate the student. Rapp et al. (2018) concentrated on gatekeeping from a counselor education lens with specifics to doctoral students and focused on training and developing skills in gatekeeping. Although gatekeeping research increased over the last few decades, Rapp et al. declared that few

counselor educators understand their obligation to gatekeep and do not have the training to address it effectively. Based on an examination of the literature, the suggested areas of importance for gatekeeping are ethics, multiculturalism, legal, and due process. While ethics and multiculturalism are essential and embedded in the counselor education curriculum through the CACREP standards and the professionalism of counselors through the ACA (2014) code of ethics and the NBCC (2016) code of ethics, they do not usually get addressed as a gatekeeping measure with postgraduate prelicense counselors (Teixeira, 2017).

The literature has transitioned to include clinical counseling supervisors, and their management of postgraduate prelicense counselor trainees has varied across the country. For example, Tangen et al. (2019) described clinical counseling supervision and the lack of specific protocols to train clinical counseling supervisors on improving PPC. Furthermore, Cook and Sackett (2018) engaged in supervising postgraduate prelicense counselor trainees to determine how they prioritized information during supervision. Cruikshanks and Burns (2017) also examined how clinical counseling supervisors provided ethics as a part of their supervision of prelicense counselors. In outlining the historical importance of supervision, Cruikshanks and Burns defined how supervisors are critical to forming a postgraduate prelicense counselor trainee's professional identity due to not having ongoing scholarly contact.

Several research articles have suggested how clinical supervision can prevent PPC through gatekeeping. Cruikshanks and Burns's (2017) contribution to this body of research revealed that clinical supervision is critical to prelicense counselors in helping to

develop ethical professionalism. In addition to ethics, King et al. (2020) suggested the importance of addressing culture in supervision and direct observation to drive the counselor's skill. Based on the literature, clinical counseling supervision and gatekeeping are essential for preventing PPC in counselor trainees; however, few clinical counseling supervisors fully understand their gatekeeping requirements (Demyan et al., 2018; Tangen et al., 2019). Thus, researchers have called for further exploration of clinical counseling supervision after graduation for counselor trainees or prelicense counselors because the current research has been on counselor educators. I addressed an existing gap in the literature surrounding gatekeeping within the role of clinical counseling supervision preparation/training relative to the specific needs of postgraduate prelicense counselor trainees, specifically around PPC, concerning ethics and multiculturalism.

Problem Statement

In this interpretive phenomenology qualitative study, I aimed to explore the clinical counseling supervisors' perception of gatekeeping while supervising postgraduate prelicense counselor trainees, specifically around PPC, as it related to ethics and multiculturalism. The ACA (2014) code of ethics defined gatekeeping as integral to clinical counseling supervisors' functions. Gatekeeping requires the supervisor to observe and evaluate counselor trainees regarding their techniques (ACA, 2014). Clinical counseling supervisors assess and endorse counselor trainees for licensing to safeguard the counseling profession (Furr & Brown-Rice, 2016). Furr and Brown-Rice (2016) state that a counselor's competency is essential and contingent upon clinical counseling supervision. Teixeira (2017) also explained that gatekeeping has no standard manual or

regulations. Cook and Ellis (2021) reported that only 60.4% of states had codes for clinical counseling supervisors to receive supervision training, and only 23.5% regulated the extent and time of supervision. Borders et al. (2015) stated that some states offered training certificates for clinical counseling supervisors. Additionally, Henriksen et al. (2019) found that less than 25% of the states required professional counselors to have a defined form of supervision training, and experience requirements ranged from 1 to 5 years.

Researchers have recently focused on counselor educators' PPC and students (Wissel, 2014). However, a gap in the current literature exists as much of the gatekeeping research in the last 20 years has resolved around counselor educators and counseling students (Furr & Brown-Rice, 2016; Parker et al., 2014; Ziomek-Daigle & Christensen, 2010). While 11 states permit counselors to become licensed immediately after graduation without receiving postgraduation clinical supervision, 39 states and the District of Columbia require clinical counseling supervisors to prepare postgraduate prelicense counselor trainees before that counselor becomes licensed (Hawaii Pacific University Psychology Department, 2020). As clinical counseling supervision is essential to the professional identity, it is also crucial to gain insight into the clinical counseling supervisors' perception of PPC involving ethics and multiculturalism and their gatekeeping responsibilities for postgraduate prelicense counselor trainees.

Purpose of the Study

In this interpretive phenomenology qualitative study, I explored the clinical counseling supervisors' perceptions of gatekeeping during the supervision of

postgraduate prelicense counselor trainees, specifically around PPC, ethics, and multiculturalism. Gatekeeping perceptions differ as clinical counseling supervisors have different training guidelines and expectations stemming from the various rules and regulations defined by the individual states. Researchers have addressed gatekeeping in counselor education areas, but there is very little research on gatekeeping postgraduate prelicense counselor trainees (Demyan et al., 2018; Kozachuk & Conley, 2021; Rapp et al., 2018). My research addressed the experiences of clinical counseling supervisors with at least 1 year of supervising postgraduate prelicense counseling trainees. Each participant's perspective was honored while discovering themes across the diversity of supervisors regarding the understanding and assessment of PPC regarding ethics and multiculturalism. The participants provided their stances based on their lived experiences, and the research reflected a divergence of perceptions across participants.

Research Questions

Main question: What is the essence of clinical counseling supervisors' lived experiences with gatekeeping during the supervision of postgraduate prelicense counselor trainees?

Subquestion: How do clinical counseling supervisors conceptualize and address PPC regarding ethics and multiculturalism with postgraduate prelicense counselor trainees?

Theoretical Framework for the Study

Within this body of qualitative research, I examined the clinical counseling supervisors' view of gatekeeping during the supervision of counselor trainees,

specifically around PPC, regarding ethical and multicultural considerations. I used the theoretical framework and methodology within interpretative phenomenological analysis (IPA) along with the lens of supervision theory.

An IPA is a contemporary qualitative approach that supports understanding counselor training and supervision (Miller et al., 2018). There is flexibility with IPA to explore the diversity of the lived experience, freedom to explore the context, and the relationship of life's narratives (Miller et al., 2018). There are two phases of IPA information: the direct report of a phenomenon or perspective from the participant and the interpretation of the data by the researcher (Miller et al., 2018; Oxley, 2016; Smith, 2018). Three theoretical foundations are combined to form IPA: phenomenology, hermeneutics, and idiographic (Miller et al., 2018; Oxley, 2016). The process of IPA converts the particular lived experiences of the participants – their emotional expressions, objective comments, and linguistic expression- into research interpretation (Bynum & Varpio, 2018; Miller et al., 2018; Oxley, 2016). I used IPA to explore clinical counseling supervisors' experiences of gatekeeping during the supervision of counselor trainees, specifically around PPC, regarding ethical and multicultural considerations. The findings from IPA are not generalized but provide each participant's narrative with a deep descriptive and interpretative examination (Miller et al., 2018; Oxley, 2016; Smith, 2018). Using IPA allowed for a semistructured interview of clinical counseling supervisors' perceptions of gatekeeping, emphasizing PPC regarding ethical and multicultural considerations.

Bernard and Goodyear (2019) deemed clinical counseling supervision vital as it bridges the difference between academics to putting learning into practice. Clinical supervision is a transition period in which postgraduate prelicense trainees learn who they are in the profession. During this period of clinical supervision, the developmental model scope defines the progressive stages of the counselor trainee's development.

The discrimination model published by Bernard in 1979 is one of the most widely used developmental models in supervision theory (Borders, 2019; Borders et al., 2014). The discrimination model involves three supervision foci: intervention, conceptualization, and personalization. Additionally, the discrimination model includes three supervisor roles: teacher, counselor, and consultant (Bernard & Goodyear, 2019). According to Borders (2019), a supervisor has the flexibility to take on any of the three roles with any of the foci during supervision based on the needs of the counselor trainee. In their quest to create best practices for clinical supervisors, Bernard and Goodyear (2019) defined inadequate clinical supervision as neglecting to devote adequate time to the supervision process. Clinical supervisors are essential to the clinical profession to protect clients and act as gatekeepers for admission into the clinical field (Bernard & Goodyear, 2019). I incorporate a more detailed discussion of the theoretical and conceptual frameworks in Chapter 2.

Nature of the Study

The nature of my study was IPA qualitative research. I chose the IPA methodology because it presented the ability to holistically gather rich accounts of the participants' perceived experiences that fit with the nature of counseling (see Alase,

2017; Oxley, 2016; Smith, 2018). Oxley (2016) described the IPA methodology as a way

a researcher can focus overall by dissecting a part of the phenomenon. Part of the

phenomenon included the perception of gatekeeping through the lens of supervisors of

postgraduate prelicense counselor trainees. While multiple studies have existed since the

beginning of supervision in 1992, few have examined the postgraduate prelicense

counselor trainee, and much of the research has addressed counselor educator supervision

(CES) and masters level counseling students (Furr & Brown-Rice, 2016, 2016; Parker et

al., 2014; Ziomek-Daigle & Christensen, 2010).

I used semistructured interviews to encourage accessible details about the clinical

counseling supervisors' experience in gatekeeping. Miller et al. (2018) proposed that

researchers examine the convergence and divergence of the clinical counseling

supervisors' perceptions and experience through IPA. Alase (2017) described IPA as an

interview that opens a doorway to developing a relationship with the participants so that

their lived experiences can be examined and compared with others of similar practices.

Data saturation of clinical counseling supervisors with lived experience of gatekeeping

postgraduate prelicense counselor trainees helped determine the sample size.

The IPA approach best addressed the purpose of my study to understand clinical

counseling supervisors' mindsets on gatekeeping their postgraduate prelicense counselor

trainees. The IPA methodology allowed me to gather rich descriptive data on how clinical

counseling supervisors handle a postgraduate prelicense counselor trainee who exhibits

PPC involving ethics and multiculturalism. I explain the proposed methodology further in

Chapter 3.

Definitions

The definitions of terminology that I used throughout this study include the following:

Clinical counseling supervision: A prerequisite for postgraduate counselor trainees seeking licensure (Cook & Sackett, 2018; Rapp et al., 2018). This supervision regulates the helping field of counseling, controls who enters the field, sets standards for members of the field, and guards against incompetent or unethical members from joining the field (Bernard & Goodyear, 2019).

Clinical counseling supervisor: A professional regulator in the counseling field who guides those entering the counseling field in professionalism and ethical competency (Bernard & Goodyear, 2019).

Ethics: Acceptable or good practice according to the agreed-upon rules or standards of practice by professions such as counseling (Cottone et al., 2021).

Gateslipping: When a postgraduate prelicense counselor trainee has clinical and dispositional concerns, but a clinical counseling supervisor fails to intercede in the problematic behavior, which impacts client care and the entire counseling profession (Rapp et al., 2018).

Postgraduate prelicense counselor trainee: An individual who has graduated from a master's level counseling program to obtain a professional counseling license in their state (Cook & Sackett, 2018).

Problems of professional competence (PPC): Counselor trainees who do not operate ethically or do not understand the ethical guidelines or maintain professional standards (Demyan et al., 2018; Furr & Brown-Rice, 2016).

Assumptions

There was an assumption that the participants had a pattern within IPA research. The study depended on the similarities and differences of the participants (see Miller et al., 2018). If the participants did not have patterns of similarities and differences, then the research would not have shown divergence. Another assumption was that participants would be qualified and competent to contribute to the study. The qualifications for this research included being a licensed clinical counselor approved by their state to provide clinical supervision to prelicense counselors. There is no measure of competency in this study. With each state having different regulations regarding supervision, there could have been confusion about who qualified for my study. Some states with multitier licensure systems that do not supervise postgraduate prelicense counselors could have desired to share their experiences as a supervisor in other capacities.

Scope and Delimitations

The focus of my research was on clinical counseling supervisors. This was a delimited study due to the exclusion of clinical counseling supervisors who had not supervised postgraduate prelicense trainees for at least a year. There are numerous analyses of clinical counseling supervisors who supervise interns. My research was specific to postgraduate prelicense trainees and the gatekeeping involving them. As stated by Timulak and Elliott (2019), Stiles identified the generalizability of a qualitative study

as transferability, which consists of interpreting the findings from a study to other people, contexts, situations, or settings. In qualitative research, the subjects used are called a "sample" and not a "population" to show the limitations of transferability knowledge (Timulak & Elliott, 2019). The scope of my study might limit the transferability of the findings due to the geographical location of the sample of clinical counseling supervisors. Each state represented could have had a different interpretation of the regulations. While the scope of my study could limit transferability, the justification was the lack of data currently attainable. Timulak and Elliott proposed that although qualitative research provides small samples, the richness of the information can extend the possibilities.

Limitations

A potential challenge of my study was securing qualified participants who were willing to participate and give a vivid description of their lived experiences. IPA in qualitative research relies on detailed accounts from the interviewee (Freeman et al., 2019; Timulak & Elliott, 2019). Clinical counseling supervisors could decide not to join for fear of judgment and might seek to answer questions to look impressive to the interviewer or possibly generalize their answers. As the interviewer, I ensured the participants knew that all identities were confidential and that no one would know their identity. A consideration of conducting interviews via teleconference recording could have been a concern as some potential participants could have wanted an explanation of who would view the recording.

Additionally, the informed consent contained the research purpose, the managing of data, and the process for interviewing and recording. Alase (2017) suggested password

protection storage for security and destroying all audio after 5 years. The protocol Walden University applies for data security and confidentiality is detailed more thoroughly in Chapter 3. As the interviewer, I used a password-protection Zoom conference to ensure confidentiality from using technology. I also shared the limits of confidentiality within the informed consent.

As a counselor and a supervisor conducting the study, I addressed the separation of roles within the informed consent. I followed all ACA ethical guidelines, institutional review board (IRB) protocols, and methodology for IPA to address these potential challenges.

According to Bleiker et al. (2019), to show the research as reliable and dependable, the researcher must be able to present records of the research process as participant selection, field notes, anonymized transcripts, and reflective notes at each phase as data. Timulak and Elliott (2019) hypothesized that qualitative research does not use statistical probabilities and confidence intervals, which provide a basis for making inferences about populations. Transferability is limited without statistical probabilities. My research findings could have been limited to clinical counseling supervisors in specific states and might not apply in other states with various policies, procedures, and expectations. I recorded my thoughts, feelings, and challenges in a reflexive journal to guard against researcher bias (see Smith et al., 2022; Smith & Nizza, 2021).

Significance

Limited research exists concerning how clinical counseling supervisors address the developmental domains of ethics and multiculturalism with prelicense counselor

trainees (Fickling et al., 2019). Much research on the developmental domains is within counselor education programs, focusing on graduate counseling students (Borders et al., 2014; Freeman et al., 2019). There is also minimal research on how clinical counseling supervisors handle prelicense trainees that exhibit PPC (Furr & Brown-Rice, 2016; Olson et al., 2016; Rust et al., 2013). In this IPA qualitative research, I aimed to probe the clinical counseling supervisors' perspective on ethics and multiculturism of gatekeeping. The counseling field is still forming regulations regarding clinical supervision and its application of gatekeeping, especially in PPC scenarios. Bernard and Goodyear (2019) charted clinical supervision responsibilities in 1992. Although Bernard and Goodyear have given intricate details surrounding clinical supervision, there is no uniformity across the states. States manage PPC differently, which leads to inconsistency in the counseling profession. Inconsistency of the counseling profession was a complaint of the Department of Defense in 2006 as to why they do not contract counselors or consider them equal status with other mental health professionals such as social workers and psychologists (Mascari & Webber, 2013).

The ACA (2014) advocates for federal contracts, Medicare reimbursement, and the Department of Defense recognition of counselors acknowledged as "other mental health professionals." (Lloyd-Hazlett et al., 2020; Mascari & Webber, 2013). Hopefully, my research will assist with the professional knowledge of clinical supervision for portability and continuity, allowing clinical counseling supervisors to operate with the same regulations from state to state. The findings from my study might contribute to the understanding of the gaps in gatekeeping and PPC concerning ethics and multiculturalism

in clinical counseling supervision of postgraduate prelicense counselor trainees. These findings may also contribute to positive social change by helping to increase the understanding of more training, professionalism, and recommendations for continuity.

Summary

Clinical counseling supervision for postgraduate prelicense counselor trainees is not a requirement in all states (ACA, 2016; Teixeira, 2017). Gatekeeping is considered essential by the ACA (2014) code of ethics to protect the profession from individuals wanting to be counselors but lacking competency (Borders, 2019; McKibben et al., 2018; Tangen et al., 2019). Clinicians who demonstrate PPC in counseling are unsafe for clients because the counselor might not practice ethically (Borders et al., 2014; Cook & Sackett, 2018; Fickling et al., 2019). With each state having different regulations on gatekeeping practices for counselors, uniform criteria for clinical supervision competencies are needed (Borders, 2019; Fickling et al., 2019).

The information given in Chapter 1 consisted of an overview of the study with discussions of the problem statement, the purpose of the study, the research question, the theoretical foundation, and the nature of the study. In Chapter 1, I included definitions, assumptions, the scope and delimitations of the study, limitations, and the significance of the study. In Chapter 2, I examine relevant literature on clinical counseling supervision and gatekeeping. This chapter encompasses the literature search strategy, the theoretical foundation, and significant concepts in conjunction with the research.

Chapter 2: Literature Review

Introduction

According to Bernard and Goodyear (2019), clinical counseling supervision effectively shapes the professional counselor. The purpose of clinical counseling supervision is to mentor postgraduate prelicense counselor trainees on appropriate client care, expand their professional identity, and assist with preserving ethical standards in practice. The basis of the discrimination model is a theoretically designed informed guide for supervisors.

In at least 39 states and the District of Columbia, postgraduate prelicense counselor trainees must seek clinical counseling supervision to become competent (ACA, 2016; Hawaii Pacific University Psychology Department, 2020). Postgraduate prelicense counselor trainees must have graduated with at least a Master's degree in clinical counseling and require postgraduation clinical counseling supervision to obtain an independent license to practice as a counselor (Cigrand, 2020; Cruikshanks & Burns, 2017; Demyan et al., 2018). Clinical counseling supervision builds on the professional identity of the precounselor. According to Furr and Brown-Rice (2016), counselors' competency is essential and is contingent upon clinical counseling supervision. The ACA (2014) code of ethics defined gatekeeping as being integral to clinical counseling supervisors' functions. Gatekeeping requires the supervisor to observe and evaluate the postgraduate prelicense counselor trainees (ACA, 2014). Clinical counseling supervisors safeguard the counseling profession by assessing who is acceptable to enter (Furr & Brown-Rice 2016).

The purpose of gatekeeping is to prevent PPC. Demyan et al. (2018) defined PPC as a counselor/resident meeting the minimum professional standards. Furr and Brown-Rice (2016) stated that professional competency is essential and depends on clinical counseling supervision strength. Moreover, Ladany et al. (2012) found that the client outcome is directly related to the counselor's supervision. Through gatekeeping, clinical counseling supervisors have an ethical obligation to ensure that prelicense counselors under their supervision are not psychologically impaired (Furr & Brown-Rice, 2016; Olson et al., 2016; Rust et al., 2013). The ACA (2014) further encouraged clinical counseling supervisors to monitor and gatekeep supervisees for PPC. The ACA (2014) code of ethics discouraged counselors from working under physical, mental, or emotional impairment conditions to prevent harming clients. An impaired counselor might retraumatize or cross interpersonal boundaries with clients (Rust et al., 2013).

Gatekeeping during clinical counseling supervision is essential to the profession to prevent PPC (Borders, 2016; Demyan et al., 2018). Bernard and Goodyear (2019) proposed an outline for supervisors to incorporate into their supervision practice, including ethics, theory, techniques, and cultural communications. However, according to Borders et al. (2014), there are no standardized manual or universal regulations for gatekeeping. Henriksen et al. (2019) found that not all states used clinical counseling supervisors but an array of other mental health professionals. Not all states have established regulations or certifications to acknowledge the clinical counseling supervision designation or best practices that comprise the supervision process. Specifically, Hawaii University reported in 2020 that only 39 states and the District of

Columbia had required the counseling supervision designation of postgraduate prelicense counselor trainees. Henriksen et al. stated that there is a lack of consistency regarding the requirements for clinical counseling supervision and who could supervise postgraduate prelicense counselor trainees. Moreover, Cook and Ellis (2021) reported that only 60.4% of states regulated clinical counseling supervisors to receive formal training, and only 23.5% measured the regularity and intervals of supervision. Researchers have recently focused on counselor educators' gatekeeping of PPC in students (Wissel, 2014). However, there is a gap in the current literature as much gatekeeping research revolves around counselor educators and counseling students (Furr and Brown-Rice, 2016, 2016; Parker et al., 2014; Ziomek-Daigle & Christensen, 2010). As clinical counseling supervision is essential to the professional identity, it is also crucial to gain insight into the clinical counseling supervisors' perception of PPC regarding ethics and multiculturalism and their gatekeeping responsibilities for postgraduate prelicense counselor trainees.

In this chapter, I present the groundwork for my research by identifying gaps in the literature surrounding clinical counseling supervision of postgraduate prelicense counselor trainees regarding gatekeeping and PPC regarding ethics and multiculturalism. I summarize the current literature and explain the literature search strategy, including a list of databases and applied practical search terms. I also identify the theoretical framework integrated into my research. The central concepts of this literature review focus on clinical counseling supervision, gatekeeping, and PPC regarding ethics and multiculturalism.

Literature Search Strategy

My search began using the Walden Library Database to ensure a comprehensive literature review. The Walden Library Database uses multiple search engines, including ERIC, EBSCO, SAGE Journals, Thoreau, and Psych Info. All articles collected were peer-reviewed and established within the last 5 years to guarantee the most current data and information. The keywords searched included *counseling supervision, clinical supervision, counselor trainee, prelicense counselor, novice counselors, impaired counselors, clinical competency, remediation, counselors in training, gatekeeping, and problems of professional competence (PPC).*

Theoretical Foundation

For this body of qualitative research examining the clinical counseling supervisors' views of gatekeeping during the supervision of counselor trainees, specifically around PPC regarding ethics and multiculturalism, I used IPA through the lens of supervision theory.

IPA

The IPA is a qualitative methodology developed by Smith in 2009 (Smith et al., 2022). Smith and Fieldsend (2021) described IPA as a combined investigation of experiential implications through the interpretative effort between the researcher and the participant to explore individuals' lived experiences. IPA has flexibility grounded in hermeneutics, phenomenology, and idiographic, allowing for a diversity of the lived experience, freedom to explore the context, and the relationship of life's narratives (Miller et al., 2018). Smith credited that IPA was built on the influences of Husserl, who

many refer to as the father of phenomenology, and Heidegger, a student of Husserl (Smith et al., 2022; Smith & Fieldsend, 2021).

Husserl's phenomenological perspective was a qualitative examination that descriptively emphasized personal experience. Smith and Fieldsend (2021) proposed that Husserl's method, called transcendental (or descriptive) phenomenology, brackets judgments, preconceptions, and assumptions to prevent them from affecting the research. Husserl's form of phenomenology also centers around the phenomenon and not the individual's interpretations. The individual's interpretation is an integral part of IPA, not to generalize but to give each participant's narrative a deep descriptive and interpretative examination (Miller et al., 2018; Oxley, 2016; Smith, 2018; Smith & Nizza, 2021).

In hermeneutic phenomenology, Heidegger contradicted the descriptive interpretation territory (Miller et al., 2018; Oxley, 2016). Hermeneutic phenomenology acknowledges the contextual meanings present in the phenomenon. Miller et al. (2018) illustrated the interconnection of the researcher's worldview in hermeneutic phenomenology by analyzing the participant's lived experiences. Smith and Fieldsend (2021) explained that IPA expands on Heidegger's interpretative model by having the researcher interpret the participant's interpretation of their lived experience creating a double hermeneutic. The conversion of the particular lived experience of the participant – their emotional expressions, objective comments, and linguistic expression transforms it into research interpretation is the basis of IPA (Bynum & Varpio, 2018; Miller et al., 2018; Oxley, 2016).

Coleman et al. (2021) used IPA to analyze the clinicians' lived experiences or impact when counseling clients with complex psychological trauma. Applying IPA allowed Coleman et al. to find six themes within the study, including a framework for supervision and clinician training. It was understanding the experience of the therapist trainees conducted by thematic analysis and synthesizing. Likewise, Roebuck and Reid (2020) sought to better understand the experience of therapist trainees through IPA and identified three themes that gave a rich, relevant example of how therapist trainees developed resiliency. Davies (2021) explored senior clients' attitudes about participating in therapy. The senior citizen clients were between the age of 60s to 70s. Davies selected IPA to understand the participants' lives and how it influenced their therapeutic experience.

Discrimination Supervision Theory

The clinical counseling supervision theory applied to my research was Bernard and Goodyear's (2019) discrimination model. Clinical supervision was demarcated by Bernard and Goodyear as follows:

> An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who enter the particular profession. (p. 9)

The discrimination model connects the distinction of academics to the application of practice for postgraduate prelicense counselor trainees. Bernard and Goodyear described clinical supervision as a transition period in which postgraduate prelicense counselor trainees discover who they are as professional counselors. Bernard originated the discrimination model in 1979 (Borders, 2019; Borders et al., 2014). The discrimination model encompasses three supervision concentrations: intervention, conceptualization, and personalization. The discrimination model also includes three supervisor roles: teacher, counselor, and consultant (Bernard & Goodyear, 2019; Brejcha, 2021; Kozachuk & Conley, 2021). Borders (2019) depicted the supervisor as having the flexibility to take on any of the three roles with any of the focal points during clinical counseling supervision based on the need of the postgraduate prelicense counselor trainee. Within the developmental model, the discrimination model allows the clinical counseling supervisor to be flexible in attending to the postgraduate prelicense counselor trainees' understanding (Deroche et al., 2020; Eryılmaz & Mutlu, 2017). As a training model for clinical counseling supervision, supervisors using the discrimination model are encouraged to meet the postgraduate prelicense counselor trainee in their development. Brejcha (2021) proposed that when working with postgraduate prelicense counselor trainees, a solid relational model of supervision, like the discrimination model, can prevent damaging and insufficient clinical counseling supervision by removing the hierarchical environment and creating a democratic rapport to focusing on the postgraduate prelicense counselor trainees' development and advancement.

Clinical counseling supervisors are essential to the clinical profession to protect clients and act as gatekeepers for admission into the clinical field (Bernard & Goodyear, 2019). The ACA (2014) code of ethics defined gatekeeping as integral to clinical counseling supervisors' functions. It summarizes the principles of the counseling profession, the professional and ethical responsibilities of professional counselors, and professional clinical counselor supervisors. The purpose of the ACA code of ethics is to assist all clinical counselors, including postgraduate prelicense counselor trainees and clinical counseling supervisors, in commitment to ethical practice by illuminating responsibilities, providing direction for ethical decision making, and establishing expectations of postgraduate prelicense counselor trainees as well as clinical counseling supervisors (ACA, 2014). Gatekeeping requires the clinical counseling supervisor to observe and evaluate the postgraduate prelicense counselor trainees (ACA, 2014).. Bernard and Goodyear (2019) recognized best practices for clinical supervisors to address gatekeeping. Bernard and Goodyear also classified inadequate clinical supervision as neglecting to devote adequate time to the supervision process.

The supervision standard is the discrimination model used in many CACREP programs (Brejcha, 2021; Mascari & Webber, 2013). Various authors have used the discrimination model of supervision theory to investigate the best way to supervise counselors. For instance, Brejcha (2021) examined the discrimination model with interpersonal theory to create a holistic approach to clinical counseling supervision. In addition, Brown et al. (2021) aimed to integrate the discrimination and the developmental models to create a better model for counselor educators who supervise practicum and

internship novice counselors. Moreover, Peters and Luke (2021) explored incorporating and extending the discrimination model by blending it with the socially just and culturally responsive counseling leadership model.

Literature Review

Postgraduate Prelicense Counselor Trainees

Cruikshanks and Burns (2017) and Bernard and Goodyear (2019) identified postgraduate prelicense mental health counselors as having a minimum of a master's degree in counseling but who have not yet acquired an independent license to perform as a counselor in the United States. According to Cruikshanks and Burns, in states with postgraduate prelicense counselor trainees, these individuals must practice under a counseling supervisor for a projected time before becoming licensed. Cook and Ellis (2021) noted that postgraduate prelicense counselor trainees train for at least 3 years in some states. Furthermore, Henriksen et al. (2019) reported that the required supervised hours a postgraduate prelicense counselor trainee needed varied from 500 to 4,000.

Information concerning postgraduate prelicense counselor trainees is scarce and insufficient. Much of the literature has not defined transitioning from a clinical mental health graduate program into the professional counseling realm. Wagner and Hill (2015) stated that the literature lacks mention of how practicing students "become" counselors. Cigrand (2020) used the terms "counselors-in-training" and "novice counselors" when referring to students in masters-level programs doing their field internships. Brejcha (2021) also addressed the counseling student as a novice counselor. Bernard and Goodyear (2019) referred to this stage as supervisees, a term used for mental health

practitioners under supervision in social work, psychology, and nursing. In counseling, Cruikshanks and Burns (2017) suggested that postgraduate prelicense counselor trainees should develop their professional identity under a clinical counseling supervisor. Thus, due to the insufficient literature addressing postgraduate prelicense counselor trainees, additional research is necessary to address the gap.

Clinical Counseling Supervision

The designation of clinical counseling supervision was introduced within the behavioral health field over the past 3 decades and has developed over time to include gatekeeping. In 1990, the ACES designed standards to outline the clinical counseling supervisors' purpose (ACES, 1990; Borders et al., 2014). In the early 2000s, clinical counseling supervision became a dedicated division of the counseling field with specific ethical responsibilities (Borders et al., 2014). Recognizing the distinction, the NBCC (1997) established the Approved Clinical Supervisor (ACS) credential (Borders, 2019; Borders et al., 2014). The ACA 2005 code of ethics recognized clinical counseling supervision as a distinct counseling specialty incorporating previous standards involving specific training and credentialing (see Borders et al., 2014). One of the clinical counseling supervisor's primary responsibilities was to protect the public from harm by monitoring and guiding future counselors in their professional growth and development (Borders et al., 2014). Hawaii University (2020) found that 39 states and the District of Columbia have clinical counseling supervision designation. Of those 39 states, only 60.4% require specific training for clinical counseling supervisors (Cook & Ellis, 2021; Field, 2017; Henriksen et al., 2019).

Cruikshanks and Burns (2017) noted that clinical counseling supervision is crucial for postgraduate prelicense counselor trainees in establishing their counselor professional identity. Brejcha (2021) reported students could access counselor educators and intern supervisors during master-level clinical counseling programs as they work with clients. Clinical counseling supervisors build on the coursework for the postgraduate prelicense counselor trainees to increase their competence level with clients and their concerns. Cruikshanks and Burns (2017) argued how critical clinical counseling supervision is to postgraduate prelicense counselor trainees because they struggle to expand their professional identity if there is a deficiency in their supervision. Further, they reported that postgraduate prelicense counselor trainees depend on clinical counseling supervision to enhance their ethical growth and support them in identifying and establishing their professional identity as they work towards independent licensure.

There is ample literature to assist clinical counseling supervisors with training postgraduate prelicense counselors. Bernard and Goodyear (2019) created a theoretical framework, competencies, and best practices for clinical counseling supervision in 1992. The counseling field embraced the Developmental Model of supervision, as it met the clinical counseling supervisor's requirements and the postgraduate prelicense counselor trainees' individualized instruction (Borders et al., 2014). Deroche et al. (2020) reported that within the developmental model, the discrimination model allows the clinical counseling supervisor to be flexible in attending to the postgraduate prelicense counselor trainees' understanding Eryılmaz and Mutlu (2017) also suggested the discrimination model as being a good model for clinical counseling supervision. Kozachuk and Conley

(2021) felt the discrimination model allows the clinical counseling supervisor to choose one of three roles to address issues in supervision. Brejcha (2021) projected the discrimination model worked well with developing emerging counselors. As a training model for clinical counseling supervision, the discrimination model encourages meeting the postgraduate prelicense counselor trainee in their development.

Tangen et al. (2019) stressed the training of clinical counseling supervisors and the limitations of nonuniformity. Teixeira (2017) reported a lack of specific protocols for training clinical counseling supervisors. Cruikshanks and Burns (2017) indicated that some states did not have clinical counseling supervision guidelines for postgraduate prelicense counseling trainees. Henriksen et al. (2019) revealed variations in the requirements of a clinical counseling supervisor across the states, including some states consenting to other mental health professionals supervising postgraduate prelicensed counselors trainees. Tangen et al. (2019) and Bernard and Goodyear (2019) presented supervision guides for clinical and novice supervisors. According to Tangen et al. (2019), the recommendations for clinical counseling supervisors should have an insight into the significance of multicultural sensitivity with supervisees. A solid supervisory relationship is vital in improving the uniformity of clinical counseling supervision. Henriksen et al. (2019) recommended that all states should have consistency in laws and regulations for clinical counseling supervision, while Tangen et al. (2019) suggested that future research should expand upon the before and after feelings of novice clinical counseling supervisors and analyze the portability of having a standard clinical counseling supervision guide. Teixeira (2017) further indicated that the research should develop in

the area of standardization as variations in the individual state's policies regarding

clinical counseling supervisors' credentials contribute to the misinterpretation of

gatekeeping postgraduate prelicense counselor trainees and impact employment

opportunities in areas traditionally supported by licensed social workers and licensed

psychologists. While there is much information on clinical counseling supervision, there

is little information for postgraduate prelicense counselor trainees. More research would

be beneficial in exploring the perception of clinical counseling supervision with

postgraduate prelicense counselor trainees.

Gatekeeping

While there are articles on gatekeeping in the literature, most research addresses

gatekeeping as a part of counselor education. Gatekeeping parameters have grown to

include clinical counseling supervision over the last few decades (Demyan et al., 2018;

Homrich & Henderson, 2018; Wissel, 2014). Rapp et al. (2018) asserted that few

understand their obligation to gatekeep and do not have the proper training to address it

effectively. Levine et al. (2019) agreed, finding that while most supervisors felt

gatekeeping was necessary, they had no specific procedure or the appropriate training to

ensure it was incorporated to meet ethical requirements. There is an inconsistency

between the clinical counseling supervisors wanting to gatekeep but not knowing how to

do so correctly and the nonuniformity of gatekeeping expectations across the states in the

counseling field (Levine et al., 2019; Borders et al., 2014). Teixerra (2017) addressed the

nationwide social change of gatekeeping and professional competence and suggested that

counselor educators and clinical counseling supervisors find more tangible remediation interventions to encourage confidence in gatekeeping.

Rapp et al. (2018) also concentrated on training and developing skills in gatekeeping. Gatekeeping in clinical counseling supervision creates the propensity to be complex when the roles change from meeting the needs of an evaluator to an authoritative position. There is much research available about gatekeeping in counselor education. Several researchers have mentioned the tasks and experiences of gatekeeping. Still, additional research is needed to explore clinical counseling supervisors' expectations when gatekeeping pregraduate prelicense counselor trainees.

Ethics and Multiculturalism

Cruikshanks and Burns (2017) outlined the historical importance of supervision and how supervisors are critical to forming a postgraduate prelicense counselor trainee's professional identity. Developing a professional identity is essential after leaving the scholarly environment. The ACA (2014) code of ethics summarizes the principles of the counseling profession, the professional and ethical responsibilities of professional counselors, and professional clinical counselor supervisors. The purpose of the ACA code of ethics is to assist all clinical counselors, including postgraduate prelicense counselor trainees and clinical counseling supervisors, in commitment to ethical practice by illuminating responsibilities, providing direction for ethical decision-making, and establishing expectations of postgraduate prelicense counselor trainees as well as clinical counseling supervisors (ACA, 2014). Cruikshanks and Burns (2017) proposed that the lack of uniformity in educating clinical counseling supervisors across all fifty states hurts

the counseling profession and could hurt the clients if a counselor does not stay within ethical guidelines or establish a professional identity. Cruikshanks and Burns (2017) analyzed clinical counseling supervisors' methods of providing ethics and counseling identity as a part of their supervision of prelicense counselors. They found that ethical consideration is a necessary part of supervision. Tangen et al. (2019) emphasized the need for ethics during clinical counseling supervision. Cruikshanks and Burns (2017) additionally highlight the need for clinical supervisors to incorporate and embody the ACA code of ethics (2014) within supervision.

According to Rapp et al. (2018), the implied areas of prominence that seem problematic are ethics, multiculturalism, legal and due process. King et al. (2020) agreed that multiculturalism is a significant area that remains problematic. However, Demyan et al. (2018) expressed that ethics covered problematic concerns. Ethics and multiculturalism are essential and embedded in the education of counselors through the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the professionalism of counselors through the ACA (2014) code of ethics and NBCC code of ethics (Fickling et al., 2019; Peters, 2017; Ratts & Greenleaf, 2018).

The ACA code of ethics (2014) serves six primary purposes:

1. The code sets forth the ethical obligations of ACA members and provides guidance to inform professional counselors' ethical practice.

2. The code identifies ethical considerations relevant to professional counselors and counselors-in-training.

3. The code enables the association to clarify for current and prospective members and those served by members the nature of the ethical responsibilities held in common by its members.

4. The code serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.

5. The code helps to support the mission of ACA.

6. The standards contained in this code serve as the basis for processing inquiries and ethics complaints concerning ACA members. (p. 3)

While the ACA code of ethics (2014) guides counselors on ethical matters, several sections also address the multicultural and diversity issues of supervision and gatekeeping. Specifically, Standard F.2.b states; Counseling supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship. CACREP standards 2024 draft (2022) requires master's and doctoral level classes to provide professional counseling orientation, ethical, practical courses, and social and cultural diversity courses. CACREP (2022) also expects that faculty are diverse and that the curriculum prepares students to work with a diverse population.

In addition to ethics, King et al. (2020) emphasized that the multicultural aspect of clinical counseling supervision is also essential. Fickling et al. (2019) also recommended that incorporating multiculturalism into clinical counseling supervision should be standard. Ratts et al. (2016) proposed using multicultural and social justice

counseling competencies (MSJCC) as a framework for supervision. Watkins et al. (2019) reported cultural humility as a term emphasizing humbleness regarding race, religion, gender, sexual orientation, religion, and socioeconomic status. King et al. (2020) further noted that a clinical counseling supervisor or counselor who practices cultural humility does not presume competency nor superiority centered around prior experiences.

A culturally humble clinical counseling supervisor models partnership for the postgraduate prelicense counseling trainee who collaborates with clients to recognize their specific cultural identities (Fickling et al., 2019; King et al., 2020). Modeling and mentoring cultural humility have increased the clinical counseling supervision alliance and shaped the postgraduate prelicense counselor trainees' therapeutic partnership with their clients (King et al.,2020). Kozachuk and Conley (2021) noted that modeling and mentoring are very successful strategies in clinical supervision. They also claimed that their research found modeling and mentoring were more effective overall for clinical supervision. Postgraduate prelicense counselor trainees have described culturally humble supervision as increasing their competence, self-awareness, empathy for clients, and culturally suitable revisions in their counseling interventions (Fickling et al., 2019; Peters, 2017). When clinical counseling supervisors missed cultural opportunities with the postgraduate prelicense counselor trainee, King et al. (2020) indicated it affected the counselor-client relationship. Fickling et al. (2019) noticed that the counselor-client relationship was affected specifically when clinical counseling supervisors did not address culture. Peters (2017) proposed addressing culture in supervision, and direct

observation facilitates the counselor's skill through culturally responsive supervision. These were similar to the findings of King et al. (2020).

Clinical counseling supervisors have very little protocol to alter the behaviors or channels to gatekeep appropriately when addressing postgraduate prelicense counselor trainees with problematic behaviors. Although ethics and multiculturalism are essential components of clinical counseling supervision, it is crucial to explore these aspects further to increase the knowledge of how clinical counseling supervisors can better implement best practices with postgraduate prelicense counselor trainees.

PPC

Over the years, there have been several terms to explain a counselor trainee with personal concerns or behavioral problems that might negatively impact their performance. Demyan et al. (2018) described the previous terminology used to refer to counselor trainees: troubled, distressed, professional deficiency, professionally inadequate, incompetent, impaired, problematic, unqualified, and unsatisfactory, which were not strength-based terms. Elman and Forrest (2007) used incompetent, impaired, and inadequate interchangeably when discussing problematic counselors. Homrich and Henderson (2018) acknowledged the previous terms but preferred problematic not to be insensitive to those with a diagnosis. Hence they changed the language to differentiate from any disabilities or diagnoses to prevent possible interpretation of discrimination against the counselor trainee (Elman & Forrest, 2007; Forrest et al., 2008). The incorporation of three significant components inspires the term; the inclusion of the concept that there is a problem with performance, a professional standard, and a focus on

competence (Elman & Forrest, 2007). Lamb et al. (1987) as initially defined PPC as times when from trainees up to seasoned counselors have difficulty in professional functioning in one or more of the following ways:

(a) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; (b) an inability to develop professional skills to reach an acceptable level of competency; (c) or an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning (Elman & Forrest, 2007; Furr & Brown-Rice, 2016; Homrich & Henderson, 2018; Rust et al., 2013)

The ACA code of ethics (2014) discourages all clinical counselors from working under physical, mental, or emotional impairment to prevent harming clients. Furr and Brown-Rice (2016) stated that professional competency is essential and depends on clinical counseling supervision strength. As such, gatekeeping in clinical counseling supervision is a measure to prevent PPC in postgraduate prelicense counselor trainees. Furr and Brown-Rice, (2016) outlined that clinical counseling supervisors have an ethical obligation to ensure that postgraduate prelicense counselor trainees are not psychologically impaired. Olson et al. (2016) reiterated the ethical duty of the clinical counseling supervisor. Rust et al. (2013) surmised that colleagues and supervisors should report any impairment to supervisors or state licensing boards to protect the client. The ACA (2014) further encourages clinical counseling supervisors to monitor and gatekeep postgraduate prelicense counselor trainees for PPC. Some examples of PPC include unethical matters such as inappropriate boundaries, sexual contact, dual relationships,

breach of confidentiality, and mental health manipulation (Rust et al., 2013; Teixeira, 2017; Wissel, 2014).

Teixerra (2017) investigated the high level of counselors who reported professional competence problems. Teixerra (2017) estimated that 10% of all counselors show professional competence problems, and 6% have some form of remediation before graduation. However, they graduate and become problematic postgraduate prelicense counselor trainees, according to Crawford and Gilroy (2013). Homrich and Henderson (2018) agreed with the percentage of counselors with PPC due to a lack of remediation before graduation.

In the literature, PPC is only considered when describing novice pregraduate counselors-in-training or licensed counselors. The consequence of not realizing PPC is possible in postgraduate prelicense counselor trainees may result in clinical counseling supervisors overlooking the necessity of gatekeeping. Rust et al. (2013) encouraged remediation to prevent the high rate of gate slipping. Gate slipping is a term used to explain when a graduate with PPC did not get remediation in their master-level graduate program, as indicated by Demyan et al. (2018). Homrich and Henderson (2018) discovered that gate slipping explained problematic students that did not receive proper remediation. Consequently, the postgraduate prelicense counselor trainee with PPC now becomes the concern of the clinical counseling supervisor.

Summary

Gatekeeping is the existing approach that clinical counseling supervisors can use to inhibit PPC in postgraduate prelicense counselor trainees. In a review of the literature,

I found it is essential to have gatekeeping to incorporate ethics and multiculturalism as a standard in clinical counseling supervision to help prevent PPC in postgraduate prelicense counselor trainees; however, some clinical counseling supervisors do not understand their requirements for gatekeeping (Demyan et al., 2018; Rapp et al., 2018; Tangen et al., 2019). The increased focus on ethics and multiculturism within clinical counseling supervision might decrease PPC in postgraduate prelicense counselor trainees.

In chapter 3 I include a detailed look at the proposed research method. There is an explanation of the research design and rationale, the role of the researcher, and the methodology. In the methodology segment, I discussed participant selection logic, instrumentation, procedures for recruitment, participation, and data collection. I conclude the chapter with sections on data analysis and trustworthiness issues, which captured credibility, confirmability, transferability, dependability, and ethical procedures.

Chapter 3: Research Method

In this IPA qualitative study, I aimed to explore the clinical counseling supervisors' perception of gatekeeping during the supervision of postgraduate prelicense counselor trainees, specifically around PPC, as it related to ethics and multiculturalism. In this chapter, I explain detailed research procedures. I also describe my research design and justification. I incorporate the role of the researcher, methodology, and data analysis plan.

Research Design and Rationale

In this section, I address the following research questions:

Main question: What is the essence of clinical counseling supervisors' lived experiences with gatekeeping during the supervision of postgraduate prelicense counselor trainees?

Subquestion: How do clinical counseling supervisors conceptualize and address PPC regarding ethics and multiculturalism with postgraduate prelicense counselor trainees?

As I considered how clinical counseling supervisors perceive their role as gatekeepers to postgraduate prelicense counselor trainees, I employed IPA. Using IPA, I illustrated the clinical counseling supervisors' rich narratives and individual values of lived experiences.

The quantitative design method would not have allowed an in-depth understanding of the data needed for my study. I sought an account of the lived experiences of the clinical counseling supervisors, and the deep diversity of their

individual experiences could have gotten lost in the standardized measures, limited questions, and lack of interpersonal contact of a quantitative design. Likewise, a case study approach would not have met the requirements of obtaining the lived experience of clinical counseling supervisors. The case study develops a detailed depiction and case analysis of a single case (Guetterman, 2015). Miller et al. (2018) proposed that IPA combines the case study and ethnography, using a comprehensive single-case analysis for each participant before comparing patterns across all cases. Given that culture was not the emphasis of this particular research, ethnography was also unsuitable. Ethnography identifies the shared patterns of a cultural group (Guetterman, 2015).

IPA is a qualitative approach that, like transcendental and hermeneutic, requires researchers to use interpreted excerpts from semistructured personal interviews (Alase, 2017; Miller et al., 2018). I combined the excerpts with Bernard and Goodyear's (1992) discrimination model to focus the analysis and make decisions based on the participants' experiential data collected. I examined the lived experiences and gatekeeping process of clinical counseling supervisors who worked with postgraduate prelicense counselor trainees, focusing on how they addressed PPC regarding ethics and multiculturalism. Smith et al. (2022) suggested two phases of information in IPA: the direct report of a phenomenon or participant perspective and the researcher's interpretation of the data. Applying the discrimination model of Bernard and Goodyear (2019) as the theoretical framework to guide my research, the phenomena focus was clinical counseling supervision. Using IPA allows the beneficial components of a qualitative study to quadruple due to the researchers' connection with their participants (Alase, 2017; Bleiker

et al., 2019). A vital advantage of a qualitative research approach, such as IPA, is that it strengthens the development of the phenomena and highlights the diversity attached to lived experience (Alase, 2017; Bleiker et al., 2019; Miller et al., 2018). Using the IPA model, I investigated complexities by interpreting and exploring rich descriptive narratives (see Bleiker et al., 2019).

Role of the Researcher

In an IPA study, the role of the researcher is crucial to investigate and interpret the phenomena of the lived experience of the research participants (Alase, 2017). Miller et al. (2018) recommended that IPA researchers perform a comprehensive individual analysis of each participant before associating patterns. It is essential for the IPA researcher not to bring preconceived judgments or biases to the investigation and to allow the participants to tell stories of their lived experiences (Alase, 2017; Love et al., 2020; Nizza et al., 2021). Subjectivity could have been challenging as I am a clinical counseling supervisor and have lived experiences with postgraduate prelicense counselor trainees. As the primary researcher, my counseling experience could have influenced the participants' responses and my consideration of the data. Miller et al. suggested that IPA researchers reflect on their emotional reactions by journaling their feelings to review the participants' stories. Therefore, bracketing my biases and emotions within my reflective journal during the investigation benefited me.

Bleiker et al. (2019) suggested that researchers address potential bias issues through member checking and thick description. Thus, I applied member checking with

the participants' responses and adhered to the interview guide, including the vital guiding questions asked in the interviews.

Methodology

Participant Selection Logic

The participants selected for inclusion in this qualitative study consisted of (a) individuals who had worked in the role of clinical counseling supervisors for at least a year, (b) were licensed by their state and were able to provide supervision, and (c) had supervised postgraduate prelicense counselor trainees for a minimum of 1 year. I used the criteria to select participants through a preinterview questionnaire in conjunction with other demographic information. Prospective qualified participants were encouraged to participate in a semistructured interview via HIPAA-compliant Zoom. Zoom is an online videoconferencing application with securities that allow for a secure qualitative interview (Falter et al., 2022; Walker et al., 2021). Recruitment was through several listservs, such as the ACA COUNSGRAD (ACA, 2014), Association for Play Therapy (A4PT, 2007), CESNET (Neukrug et al., 2010), and social media posts on LinkedIn (see Stokes et al., 2019; Yuan et al., 2014) for clinical counseling supervisors in different states. Participants were encouraged to participate in my study through the prementioned listservs and social media. All participants willing to contribute signed the informed consent, completed a demographic survey (Appendix A), and supplied their information for me to contact them. To ensure the diversity of the participants, I applied purposive sampling. Van Rijnsoever (2017) suggested purposive sampling for IPA research to select participants from a distinct group of people. The key objective of purposive

sampling is to concentrate on the types of the population, which permit the researcher to answer questions concerning that population (Alase, 2017; Bleiker et al., 2019; van Rijnsoever, 2017); purposive sampling necessitates researchers to use reasoning when deciding on prospective participants who are best suited for the study (Fusch & Ness, 2015; van Rijnsoever, 2017). This technique is an example of nonprobability sampling. The ideal sample size was determined to be six to 10 qualified participants, as the idiographic nature of IPA supports the use of a small, homogeneous selection (see Miller et al., 2018; Nizza et al., 2021). Although the ideal sample size for IPA is six to 10 participants, I continued to interview participants until I reached saturation which was nine participants. Qualitative IPA studies strive to accomplish data saturation, meaning there are no new data, new themes, new coding, and the ability to replicate the study (Fusch & Ness, 2015; van Rijnsoever, 2017). Data saturation is about the data's depth (Fusch & Ness, 2015; Miller et al., 2018; Nizza et al., 2021).

Instrumentation

During the data collection, I integrated IPA principles and guidelines for my study, using a preinterview demographic assessment and a semistructured one-on-one interview with open-ended questions (Appendix B). For my research, the criteria involved clinical counseling supervisors licensed by their state; the demographic preinterview assessment asked questions about the participant to ensure they met the criteria. Electronic demographic surveys save time and instantly determine eligibility for the study (Walker et al., 2021). Moreover, most researchers frequently use semistructured interview questions when doing an IPA study (Nizza et al., 2021; Oxley, 2016). Using

semistructured questions also allows for rapport-building between the researcher and the participant (Alase, 2017; Miller et al., 2018). When the researcher uses a semistructured interview, it empowers the participant to explain their account on their terms (Smith & Fieldsend, 2021). Thus, the semistructured interviews comprised the same questions for each participant to obtain a rich narrative of their lived experiences. These questions allowed me to explore the research questions of clinical counseling supervisors' personal experiences and gatekeeping postgraduate prelicense counselors and PPC regarding ethics and multiculturalism. The semistructured one-on-one interviews were via HIPAA-compliant Zoom to protect the participants' privacy. I kept the participant's identity confidential within IRB's guidelines. I only shared the participants' contact information as needed with Walden University supervisors (who were also required to protect the participants' privacy). I did not use any personal information for any purposes outside this research project. In addition, I did not include any names or anything else that could identify the participant in the study reports. If I were to share this dataset with another researcher in the future, the dataset would contain no identifiers, so this would not involve another round of obtaining informed consent. I discarded all names and other identifying information as soon as I completed the research. All data will be kept for a period of at least 5 years, as required by the university, before being destroyed.

Procedures for Recruitment, Participation, and Data Collection

The recruitment of participants was through three listservs, ACA (2014), A4PT (Association for Play Therapy, 2007), and CESNET (Neukrug et al., 2010), and posted on the LinkedIn social media site (see Stokes et al., 2019; Yuan et al., 2014) for diversity.

I invited candidates to participate in a preinterview electronic survey that addressed the demographics necessary to contribute to the interview, my contact information, and the ability to participate in an interview within 30 days of the survey's completion. I sent the invitation every 2 weeks thrice until I acquired the recommended target number of potential subjects for the interview process. When another researcher can duplicate the study, and no new data emerges from the coding process, I have reached saturation, according to Fusch and Ness (2015). The ideal selection suggested of eligible participants for saturation is six to 10. Therefore, I continued to interview participants until I reached saturation of nine clinical counseling supervisors (see Alase, 2017; Nizza et al., 2021). The invitation included an embedded link that provided informed consent about the study to advise participants that their participation was voluntary. As the researcher, I informed prospective participants that they could withdraw from the study at any time during the process without penalty. If any participant chose to withdraw from the study, I destroyed all the data collected from that participant by deleting it from my computer and clearing my recycle bin. Once the participant acknowledged the informed consent, the embedded link took them to the demographic criteria survey questions page. All prospective participants who met the demographic criteria of being a clinical counseling supervisor who had supervised postgraduate prelicense counselors for at least 1 year were contacted via email up to two times to schedule the interview. Before interviewing each participant, I assigned a pseudonym to protect their identity. There are no names or identifying information associated with the interviewee's responses. The interviewee could have refused to answer any of the questions. Although there were no known risks in my

research, if any individual experienced discomfort or loss of privacy when answering

questions and required extra support following the interview, I provided them with

information on how to find a counselor in their area via the NBCC website

(www.NBCC.org). I debriefed each participant after each interview. The debrief included

the study's follow-up procedures, addressing any concerns they voiced, and offered

resources, if necessary. The interview was no longer than 60 minutes via HIPAA-

compliant Zoom. The interview was recorded with the camera off; then, I transcribed and

analyzed the information through repeated listening and close observation. I reiterated or

summarized the participant's answer throughout the interview to establish accuracy. I

provided a one-page transcript summary to participants via email to examine for member-

checking accuracy.

Data Plan Analysis

IPA has two phases of information: the direct report of a phenomenon or

perspective from the participant and the interpretation of the data by the researcher

(Miller et al., 2018; Oxley, 2016; Smith, 2018). IPA encompasses three theoretical

foundations: phenomenology, hermeneutics, and idiographic (Miller et al., 2018; Oxley,

2016). Specifically, applying IPA permits the conversion of the particular lived

experience of the participants – their emotional expressions, objective comments, and

linguistic expression -- and transforms them into research interpretations (Bynum &

Varpio, 2018; Miller et al., 2018; Oxley, 2016). Therefore, I used IPA to explore clinical

counseling supervisors' lived experiences of gatekeeping during the supervision of

postgraduate, prelicense counselor trainees, specifically around PPC regarding ethics and

multiculturalism. IPA is not used to generalize but to give each participant's narrative a deep descriptive and interpretative examination (Miller et al., 2018; Oxley, 2016; Smith, 2018). I transcribed and analyzed all the interviews. The process I used of reiterating or summarizing throughout the interview and providing a one-page transcript summary to participants via email to determine accuracy is called member checking and is recommended in IPA to increase credibility (Nizza et al., 2021; Smith, 2018).

The data were coded manually through exploratory coding, which has three levels in IPA: descriptive, linguistic, and conceptual (Alase, 2017; Miller et al., 2018). The descriptive level involves looking through the participant's perspective and paying particular attention to what matters (Alase, 2017; Nizza et al., 2021). The linguistic level involves recording exploratory comments, expressions, and patterns (Miller et al., 2018). The conceptual level of coding includes listening to the interviews and making notes on the transcriptions (Miller et al., 2018; Oxley, 2016). I employed a color-coded method to read the transcripts multiple times to extract themes, keywords, and frequent phrases. I then developed themes common to each participant and compared and contrasted themes between all participants to establish final themes. Lastly, I encapsulated the essence of the themes and condensed them into several words for each transcript.

Issues of Trustworthiness

Credibility

An IPA study is an interpretation of the participants' lived experiences. Credibility is one of the implementations to ensure that data interpretation indicates an accurate participant representation (Alase, 2017; Bleiker et al., 2019; Nizza et al., 2021).

Member checks allow the participant to validate the interpretation of the information to ensure it accurately depicts them (Bleiker et al., 2019; Nizza et al., 2021). The member checks allowed the participants to verify the authenticity of the transcript data before I reported it. For each participant, I emailed a one-page summary of their transcript to read for consistency of data interpretation. Direct, concise statements were used from participants to support particular themes and concepts that arose. By attaining saturation, it similarly showed credibility.

Transferability

Transferability involves external validity through an analysis that gives a thick, rich description of the phenomenon (Bleiker et al., 2019; Miller et al., 2018; Nizza et al., 2021). It is crucial in IPA not to generalize the phenomenon; the objective is to distinguish exclusiveness (Love et al., 2020; Smith & Fieldsend, 2021). The IPA qualitative study evaluates whether the related circumstances presented by participants are transferable to persons with similar demographics (Bleiker et al., 2019; Nizza et al., 2021). Transferability permits the conclusions of the study to transfer to other clinical counseling supervisors. I aimed to create themes from the essential data threads to become universal.

Dependability

Showing the solidity of the data conveys dependability (Bynum & Varpio, 2018; Langtree et al., 2019). The commitment and rigor of the research considered validity issues and the reliability of the information. I used respondent validation, originality, resonance, and usefulness, as Bleiker et al. (2019) suggested. Respondent validation is

also known as member checking, a technique that lets the participant validate the

interpretation of the information to ensure it accurately depicts them (Bleiker et al., 2019;

Nizza et al., 2021). Throughout the interview, I reiterated or summarized the participant's

answer and provided a one-page transcript summary to participants via email to examine,

which assisted in member checking accuracy. Within IPA, resonance describes the

receptiveness of the researcher to handle likely implications embedded in the responses,

which increases the dependability of the research (Nizza et al., 2021). Usefulness

explains the practical use of the findings (Bleiker et al., 2019). I explored the results for

the usefulness of the information.

Confirmability

Confirmability is a constant process of self-reflexivity, positionality, and

subjective bias (Bleiker et al., 2019; Langtree et al., 2019). A good researcher must

acknowledge and be aware of potential bias. I kept a journal with all personal biases as

they emerged within the research process so that potential biases are evident through my

experiences as a clinical counselor supervisor and any prejudgments about supervising

postgraduate prelicense counselors. With personal interviews being the primary

collection method for this IPA study, accurately representing the participant's ideas and

opinions are essential.

Ethical Procedures

ACA code of ethics (2014) mandates that counselors perform research with

applicable ethical principles, federal and state laws, host institutional regulations, and

scientific standards. In following the ACA code of ethics (2014), I sought permission and

abided by Walden's (2019) IRB. I began to collect data after receiving IRB approval 12-12-22-1013933 for the study. I did not use vulnerable populations or sensitive topics for this research to be considered a minimal-risk study. I protected and kept confidential all participants' identities by applying pseudonyms. I shared informed consent with all participants to advise them that their participation is voluntary and that they can withdraw from the study at any time during the process. If any participant chose to withdraw from the study, I destroyed all the data collected from that participant by deleting the data and clearing my recycle bin on my computer. The informed consent contained the research purpose and how I managed the data. All data are kept confidential through password-protected electronic files.

Summary

In this chapter, I described the particular research plan for this IPA, including the reasoning for the research design. Also included in this chapter was a discussion on the researcher's role, methodology, trustworthiness issues, and ethical considerations. In chapter 4, I discuss the data results and present them as findings.

Chapter 4: Results

Introduction

The purpose of this qualitative IPA was to understand the lived experiences of clinical counseling supervisors' perception of gatekeeping during the supervision of postgraduate prelicense counselor trainees, specifically around PPC regarding ethics and multiculturalism.

In this analysis, I respond to the lack of information surrounding clinical counseling supervision of postgraduate prelicense counselor trainees, gatekeeping PPC, and how ethics and multiculturalism factor into it. I conducted this research to enhance the current literature.

The main research question was as follows: What is the essence of clinical counseling supervisors' lived experiences with gatekeeping during the supervision of a postgraduate prelicense counselor trainees? The subquestion was as follows: How do clinical counseling supervisors conceptualize and address PPC regarding ethics and multiculturalism with postgraduate prelicense counselor trainees?

In Chapter 4, I explain the research process and procedures used in this study, revealing the overarching themes. Furthermore, I include the setting, demographics of the participants, data collection, and analysis. Lastly, I present evidence of trustworthiness.

Research Setting

After receiving IRB approval 12-12-22-1013933, which expires on December 11, 2023, I began collecting data. Due to the holiday season, there was a lull in the response of participants, and data collection took 8 weeks. Once the participant completed the

informed consent and demographics, I emailed requesting to schedule the interview.

Participants who responded to the email were interviewed via Zoom audio with the

camera off. The Zoom audio format allowed for clear recordings and a broad range of

participants across the United States.

Demographics

The participants were clinical counseling supervisors who were fully licensed

counselors recognized by their state and supervised postgraduate prelicense counselor

trainees. Participants were identified as eligible through the demographic collection (see

Table 1). I disqualified clinical counseling supervisors who supervised licensed

professional counselors in a two-tier state.

Table 1

Participant Demographics

Participant	Highest degree completed	Professional counseling license	State(s) of license	Years of supervision
Purple	Master's degree CACREP accredited	LPCC	TN	4-6 yrs.
Rose Gold	Doctoral degree CACREP accredited	Multiple	DC/MD/VA	4-6 yrs.
White	Doctoral degree CACREP accredited	LCPC	MD	1-3 yrs.
Black	Doctoral degree CACREP accredited	LPC	VA	11 yrs. or more
Lilac		LCPC	DC/MD	4-6 yrs.
Aqua Marine	Doctoral degree CACREP accredited	LPC	PA	4-6 yrs.
Plum	Master's degree CACREP accredited		WA	4-6 yrs.
Forest Green	Master's degree CACREP accredited	LMHC	NY/NJ	4-6 yrs.
Royal Purple		LMHC	WI	4-6 yrs.
	Doctoral degree CACREP accredited	LPC		
	Doctoral degree CACREP accredited			

Note. CACREP = Council for Accreditation of Counseling and Related Educational Programs.

LPC = licensed professional counselor; LMHC = licensed mental health counselor; LCPC = licensed clinical professional counselor; LPCC = licensed professional clinical counselor.

Data Collection

Over 8 weeks, I collected data from 11 participants who were clinical counseling supervisors. I used social media (LinkedIn) and listservs (CounsGrad and CESNET) to recruit participants. I posted a flyer stating the requirements of the study with IRB information and included a link to an electronic form of informed consent. Once the participants clicked the link, it opened the informed consent and demographic form via electronic format. The format required their email address so I could follow up with an email requesting an interview. I emailed 16 participants to schedule a mutually beneficial time for the interview. Eleven participants responded, and two did not meet the study's qualifications. The two participants were from Ohio and Illinois, and their states did not have postgraduate prelicense counselor trainees (see ACA, 2016; Hawaii Pacific University Psychology Department, 2020). Nine participants were interviewed via Zoom with the camera off. I recorded the audio onto my computer and stored it in a password-protected file. All the recorded interviews were approximately 30 minutes. After each interview, I wrote my thoughts and beliefs on the interview process in a reflexive journal.

I transcribed nine interviews and destroyed two that were not qualified. I created a one-page summary of each interviewee's response to the 10 open-ended questions in the semistructured interview (see Appendix B) with various follow-up questions to collect or clarify information. After I reached data saturation with the nine participants, I concluded

all the interviews. Qualitative IPA studies strive to accomplish data saturation, meaning there are no new data, themes, or coding, and there is an ability to replicate the study (Fusch & Ness, 2015; van Rijnsoever, 2017). I emailed each participant a copy of their one-page summary for member checking. Member checking is a technique that lets the participant validate the interpretation of the information to ensure it accurately depicts them, also known as respondent validation (Bleiker et al., 2019; Nizza et al., 2021). Only one participant added more information, which became part of the data.

Data Analysis

To interpret the data collected, I used Smith's IPA (Smith et al., 2022). Using IPA permits the researcher to extract an experiential narrative from participants of a purposive homogenous sampling (Nizza et al., 2021; Smith, 2019; Smith & Fieldsend, 2021). A comprehensive analysis and interpretation of the participants' concise statements support expressive data and its illustrations.

After I reviewed each interview, I wrote notes on my thoughts, impressions, and reflections. I then transcribed the interviews and listened while reading the transcript several times to familiarize myself with the participants' essential recollections and to ensure accuracy. The participants were in different geographical locations across the United States. The data conveyed by the participants resonated with my clinical counseling supervisor experience. Nine participants were either doctoral students or had already obtained their Ph.D. or ED. Like myself, most participants did not feel confident in being clinical counseling supervisors until taking their doctoral-level supervision course. All participants voiced the necessity of my study, and a few advocated on the

state level for better training and parameters around being a clinical counseling

supervisor. Through idiographic depth, I observed patterns of similarity that generated

emerging themes (see Table 2). Using the highlight feature in Microsoft word, I color-

coded the parallels of the responses to the questions.

Table 2

Emerging Themes of Clinical Counseling Supervisors

Participant	Emerging themes	Correlating concise statements	Requirements to be a supervisor
Purple	Gatekeeping and state support. Trial and error of PPC	'To be honest, I don't get a whole lot from the state. The state sets the rules as to what the minimum threshold is to be a supervisor, and that's pretty much it.'	'Need to be licensed for 5 years and take 12 continuing education credits in supervision.'
Rose Gold	Importance of doctoral supervision course. Gatekeeping and state support. Trial and error of PPC	'There was no guidance received from Virginia and Maryland regarding supervising Postgraduate Prelicense Counselor Trainees.'	'Have to be licensed for 2 years and take three credits of supervision. The other two states recognized the supervision status with no additional requirements.'
White	Importance of doctoral supervision course. Gatekeeping and state support. Trial and error of PPC	'So, in a sense, when I say none, they (MD) didn't give me anything outside a reiteration of the ACA. I learned about effective gatekeeping in my CES program.'	'Licensed independently for 2 years. Take an approved course. Provide references.'
Black	Importance of doctoral supervision course. Gatekeeping and state support. Trial and error of PPC	'And so, I would have to lean on the fact that I've completed my Ph.D. in Counselor Ed and Supervision as my preparation.'	'Be an LPC for 2 years and take a state-specific training.'
Lilac	Importance of doctoral supervision course. Gatekeeping and state support.	'The fact that my doctorate is in counselor education and supervision, we had a very heavy lens on that supervision aspect. We had to actually do it in order to even get the doctorate.'	'Have some form of supervision training. Licensed for 2 years. Recommendations to show practicing counselor.'

Participant	Emerging themes	Correlating concise statements	Participants understanding of the requirements to be a supervisor
Aqua Marine	Importance of doctoral supervision course Gatekeeping and state support. Trial and error of PPC	'Throughout my years before starting this Ph.D. program, I had been supervising and attended trainings, read books. I was still missing something and needed more education to be really effective. '	'Practicing as a counselor for 2 years. There is an overlap for Social Workers and Marriage and Family.'
Plum	Importance of doctoral supervision course. Gatekeeping and state support. Trial and error of PPC	'I chose to pursue a doctoral degree in counseling education supervision because I felt the training (state) I had was the first step but really wasn't going to make me a well-rounded supervisor.'	'In Washington State have 2 years of practice, unrestricted full license. Required to take a 2-day, 15 clock hours training, and have 25 hours of supervisory experience (not clinical). No maintaining CE's '
Forest Green	Importance of doctoral supervision course. Gatekeeping and state support. Trial and error of PPC	'My doctoral work in counseling. I took a clinical supervision course. And so, I felt confident after taking that course…'	'No specific credentials. Just experience of being an LMHC.'
Royal Purple	Importance of doctoral supervision course. Gatekeeping and state support. Trial and error of PPC	'Wisconsin doesn't even follow the CACREP guidelines for licensure. Considering that there's no required training to become a supervisor, there's no reason someone would actually go look at the guidance.'	'Require to practice as an LPC for 5 years. No continuing education requirements.'

Note. PPC = problems of professional competence; CE = continuing education; LPC =

licensed professional counselor; LMHC = licensed mental health counselor; LCPC =

licensed clinical professional counselor; LPCC = licensed professional clinical counselor.

CACREP = Council for Accreditation of Counseling and Related Educational Programs.

Upon my final review of reading the transcripts while listening to the audio recordings, I separated the significant emerging themes and subordinate themes that were not as prevalent but connected back to the research questions. I then labeled the themes. There were four emerging and three subordinate themes. According to Smith (2019), a theme should comprise a third of the participants to merit inclusion in the final categorization. The main themes were based on at least a third of the participants that answered the research questions. The emerging themes consisted of the following:

1. Importance of doctoral supervision course.

    a. Continuing education credits requirements

2. Amount of gatekeeping and state support

    a. State protocol for PPC

3. Use of multiculturalism and ethics

4. The trial and error of PPC

    a. Prevention of PPC

The three subordinate themes were secondary to four emerging themes (see Figure 1). My subquestion involved integrating multiculturism and ethics into supervising postgraduate prelicense counselor trainees. The first subordinate theme focused on the state's continuing education after the initial requirement. The topic of requirements became an extension of the training of becoming a clinical counseling

supervisor. The second subordinate theme surrounded the effects of their gatekeeping efforts and the state's guidance. The third subordinate theme centered around handling PPC.

Figure 1

Emerging Themes and Subordinate
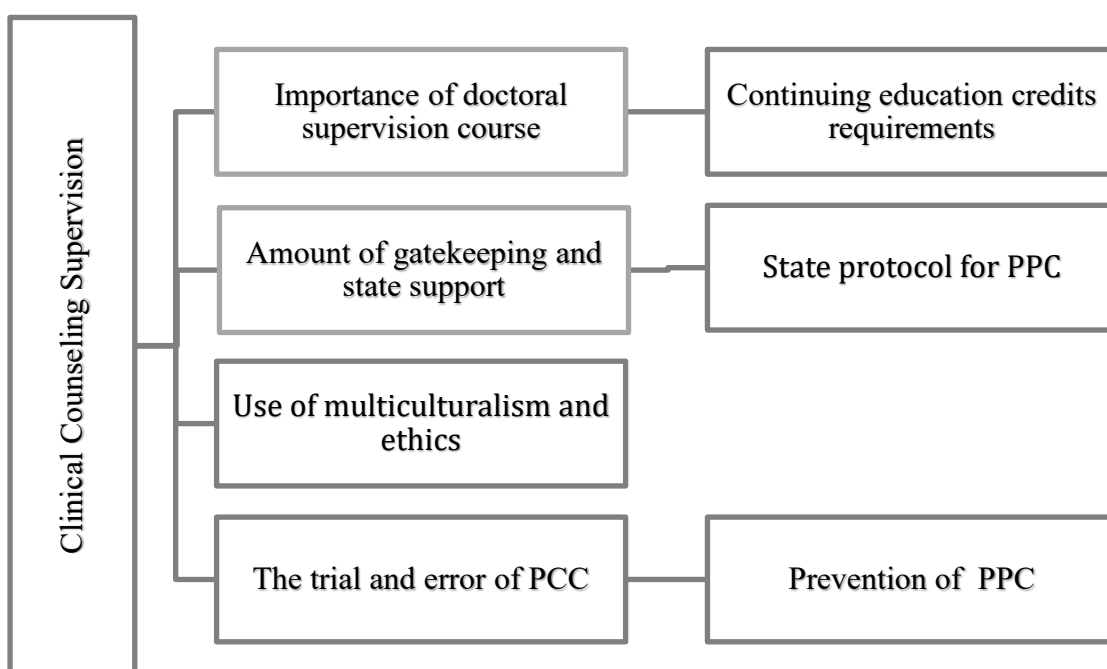
Evidence of Trustworthiness

Credibility

Credibility is analogous to internal validity; the data were substantial enough to answer the initial research question (see Bleiker et al., 2019; Langtree et al., 2019). My analysis and interpretation had ample support to validate the study. I used systematic measures of reflective journaling, concise statements, a semistructured interview guide, member checking, and coding. Reflective journaling addresses the researcher's biases,

insights, and interpretations (Love et al., 2020). The journal permitted me to record and reflect on my observations (see Bleiker et al., 2019; Nizza et al., 2021). Concise statements are vital to portray and embody the participants' lived experience and connect it to the importance of the researcher's outcomes (Roebuck & Reid, 2020). The semistructured questions were essential to guide the interview similarly with each participant yet allow them to express their own lived experience (see Chang & Rubel, 2019). After the interviews were complete, I sent a one-page summary to each participant so they could check for accuracy or add additional information. The member checking process reinforced credibility and minimized the chance of bias (see Langtree et al., 2019). Data coding is the researcher narrowing down the transcripts and identifying connecting words or phrases among the participants by reading transcripts repeatedly (Alase, 2017; Love et al., 2020). I used color coding to highlight similar participant answers. Love et al. (2020) further proposed that color-coding the data and highlighting concise statements show the substantiation of the results within participants' perceptions.

Transferability

Transferability involves external validity through an analysis that clearly describes the phenomenon through thick descriptions (Bleiker et al., 2019; Miller et al., 2018; Nizza et al., 2021). I used the thick and rich descriptions from the participants' answers to the semistructured interviews to address transferability. Data saturation is another form of validity through transferability (van Rijnsoever, 2017). I noted data saturation to ensure no new information was populated and the data could be transferable. I documented each interview, data collection, and analysis in a reflective journal.

Transferability and credibility involve reflecting on the researcher's journey (Alase,

2017, 2017; Smith, 2019; Smith et al., 2022; Smith & Nizza, 2021).

Dependability

Reflective notes and member checking strengthen the dependability of a study

(Langtree et al., 2019; Smith et al., 2022). Applying strategies like reflective journaling

and member checking reinforces the credibility of the research because triangulation of

the analysis is with other validating data. I used reflective journaling, recording my

observations and thoughts, throughout the development of this study to recognize

unconscious biases. I activated member checking of the one-page summaries emailed to

each participant for them to check and ensure transcript accuracy. Furthermore, I

compared emerging themes with existing literature from clinical counseling supervision

and gatekeeping.

Confirmability

Confirmability substantiates that the discoveries are unaffected by the

researcher's biases or assumptions (Langtree et al., 2019; Smith et al., 2022; Smith &

Nizza, 2021). I employed inclusion and exclusion criteria to verify the appropriate

identified participants. I applied member checking with the participants' responses to

authenticate the transcription. The participants reviewed a one-page summary of their

transcript for accuracy. Member checking is a technique that lets the participant validate

the interpretation of the information to ensure it accurately depicts them (Bleiker et al.,

2019; Nizza et al., 2021). I used reflective journaling to determine any biases and ensure

credibility. The reflective journaling process allowed me to record my thoughts, feelings, and challenges (Nizza et al., 2021; Smith, 2019).

Results

In this IPA qualitative study, I aimed to examine the following question: What is the essence of clinical counseling supervisors' lived experience with gatekeeping during the supervision of postgraduate prelicense counselor trainees? In addition, there is a subquestion: How do clinical counseling supervisors conceptualize and address PPC regarding ethics and multiculturalism with postgraduate prelicense counselor trainees? For this research, I collected the data through semistructured interviews. The participants provided their lived experiences as clinical counseling supervisors of postgraduate prelicense counselor trainees. Analyzing the data, I found four emerging central and three subordinate themes. The themes consisted of the following:

1. The importance of doctoral supervision course.

    a. Continuing education credits requirements

2. Amount of gatekeeping and state support

    a. State protocol for PPC

3. Use of multiculturalism and ethics

4. The trial and error of PPC

    a. Prevention of PPC

Importance of Doctoral Supervision Course

Within the study of nine participants, eight were either in a doctoral CACREP-accredited counseling, education, and supervision (CES) program or had already

graduated with a Ph.D. or ED from a CACREP CES program. While the one participant

not in a doctoral program did not get training from her state, she felt she had excellent

training. Purple stated, "The CEUs that I did were excellent. It was through the

Tennessee Center for Clinical Training (TCCT)." The remaining eight participants

recognized their doctoral clinical counseling supervision course preparing them to be

qualified supervisors. Rose Gold suggested, "But as far as helping you to structure your

supervisions each week or each month, however frequently you do them for every 2

weeks, it didn't really help with that." Rose Gold expressed wanting a better

understanding of a format or structure to follow so she would not be out of compliance.

Another participant partially credits some experience to legal and ethics training the state

provides. Plum reported, "I would say that it was a reasonable start. The training did

cover the legal and ethical issues." Three of the eight participants said their states,

Pennsylvania, New York, and Wisconsin, did not require supervision training, just years

of experience.

Continuing Education Credits Requirements

This subordinate theme was crucial to five participants; one participant added it

after reading the one-page summary. Plum wrote, "Basically, once you become a

supervisor, you don't ever have to get supervisor credit again, which is horrifying." Rose

Gold, a supervisor in Maryland, Virginia, and the District of Columbia said, "Nothing to

renew your supervision license; you just have to keep your main license active"

Subsequently, Pennsylvania, New York, and Wisconsin did not require training to

become a clinical counseling supervisor, this was not a conversational point for those

participants. According to one participant, their state requires continued education. Purple clarified, "We have to get three CEUs in supervision every other year." One participant felt deeply about maintaining more than counseling licensure that they obtained an Approved Clinical Supervisor (ACS) certification. Aqua Marine addressed having the ACS credential:

> I do have the approved clinical supervisor credentialing that I just chose to get on my own, but it's not a requirement for Pennsylvania, and I feel like just in that process, there was so much that I learned that I wish that Pennsylvania would give to us...

Amount of Gatekeeping and State Support

All participants agreed that gatekeeping was necessary for the profession of clinical counseling. They also thought gatekeeping was an ethical imperative to protect the clients. Lilac said, "Gatekeeping is protecting the profession, protecting the clients and, interesting enough, protecting the supervisees even at times from themselves." About gatekeeping postgraduate prelicense counselor trainees, White pondered, 'So it's that dual role of keeping folks out but also helping and supporting people get in." The majority of the participants showed dedication to gatekeeping for the profession. Black stated, "I think the word gatekeeper speaks for itself. As a gatekeeper now, it's my role to not only clinically supervise those who want to come into the field but to offer mentorship to offer guidance at the least."

Four participants felt that gatekeeping is mainly the Clinical Counseling program's responsibility. Rose Gold contended,

So since the schools don't really hold them accountable, unfortunately, a lot, it's

hard because then they get into the field, and then you try to really work with

them and really have the time to go back and teach them what they didn't learn at

the school.

In regards to the readiness of postgraduate prelicense counselor trainees and gatekeeping,

Forest Green said of gatekeeping,

I always ask the questions in supervision, "What is your theoretical approach to

counseling?" And there's some difficulty in answering that. When I say, "Okay,

cool. What skills? What techniques are you using? How are we identifying

feelings?" Then it's like coaching them.

Admittedly two of the four expressed they shared some of the gatekeeping responsibility.

Plum described gatekeeping: "But I do find that the gatekeeping piece is a far more

important component of the graduate program than it is of the provisional licensure

process." White stated, "And so yeah, gatekeeping starts at the university level. There's a

lot of politics behind that." According to the participants, their state did not train them or

give parameters around gatekeeping.

State Protocol of PPC

The participants revealed every state has different rules and regulations for

clinical counseling supervisors who encounter PPC. Some of the participants talked about

the state rules. Royal Purple said of the procedure of PPC, "If it is at that level, you can

notify the state. You go to the website; you can file a... I forgot what it's called, but you

can file basically like a complaint." Purple focused on her supervision agreement, explaining,

> Well, we have an agreement when we start supervision. And in that agreement, it
> says, some reasons that we would break ties… When I started, I signed that for
> the state along with my personal supervision agreement until I notified the state
> that I'm no longer her supervisor.

Forest Green noted his states rule across therapeutic units: "In New York, our board has the same rules for LMFTs, social workers, and counselors." He also indicated that by 2024, the rules were changing to a stricter level for counselors and possibly supervisors.

Use of Multiculturalism and Ethics

The participants stated that ethics was a part of all clinical counseling supervision. The participants differed on the use of multiculturalism; some incorporated it, a few found it extremely important, and others did not acknowledge it. Rose Gold described it as,

> Multicultural, really doesn't …I've really don't touch on it. I don't think people
> realize that that's not really used. You learned it in school, and it's interesting, but
> I don't think people realize it's not really … Because so many people now are
> going into to work for people that look like them or to see people that look like
> them, you really don't use a whole bunch of your multicultural skills that you
> would have thought.

Royal Purple, however, was adamant multiculturalism was a component:

I can't just stop at multicultural because multiculturalism is more just like

competency. It's like, okay, I'm aware that there's injustices, that there's

discrimination… There's all that. That's just the awareness. The social justice

piece is taking it and putting it into action.

Within the literature, Ratts et al. (2016) also suggested that multiculturalism was a social

justice component. Plum's perspective was in the middle of both participants,

To be honest, I have not yet supervised at the provisional license level, somebody

who is racially different from myself. That said, I believe that it is my job as a

supervisor to teach or at least reinforce with my supervisees the necessity for

approaching with different intersectional identities, then they have and the same

for me.

The Trial and Error of PPC

When it came to how the participants handled clinical counseling supervision of

PPC, seven of the nine discussed the trial-and-error learning aspect. Participant White

included his accountability in encountering a PPC situation, "So that experience, for me,

it was a learning experience as well, as it opened my eyes like, Okay, not everyone, I'm

not a good fit for everyone. Everyone is not a good fit for me!" Other participants were

shocked about encountering PPC in postgraduate prelicense counselor trainees. Lilac

expressed, "Hands-on experience, honey, just showed up at my door. That was training!"

Aqua Marine explained her experience, "I'm sure that there are many resources and

materials and training online that I could have access to, but I think part of it was not

even knowing the words or the terminology to search for it." Although one participant

had not dealt with PPC in postgraduate prelicense counselor trainees, she was happy her degree prepared her. Plum stated, "Well, I could say that prior to the doctoral program, I had no training on how to deal with it, which is awfully scary."

Prevention of PPC

Three out of nine participants found it was easier to screen some postgraduate prelicense counselor trainees to see if they were a good fit. White determined that the best way to prevent PPC was not working with those candidates "Having an interview process or chat kind of a meet and greet before we formally sign anything so that they can understand how I flow because everything about me is rooted in Gestalt." Black said of the prevention of PPC,

> I love doing the work. I am very particular on who I will supervise… So, I started interviewing people. I have to know that you are a good fit for me and that you have to decide if I'm a good fit for you because I'm not just going to sign off on your paperwork.

If found in a situation that involved PPC, seven of the nine participants found that terminating the relationship was best. Royal Purple described it as, "Most of the time, it's just like, we're just going to end this relationship here, and they have the option to go somewhere else." Only one participants, Plum never experienced PPC with postgraduate prelicense counselor trainees.

<p style="text-align:center">Summary</p>

In this chapter, I reviewed the participants' demographics, the data collection process, and the data analysis. I also examined the research's outcome with the research

question, "What is the essence of clinical counseling supervisors' lived experiences with gatekeeping during the supervision of postgraduate prelicense counselor trainees?" I completed the chapter with a discussion on trustworthiness and the results of my study. I shared the outcome of four emerging themes and three subordinate themes. These themes included the importance of doctoral supervision courses, continuing education credits requirements, amount of gatekeeping and state support, state protocol for PPC, use of multiculturalism and ethics, the trial and error of PPC, and prevention of PPC.

For the last chapter, I will examine the emerging themes in conjunction with the literature. Additionally, I will review the limitations, implications for social change, and recommendations for future research of clinical counseling supervisors of postgraduate prelicense counselor trainees.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In Chapter 5, I detail the outcome of my study in association with the literature through the interpretation of findings of my research question: What is the essence of clinical counseling supervisors' lived experience with gatekeeping during the supervision of postgraduate prelicense counselor trainees? In addition, there was a subquestion: How do clinical counseling supervisors conceptualize and address PPC regarding ethics and multiculturalism with postgraduate prelicense counselor trainees? I describe the limitations of the study, as well as recommendations. I will draw attention to the significance of this study by addressing the implications for positive social change and complete the chapter and study with a summary.

Interpretations of Findings

Research on clinical counseling supervision of postgraduate prelicense counselor trainees was scarce in the writing of this study. With significant research on gatekeeping over the past 2 decades, the training aspect of clinical counseling supervisors and their role as gatekeepers of postgraduate prelicense counselor trainees is limited. The PPC results from the scarcity of implementing gatekeeping and integration of ethics and multiculturalism into supervision (Borders, 2016; Cruikshanks & Burns, 2017; Rust et al., 2013). The finding of this IPA qualitative approach gives insight into the clinical counseling supervisors' training for gatekeeping and handling PPC, as well as their use of multiculturalism and ethics in supervising postgraduate prelicense counselor trainees.

The Importance of Doctoral Supervision Course

Clinical counseling supervisors have a specific duty to guide the postgraduate prelicense counselor trainee to becoming independent ethical counselors (Bernard & Goodyear, 2019; Cruikshanks & Burns, 2017). The participants' narratives gave details on the training each state provides or expects them to obtain. Only two participants, Plum and Black, received training provided by the state. Both participants stated that their training was minimal. Four participants, Rose Gold, White, Lilac, and Purple, were credentialed by their state once they obtained a certain amount of training but could find the instruction independently. Three participants, Forest Green, Aqua Marine, and Royal Purple, lived in states requiring no clinical counseling supervisors training. These results align with Borders et al. (2014), who found that numerous clinical counseling supervisors are master-level clinicians without official supervision training. ACA (2016) details each state's clinical counseling supervision requirements, which supports the participant's statements.

An alternative to obtaining clinical counseling supervision credentials is through NBCC's certification ACS path. One participant, Aqua Marine, sought ACS supervision credentials. The ACS credential is considered a national standard of excellence for clinical counseling supervisors (McKibben et al., 2018). The NBCC created the ACS credential as an outcome of the advocacy of Borders. Borders has received recognition from ACES for her research on clinical counseling supervision and published significantly on the best practices for them. Additionally, she chaired several national task forces that assisted in developing clinical counseling supervision professional

standards (King et al., 2020; McKibben et al., 2018). When applying for the nationally recognized ACS credential, a person must complete a 45-hour training and earn supervision continued education units (CEU) annually.

In addition, CACREP-approved doctoral-level requirements support a clinical supervision course. Eight participants had either completed their Ph.D. or ED in CACREP CES programs or were in the process of achieving it. Through their doctoral clinical supervision course, they received the fundamentals of being an effective clinical counseling supervisor. Mascari and Webber (2013) advocated for state boards to move to common national standards of training for clinical counseling supervision that recognize CACREP standards.

Having a standard for the guidance of clinical counseling supervisors gave the eight participants who went through a doctoral program a better understanding of expectations. Peters and Luke (2021) also suggested that the discrimination model is suitable for clinical counseling supervision as a benchmark. Moreover, Teixeira (2017) indicated that no standardization in the individual state's policies regarding clinical counseling supervisors' credentials contributes to the misinterpretation of gatekeeping postgraduate prelicense counselor trainees.

Continuing Education Credits Requirements

As a subordinate theme, obtaining CEUs to stay current in their supervision skills was also a point of concern for the clinical counseling supervisors I interviewed. Eight of the participants considered their doctoral course a beginning. Still, six participants indicated that continuing education was critical to stay well-informed about their clinical

counseling supervision skills. Two participants, Royal Purple and Plum, advocated for change at the state level. Bernard and Goodyear (2019) created a theoretical framework with supervision models that address competencies and best practices for clinical counseling supervision that supported continuing education. Researchers are still advocating for clinical counseling supervision training in all states (Burns & Cruikshanks, 2018; Tangen et al., 2019; Teixeira, 2017)

Amount of Gatekeeping and State Support

All the participants I interviewed believed gatekeeping was extremely important for the profession, but they differed on who should do it. Some felt that gatekeeping remained the college's or universities' responsibility. Crawford and Gilroy (2013) examined the number of graduates who become problematic postgraduate prelicense counselor trainees and found 92% of 112 master-level clinical counseling graduate programs had gateslipping with at least one student with PPC. Teixerra (2017) estimated that 6% of all PPC had some form of remediation before graduation. Much of the literature has focused on counselor educators doing the gatekeeping (Furr and Brown-Rice, 2016, 2016; Parker et al., 2014; Ziomek-Daigle & Christensen, 2010). However, the consequence of not realizing PPC is possible in postgraduate prelicense counselor trainees permits clinical counseling supervisors to overlook the necessity of gatekeeping.

All participants felt prepared to gatekeep after training, but their states did not have rules to support gatekeeping. Borders et al. (2014) reported a lack of regularity in gatekeeping expectations across the United States in counseling. Levine et al. (2019) also noted that many states did not have requirements for gatekeeping. Furthermore, Teixerra

(2017) addressed the nationwide absence of regulations for gatekeeping clinical counseling supervisors to find more tangible remediation interventions to encourage confidence in gatekeeping. Three participants, Forest Green, Rose Gold, and Aqua Marine, discussed gatekeeping by reeducating the postgraduate prelicense counselor trainees who needed more assistance.

State Protocol for PPC

Using the definition presented originally by Lamb et al. (1987), describing PPC, all the participants noted that the state boards did not outline a specific protocol for postgraduate prelicense counselor trainees who displayed PPC. Rust et al. (2013) speculated that any impairment should be reported to state licensing boards to protect the client. The ACA (2014) further encourages clinical counseling supervisors to monitor and gatekeep postgraduate prelicense counselor trainees for PPC. The eight participants who encountered PPC of a postgraduate prelicense counselor trainee conveyed that the trainees mostly displayed an inability to develop professional skills to reach an acceptable level of competency or an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning (Homrich & Henderson, 2018). The ACA (2014) code of ethics discourages all clinical counselors from working under physical, mental, or emotional impairment to prevent harming clients. Some state boards have protocols surrounding law-breaking explicit PPC incidents, such as sexual contact, dual relationships, breach of confidentiality, and mental health manipulation (Rust et al., 2013; Teixeira, 2017; Wissel, 2014). According to all

participants, none of the nine states had a protocol for an inability to develop professional skills, personal stress, or excessive emotional reactions.

Use of Multiculturalism and Ethics

For postgraduate prelicense counselor trainees to learn ethics, clinical counseling supervisors should incorporate ethics into supervision (Cruikshanks & Burns, 2017; Tangen et al., 2019). All the participants stated that they included ethics in their clinical counseling supervision. Participants Black, White, Rose Gold, and Lilac ensured the postgraduate prelicense counselor trainees had a copy of the ACA (2014) and the NBCC (2016) codes of ethics. Three of the participants from Maryland acknowledged that their state adopted the ACA code of ethics as part of their state board regulations.

The participants' answers varied when the question about using multiculturalism in supervision. One participant, Royal Purple, indicated that multiculturalism is a small part of social justice. Royal Purple believed that social justice is necessary for clinical counseling supervision. Fickling et al. (2019) similarly thought social justice and multiculturalism worked together. King et al. (2020) described multiculturism's importance in clinical counseling supervision stating that supervisors should model or instruct cultural humility. However, two participants voiced different experiences. Rose Gold said multiculturalism is unnecessary because many people work with those who look like themselves. Plum agreed that she did not work with anyone of a different race but felt it appropriate to introduce it in supervision. The literature contradicted their perspective. King et al. (2020) were adamant that the lack of multiculturalism in clinical counseling supervision could negatively impact the client. Moreover, Watkins et al.

(2019) emphasized that multiculturalism was not only about race but also religion, gender, sexual orientation, religion, and socioeconomic status.

Purple was disappointed that her state, Tennessee, had a law that counselors could refuse to serve those they deemed not in alignment with their morals and values. The ACA condemned the 2016 Tennessee law, which states "goals, outcomes or behaviors that conflict with the sincerely held principles of the counselor or therapist" (as cited in Grzanka et al., 2020). Tennessee's law directly violates the ACA (2014) code of ethics standards F.2.b, which stated that "counseling supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship." Two other participants, Lilac and Aqua Marine, mentioned that they would address multiculturalism as it arose. The last four participants said it was a staple of their clinical counseling supervision.

The Trial and Error of PPC

In the literature, as I explained in Chapter 2, research for PPC has focused on pregraduate counselors in training or licensed counselors. There was an absence of literature that discussed PPC and the postgraduate prelicense counselor trainee. Clinical counseling supervisors have little guidance on how to work with PPC. Thus, research is necessary to promote change. Out of the nine participants, only Plum had not experienced a postgraduate prelicense counselor trainee with PPC by the time of her interview. The other eight described not knowing how to handle real-time PPC occurrences. However, one participant had some guidance with her first experience. Lilac spoke of her administrative supervisor modeling the remediation process with the PPC circumstances.

When the PPC occurred again, the administrative supervisor allowed Lilac to lead the conversation while she observed and later gave feedback.

Cruikshanks and Burns (2017) suggested modeling as a preferred method for clinical counseling supervisors, while Borders et al. (2014) specifically proposed role modeling as the best practice for clinical counseling supervision. In Chapter 2, I explained Bernard and Goodyear's (2019) discrimination model as my supervision theory. One of the benefits of the discrimination model is having three roles the clinical counseling supervisor can use while supervising postgraduate prelicense counseling trainees. The experience that Lilac spoke of would fit the role of teaching.

Gatekeeping involves interventions that allow for the remediation of postgraduate prelicense counselor trainees who show signs of PPC. Teixeira (2017) explained that addressing PPC with remediation builds confidence in the trainee. Six participants dissolved the clinical counseling supervision relationship when encountering PPC. Dissolving the relationship without interventions and remediations is in conjunction with Rapp et al.'s (2018) findings that some clinical counseling supervisors did not have the training to handle occurrences of gatekeeping effectively. Forest Green of New York/New Jersey implied that administratively it was the best decision for the employer. Rapp et al. also found that gatekeeping becomes complicated when the clinical counseling supervisor is in an authoritative position.

Rose Gold expressed concerns about retaliation by the postgraduate prelicense counselor trainee. She mentioned that others in Maryland had a lawsuit filed against them or that the state board revoked their license for any complaint against the clinical

counseling supervisor. Teixeira (2017) reported litigation is becoming more common when gatekeeping those with PPC. She discussed the lawsuits were due to a lack of comprehensive protocols and policies for gatekeeping.

Prevention of PPC

In Chapter 2, I noted interventions for preventing PPC in the literature, which included remediation and integrating multiculturalism and ethics. Gatekeeping is critical to the clinical counseling profession to prevent PPC (Borders, 2016; Demyan et al., 2018). While remediation is the suggestion to treat postgraduate prelicense counselor trainees with PPC, professional standards do not include prevention. Assessment of PPC depends on the clinical counseling supervisor's professional judgment (Rust et al., 2013; Teixeira, 2017). Three of the participants, Purple, Black, and White, determined it would be best to assess possible candidates for PPC by interviewing and prescreening who they chose to supervise. Black conjectured that in the Commonwealth of Virginia, she is responsible for the postgraduate prelicense counseling trainee for 2 years after they are licensed. She said she screened for anyone exhibiting PPC because she was unwilling to put her license on the line.

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Limitations of Study

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First, qualitative methods are less extensive than quantitative research (Baltrinic et al., 2021). In comparison, the sampling size of a qualitative study is much smaller. The recommended sampling size for this study to achieve saturation was six to 10 participants (see Nizza et al., 2021; Smith et al., 2022; Smith & Nizza, 2021). Second, qualitative research does not use statistical probabilities and confidence intervals to offer a basis for

population conclusions (Smith, 2019; Smith & Nizza, 2021). This study included nine participants who were clinical counseling supervisors in nine U.S. states collectively. Rose Gold, Lilac, and Forest Green represented more than one state. Thus, the generalization of this research is limited to specific states and might not apply in other states with various policies, procedures, and expectations. Increasing the number of U.S. states exemplified might give a richer and more diverse description of the lived experiences of counseling supervisors.

Furthermore, there was a variance in the number of doctoral-level participants compared to those at the master-level. The doctoral-level participants possessed the advantage of designated supervision courses embedded in their curriculum. A better representation of master-level clinical counseling supervisors would permit a deeper insight.

I also have to consider my role as a researcher and how that may have influenced the data. I shared similar qualities to my participants as I am a clinical counseling supervisor of postgraduate prelicense counselor trainees and a doctoral student. While using a reflective journal encouraged me to examine any unconscious or conscious bias, and member checking allowed the participant to correct any quote out of context, my interest and experience can be considered a limitation.

Recommendations

Researchers have called for further exploration of clinical counseling supervision after graduation for counselor trainees or prelicense counselors because much of the research before 2023 involves counselor educators (Furr and Brown-Rice, 2016; Parker et

al., 2014; Ziomek-Daigle & Christensen, 2010). The outcomes of my study sustain there is continual research necessary for clinical counseling supervisors to gatekeep postgraduate prelicense counselor trainees, as all participants perceived this study as valuable to the counseling profession.

There was a division from the nine interviews of the participants in my study on the use of multiculturalism in clinical counseling supervision. Pursuing continued research for incorporating multiculturalism into clinical counseling supervision is essential. The participants all had different opinions on the topic. Two participants, Rose Gold, and Plum, responded that multiculturalism was not essential. Another participant, Royal Purple, felt multiculturalism was a component of the more significant social justice issue. Lilac and Aqua Marine stated they would address multiculturism if it were about a client. For continuity, we must understand the interpretation and importance of multiculturalism for clinical counseling supervision.

There are three recommendations for further research based on my study's findings which may advance the literature. The first recommendation is to examine research and advocacy of training for clinical counseling supervisors. All participants demanded more training, support, and resources for master-level clinicians who want to be clinical counseling supervisors. The participants believed that comprehensive training at the state level was essential for continuity with clinical counseling supervisors. Several authors discussed the absence of unified training for clinical counseling supervisors across the counseling profession, specifically at the master's level (Borders, 2019; Homrich & Henderson, 2018; Tangen et al., 2019). Some researchers also suggested

using the ACS or CACREP national standards as part of training (Borders, 2019; Mascari & Webber, 2013). Two participants Royal Purple, and Plum, shared their efforts in advocating for continuing education at their state level. A supplementary recommendation to explore clinical counseling supervisors' training, support, and resources would be continuing education requirements.

A second recommendation for future research is to understand multiculturalism's value within supervision. The ACA (2014) ethical standard F.2.b suggest clinical counseling supervisors should address multiculturalism in supervision; however, the participants seemed divided on the importance of it. There has been some literature surrounding multiculturalism in conjunction with clinical supervision, but more research can assist in closing the gap. Some research indicates a few models, such as the supervision of leadership model (SLM), might assist clinical counseling supervisors with including multiculturalism. The SLM combines and extends the discrimination model and the socially just and culturally responsive counseling leadership model (SJCRCLM) (Peters, 2017; Peters & Luke, 2021). I spoke of the multicultural and social justice counseling competencies (MSJCC) model and the proposed benefits for clinical counseling supervision (Fickling et al., 2019; King et al., 2020; Ratts et al., 2016). Future research on models of multiculturalism in clinical counseling supervision may help clarify the necessity for postgraduate prelicense counselor trainees.

My last recommendation is to expand research on PPC in postgraduate prelicense counselor trainees, specifically around how clinical counseling supervisors should process PPC in gatekeeping the profession. The participants I interviewed for this study

addressed possible PPC through avoidance or dismissal and felt their state did not have set parameters to manage it. Four participants voiced that gatekeeping was more of the counselor education department than the clinical counselor supervisor. In the literature counselor educators' level of training for remediation and gatekeeping PPC is the main focus (Teixeira, 2017). Many PPC policies and procedures guidelines are mainly for counselor education programs (Rust et al., 2013). Clinical counseling supervisors might not consider counseling programs the only accountable component if they had clear guidelines or better understood how to carry out their gatekeeping responsibilities with PPC in postgraduate prelicense counselor trainees. Additional research is vital to investigate clinical counseling supervisors' beliefs on gatekeeping postgraduate prelicense counselor trainees with PPC.

Implications

My goal in conducting this study included addressing the gaps in gatekeeping and PPC in clinical counseling supervision, which may lead to positive social change by helping to increase awareness of more training, professionalism, and continuity recommendations. As I examined the clinical counseling supervisors' lived experiences while supervising postgraduate prelicense counselor trainees, a few implications for social change arose. Findings included a deficit in guidelines on gatekeeping and PPC for clinical counseling supervisors. Moreover, the participants voiced a desire for better training and continued education for anyone striving to become a clinical counseling supervisor.

Gatekeeping and PPC Guidelines

Gatekeeping guidelines are essential to support clinical counseling supervisors, decrease PPC in postgraduate prelicense counselor trainees, and ensure the client's welfare. In this study, the participants expressed having the state board's support with gatekeeping to prevent gateslipping and incurring less PPC. Creating gatekeeping guidelines for the clinical counseling community might result in positive social change and contribute to best practices. Implementing the ACS or CACREP standard (2016) across the states could ensure better continuity from education into counseling. Gatekeeping guidelines might strengthen the counseling community and build confidence in the clinical counseling supervisor if each state board collaborated with the counseling associations, like the ACA code of ethics (2014), AMHCA (2020), and NBCC (2016).

The results from my research implicate clinical counseling supervisors wanting to create a more cohesive relationship with their state boards to ensure that postgraduate prelicense counseling trainees have a higher success rate. Practical guidelines for clinical counseling supervisors surrounding PPC and gatekeeping may decrease incidents that could affect clients. More importantly, these results highlight that clinical counseling supervisors want best practices from their state licensing board as a collaborative effort to build a stronger counseling community. Guidelines for gatekeeping with attention to surrounding PPC might increase competency for postgraduate prelicense counselor trainees and confidence in the clinical counseling supervisor. A standard of best practices across the states would be a positive change in counseling which may create continuity and unification.

The ACA code of ethics (2014), AMHCA code of ethics (2020), and NBCC (2016) have ethical standards for gatekeeping and PPC. Still, guidelines are necessary for clinical counseling supervisors to understand expectations clearly. Cruikshanks and Burns (2017) found that although 95% of clinical supervisors discussed ethics with their postgraduate prelicense counselor trainees, only 29% referenced any code of ethics. The results of my study indicate that the doctoral-level clinical counseling supervisors reported feeling more confident after taking a standard CACREP clinical supervision course. Within those courses are supervision models and an understanding of how the models produce appropriate skills in the postgraduate prelicense counselor trainees (Bernard & Goodyear, 2019). The guidance in these courses enables the clinical counseling supervisor to deliver ethical best practices within their supervision to postgraduate prelicense counselor trainees.

Clinical Counseling Supervision Training Requirements

According to Cruikshanks and Burns (2017), clinical counseling supervisors and postgraduate prelicense counselor trainees have the lengthiest and most personal training relationship as supervisors prepare trainees to become independently licensed. Clinical counseling supervisors should likewise protect the clients during postgraduate prelicense counselor trainee encounters. Throughout this study, the participants implied that modifications in selected areas might contribute to positive social change for clinical counseling supervision. These areas encompass; a separate training track for master leveled clinicians that want to become clinical counseling supervisors and continued training for all. Allowing for a different educational track for master-level clinicians who

want to be supervisors could initiate positive change by having knowledgeable clinical counselor supervisors.

As Teixeira (2017) noted, most clinical counseling supervisors are master-level clinicians. Creating a supervision track that focuses on master-level clinicians learning the fundamentals of counseling and the clinical counseling models would be helpful for those clinicians who do not want a doctorate but want to supervise. This course may be a development of the collegiate area as an extra track or certification outside the graduate requirements. Having states require certification from the ACS or a CACREP graduate program takes the liability of training off the states. The states that implement law and jurisdiction training can provide it as a separate entity. The CACREP education includes ethics, multiculturalism, and gatekeeping, permitting clinical counseling supervisors to operate with the same insight from state to state (Burns & Cruikshanks, 2018; Mascari & Webber, 2013). The ACS credential certification outlines an initial 45-credit course that includes ethics, multicultural responsibility, gatekeeping, and remediation for PPC (Borders, 2019; Borders et al., 2014). Both certifications address what a clinical counseling supervisor requires for a foundational knowledge of preparing postgraduate, prelicense counselor trainees for independent status.

Foundational training certification is a basis, and continuing education should be the standard for clinical counseling supervisors. As the results indicate, there is no following education considered in several states once someone becomes a clinical counseling supervisor. Several participants declared that they desire continuing education

requirements for clinical counseling supervisors to keep their credentials, aligning with Henriksen et al. (2019) findings.

For ACS certified supervisors, the expectation is that they will obtain 20 credit hours of clinical counseling supervision before recredentialing (McKibben et al., 2018). If states adopt the ACS credentialing for their clinical counseling supervisors, a requirement would include continuing education. If states expect more than the ACS certification, they may make it their minimum expectation and add to the qualifications. Continuing education would be a positive change as it will keep supervisors well-informed and may reduce PPC. Rules and regulations are continuously changing, and just as counselors need to keep their craft updated, the same should go for clinical counseling supervisors.

Conclusion

In this IPA qualitative study, I aimed to examine the following question: What is the essence of clinical counseling supervisors' lived experience with gatekeeping during the supervision of postgraduate prelicense counselor trainees? Following up with a subquestion: How do clinical counseling supervisors conceptualize and address PPC regarding ethics and multiculturalism with postgraduate prelicense counselor trainees? Through a semistructured interview process, I learned the lived experience of participants who were clinical counseling supervisors from several states. The participants offered a rich, relevant account with thick descriptions of their experiences and modifications that they believed may improve future supervision and gatekeeping of postgraduate prelicense counselor trainees.

The outcome of this study generated four emerging and three subordinate themes, which consisted of: the importance of doctoral supervision course, continuing education credits requirements, amount of gatekeeping and state support, state protocol for PPC, use of multiculturalism and ethics, the trial and error of PPC and prevention of PPC. The findings from the data established that clinical counseling supervisors considered their training surrounding PPC and gatekeeping in their states insufficient. There was a desire for more continuity across the states with increased support for PPC, more precise guidelines, and better training options.

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Appendix A: Demographic Form

Please respond to the following demographic questions.

1. What is the highest degree you have completed?

   a. Master's degree (e.g., MA, MS) CACREP accredited program

   b. Master's degree (e.g., MA, MS) non-CACREP accredited program

   c. Doctoral degree (e.g., EdD, Ph.D.). CACREP accredited program

   d. Doctoral degree (e.g., EdD, Ph.D.). non-CACREP accredited program

   e. Other, please specify: _____

2. What professional counseling license do you hold?

   a. Licensed Professional Counselor,

   b. Licensed Mental Health Counselor,

   c. Licensed Clinical Professional Counselor.

   d. Licensed Professional Clinical Counselor

   e. Other _____

3. In which state(s) do you hold your professional counseling license?

   _____

4. Are you a clinical counseling supervisor certified or licensed by your state?

   a. Yes

   b. No

5. Please list any regional or national professional supervision credentials. (e.g.,

   ACS, NCSE) _____

6. How many years have you been practicing as a clinical counseling supervisor?

a. 1-3 years

b. 4-6 years

c. 7-10

d. 11 or more

7. Have you supervised postgraduate, prelicense counselors?

    a. Yes

    b. No

8. Approximately how many postgraduates, prelicense counselors have you supervised?

    a. 0-5

    b. 6-10

    c. 11-15

    d. 16 or more

Appendix B: Interview Questions

1. What was the process of becoming a Clinical Counseling Supervisor in your state?

2. Do you feel your training prepared you to become a Clinical Counseling supervisor in your state? How so?

3. What is your understanding of a postgraduate prelicense counselor trainee?

    (a) What tips or pieces of information would have been helpful to have had from your state-required supervisor's training before you started offering clinical counseling supervision to postgraduate prelicense counselor trainees?

4. How would you describe your understanding of gatekeeping as a clinical counseling supervisor to postgraduate prelicense counselor trainees?

5. How do multicultural competencies, social justice, and professional ethics factor into your experience supervising postgraduate prelicense counselor trainees?

6. What guidance have you received from your state regarding supervising postgraduate prelicense counselor trainees?

    (a) How do multicultural competencies and ethics factor into this guidance?

The next few questions address Problems of Professional Competence (PPC);

7. The definition of Problems of Professional Competence (PPC), as described by Lamb et al. (1987), currently depicts counselors from trainee to seasoned that have difficulty in professional functioning in one or more of the following ways:

(a) an inability and/or unwillingness to acquire and integrate professional

standards into one's repertoire of professional behavior;

(b) an inability to develop professional skills to reach an acceptable level of

competency;

(c) or an inability to control personal stress, psychological dysfunction, and/or

excessive emotional reactions that interfere with professional functioning

Based on this definition, what experiences have you had handling problems of

professional competence among postgraduate prelicense counselor trainees?

8. What support or training have you received to deal with the PPC of a

postgraduate prelicense counselor trainee?

9. Given your experience as a clinical counseling supervisor, where have you

experienced a deficit in what you needed to best support postgraduate prelicense

counselor trainees who display PPC?

10. Is there anything else you would like to share about being a clinical counseling

supervisor working with a postgraduate prelicense counselor trainee?

Appendix C: Flyer

A qualitative research study seeks participants who are Clinical Counseling Supervisors

A new study called "Insight into Clinical Counseling Supervisors' Perspectives of

Gatekeeping During Prelicense Supervision" could assist counselors in better

understanding gatekeeping and working with prelicense counselors. You are invited to

describe your lived experiences as a Clinical Counseling Supervisor to postgraduate

prelicense counselors.

This survey is part of the doctoral study for Marquita Garrett, a Ph.D. student at Walden
University.

About the study:
- This study will involve a demographic questionnaire (5 minutes)
- An initial interview will be conducted via Zoom, and (60 minutes)
- Review of a one page transcript summary for accuracy via email (10 minutes)

Volunteers must meet these requirements:
- 18 years old or older
- Be a Licensed clinical counseling supervisor in your respective state.
- Have at least one year of experience in supervising postgraduate prelicense
counselor trainees.

You do not have to be in this study, your decision to be in any study is totally voluntary.

If you are interested in this study and would like to participate, please click the following link: https://forms.gle/QZrztNH88bP7KYiq6