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The Effects of Competency on Job Satisfaction for Professional Counselors When Providing Court Testimony

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Walden University
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Abstract

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Joshua D. Francis

M.Ed. Xavier University, 1997

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Professional counselors experience increasing levels of ethical complaints when they provide opinions in child custody cases; the complaints question their competency levels and potentially affect job satisfaction. The purpose of the study was to determine any relationship between competencies and job satisfaction for 277 counselors and 66 psychologists. The competence theory served as the foundation of the study. The quantitative study was a nonexperimental, correlational design using a closed-ended survey. A new, validated Professional Competence Standards Instrument (PCSI) measured both competency as the independent variable and job satisfaction as the dependent variable to assess if competency affected job satisfaction. E-mail lists were utilized to invite a convenience sample to participate. Data analysis included a *t* test and found that psychologists had higher levels of competency than did counselors; a correlation test found a positive relationship between competence and job satisfaction; a Mann-Whitney *U* test found that psychologists had higher levels of complaints than did counselors; factorial ANOVAs showed a main effect between experience and ethical complaints, and between competency and job satisfaction for all professionals. Last, a stepwise regression found 4 predictors of job satisfaction: bias awareness, ability, experience, and licensure. Recommendations for future research include studying factors influencing levels of competency among counselors when providing testimony. These findings may assist the counseling profession with a greater understanding of competency in custody matters and improving job satisfaction, resulting in counselors better serving children and families embroiled in conflicted divorce and custody disagreements, and minimizing the negative impact on the mental health of all involved.

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Dedication

I dedicate this research to my five children, who by the grace of God have the love and nurturance of two parents who will love each other for the rest of our lives. It is also dedicated to the confused and tangled children who are innocent victims of high conflict divorce and turbulent child custody battles. I hope that this research makes a difference.

Acknowledgments

I want to thank many people for assisting in this long dissertation process. Most importantly is my wife and life partner, Jana, who is my compass and copilot as we navigate this journey together. I also want to thank my five children, Mary Sophia (Nitzie), Felix (Billy), Hazel (Bootsie), Ruby (Sally), and Henry (Stannis) who patiently put up with a grumpy and irritable dad through the process. Thanks crew—I will always love you more than anything.

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Chapter 1: Introduction of the Study

Introduction

Professional counselors occupy a dynamic profession rooted in a developmental, preventative, and wellness orientation that continues to grow and evolve (Mellin, Hunt, & Nichols, 2011). The current field of counseling possesses many dynamic and complex processes that are ever changing (Lambie, Hagedorn, & Ieva, 2010). One example of change in the counseling profession is in the field of counseling ethics. Ethical complaints against professional counselors fulfilling the role of expert witness and providing clinical opinion in court testimony, especially involving domestic custody disputes, are becoming increasingly problematic (Patel & Choate, 2014). In the State of Ohio, 50% of the Counselor Board's investigation department complaints referenced custody dispute issues (State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board [CSWMFTB], 2012). Additionally, child custody matters have the highest percentage of deposition and record requests of all clinical issues and client types in the counseling profession (Health Providers Service Organization [HPSO], 2014). Counselors are emerging from counselor education programs with inadequate ethical and legal knowledge in this specific area.

Conducting this study was important because the lack of competency in child custody related court testimony and opinion is jeopardizing the licensure and practice of professional counselors (Bow, Gottleib, Siegel, & Noble, 2010). A lack of competency potentially leads to ethical complaints, censure, and lower job satisfaction. This emerging problem has limited and impeded the effectiveness of professional counselors in advocating and meeting the clinical needs of children and families involved in high conflict divorce and child custody disputes (Moore, Ordway, & Francis, 2013; Rust, Raskin, & Hill, 2013). Licensed psychologists, in

contrast, are compatible professionals with decades more clinical experience in forensic and child-custody evaluation (Zlotlow, Nelson, & Peterson, 2011) and extensive training in this clinical area (Pepiton, Zelgowski, Geffner, & Pegolo de Albuquerque, 2014).

The potential positive social change implications for the study were that counselor education programs can produce better-trained and prepared professional counselors who interact more effectively in the adversarial legal arena and related clinical situations. Better-trained and educated professional counselors increase counselor competency and lessen the number of ethical complaints against professional counselors (Neukrug & Milliken, 2011), resulting in greater job satisfaction (Puig et al., 2012). Researchers have argued that competent, licensed counselors with higher levels of job satisfaction result in more effective treatment interventions and minimize the negative impact of high conflict divorce, child custody disputes, and parental alienation on the adults, children, and families involved (Moore et al., 2013). Further, healthy, happy, children and families that successfully heal from the trauma of high conflict divorce can significantly improve society (Cohen & Levite, 2012; Levite & Cohen, 2012; Sandler, Miles, Cookston, & Braver, 2008).

Included in the following chapter are discussions on the background of the study, the problem statement, and the purpose of the study. Discussions include the research questions, hypotheses, and theoretical framework that served as the basis for the study. Methodology and research design discussions are in the nature of the study section along with relevant definitions of terms. In addition, there are mitigation strategies for the assumptions, limitations, and delimitations. Lastly, there are discussions on the scope of the study and the significance of conducting the research.

Background of the Study

Current research has explored the topic of professional counselors serving as expert witnesses in court testimony (Moore & Simpson, 2012; Moore et al., 2013; Patel & Choate, 2014; Patel & Jones, 2008;). Other studies have focused on the effects of ethical complaints associated with the clinical roles of professional counselors and licensed psychologists (Bow et al., 2011; Edens et al., 2012; Even & Robinson, 2013; Neukrug & Milliken, 2011; Terzuoli, 2010; Thomas, 2014). Further, other researchers have studied counselor and psychologist job satisfaction (Fu, 2014; Sangganjanavanich & Balkin, 2013; Wurgler et al., 2014).

Much of the current research surrounds the clinical challenges of professional counselors and other mental health professionals working with child custody cases and high conflict divorce (Patel & Choate, 2014; Patel & Jones, 2008; Moore & Simpson, 2012; Moore et al., 2013). According to a number of researchers and professional organizations, there have not been any studies that examine the emerging increase in ethical complaints against professional counselors (Benitez, 2006; Bow et al., 2010; CSWMFTB, 2012; Patel & Choate, 2014). Additionally, some researchers have noted that there is still a need to understand how such an increase in complaints relates to job satisfaction and the need for greater pedagogical emphasis in counselor education programs to train professional counselors to serve in the clinical capacity (Moore et al., 2013; Patel & Choate, 2014; Patel & Jones, 2008).

The counseling profession grew from a heritage that included several groups of distinct specialties (Leahy, Rak, & Zanskus, 2008) to presently over 120,000 uniformly licensed professionals recognized in each U.S. state (ACA, 2011). As the profession of counseling grew, the clinical roles, professional obligations, and counseling environments evolved as well (Remley & Herlihy, 2010). Researchers noted the importance for professional counselors to

interact effectively with the complicated demands and systems that occurred in the counseling field (Patel and Choate, 2014). Lambie, Hagedorn, and Ieva (2010) suggested that professionals are required to maintain a knowledge base of ethical and legal tenets applied to the counseling field to ensure effective interaction.

Competent legal and ethical training is critical to the development of a skilled clinical practice (Hill, 2004), and the lack of such skill and knowledge leads to various forms of ethical misconduct (Even & Robinson, 2013). Ethical misconduct exists in a variety of deviations from the established professional code of ethics, state laws, and regulations, resulting in ethical complaints, censure, and lower job satisfaction (Fu, 2014; Neukrug & Milliken, 2011; Wurgler et al., 2014). Counselor education programs were the first to affect the training of future counselors. The programs were responsible for ensuring the adequate training of students who graduated from programs and demonstrated a competent understanding of ethical guidelines (Rust, Raskin, & Hill, 2013).

The clinical area of child custody disputes, high conflict divorce, and parental alienation involves a particularly complicated set of legal and ethical issues for mental health professionals (Lebow & Newcomb Rikart, 2007; Moore et al., 2013; Patel & Choate, 2014; Patel & Jones, 2008; Pickar, 2007). Prior to the 1990s, domestic court systems routinely gave primary custody of minor children to the mother of the child in matters of dispute (Jackson, 2008). Since the 1990s, the *best interests of the child* standard took hold in the domestic court system and led to arguments and debates over the custodial eligibility of each parent (Bow, Gottlieb, Gould, & Saltman, 2011; Slobogin, Rai, & Reisner, 2009).

Each year 1.2 million marriages ended in divorce in the United States (U.S. Census Bureau, 2009) with an 8 year average length of the first marriage (Henry, Fieldstone, Thompson,

& Treeharne, 2011). Sixty-five percent of divorces in the United States involve families with minor children (Cohen, 2002). In addition to the vast number of marriages that ended, 10% of divorcing families had disagreements over the custody of dependents (Luftman et al., 2005). As a result, a growing number of divorcing families are involved in volatile disputes over child custody and visitation matters (Bow et al., 2011; Lebow & Newcomb Rekart, 2007). Bow et al. (2011) noted that state licensure boards and professional organizations have received an increase in complaints against professional counselors, licensed psychologists, and other mental health professionals because of unqualified opinions expressed by therapists involved in such cases.

Job satisfaction among mental health professions is essential to the successful delivery of mental health services. For instance, Sangganjanavanich and Balkin (2013) argued that fulfilled counselors are competent counselors whose clinical work with clients enhances the therapeutic value of mental health treatment. Mental health professionals' well-being at work is important for job and career satisfaction. Mark and Smith (2012) agreed that job satisfaction relates to workplace demands, psychosocial support, external factors, and job control. Numerous other factors lower the job satisfaction of mental health professionals. For instance, Rossler (2012) found that poor administrative support and leadership relates to low job satisfaction. Additionally, Kawada and Otsuka (2011) found that heavy caseloads had a negative effect on job satisfaction, and Acker (2004) found that low job satisfaction had an effect on increasing feelings of incompetence.

In a 2011 study, Neukrug and Milliken (2011) also argued that the presence or threat of ethical complaints contributed significantly to job stress and job satisfaction. Taken together, the presence or threat of ethical complaints or censor resulted in higher stress for clinicians and increased potential for professional burnout (Mark & Smith, 2012; Sangganjanavanich & Balkin,

2014). In contrast, low job stress and high job satisfaction results in more competent professionals staying in the career longer and positively contributes to the lives of clients (Han et al., 2014; Lopez, White, & Carder, 2014; Su jin, Jong Hwa, & Hye Jin, 2014; Wurgler et al., 2014).

An increase in ethical complaints against counselors involved in the capacity of providing testimony and opinion in custody-related matters is evidence of a gap in the existing professional knowledge related to the topic. Conducting the current study directly addressed the present gap in the knowledge of the training of professional counselors serving in the role of expert witness and providing court testimony, and the effects of the training. The gap in the professional knowledge perhaps contributes to professional counselors being unprepared and incompetent to fulfill these roles, engaging in avoidable, ethically-risky behaviors, and increasing vulnerability for ethics complaints and censor. Licensed psychologists have a longer and more established record of providing court testimony and custody opinions with lower incidence of ethical misconduct (Grossman & Koocher, 2010). A gap in the literature also exists comparing ethical complaints, competency levels, and training standards of licensed psychologist with licensed counselors. Ethical complaints and censor relates to low job satisfaction and causes fewer counselors to contribute positively to the profession (Neukrug & Milliken, 2011). Additionally, low levels of job satisfaction have a negative effect on the ethical behaviors of professionals (Fu, 2014).

The need for the study is wide ranging. As noted, professional counselors received ethical complaints in matters of child custody and civil litigation at an increasing rate (CSWMFTB, 2012; Patel & Choate, 2014), and child custody matters have the highest percentage of deposition and record requests of all clinical issues and client types in the counseling profession

(HPSO, 2014). Increases in ethical complaints and deposition/record requests can result in a variety of effects on mental health professionals including professional burnout (Sangganjanavanich & Balkin, 2013), job stress (Han, et al., 2014; Mark & Smith, 2012), and quality of work (Lopez et al., 2014), all of which contribute to the lower job satisfaction of professionals (Fu, 2014; Neukrug & Milliken, 2011). Job satisfaction in the field of mental health counseling is imperative. Lee and Carmen-Montiel (2011) argued that since mental disorders are the leading causes of disability in the United States, Canada, and Western Europe, job satisfaction among mental health professionals is vital to the successful delivery of mental health services. Lastly, happy and competent healthcare professionals with high levels of job satisfaction contribute positively to the counseling field (Lopez, White, & Carder, 2014; Mark & Smith, 2012).

Problem Statement

Professional counselors are often unprepared to fulfill the roles demanded by court involvement and expert witness in matters of child custody and opinion (Moore et al., 2013; Patel & Choate, 2014; Remley & Herlihy, 2010). The lack of preparedness can lead to faulty court testimonies, resulting in ethical complaints against counselors and low job satisfaction. Judges' decisions in such cases leave children exposed to harmful or unhealthy home environments with parents or guardians or lost time and contact with mothers and fathers (Patel & Choate, 2014). Federal and state laws require licensed professional counselors to respond to court subpoenas and provide testimony in matters of domestic custody disputes among children and families involved in high conflict divorce (Bow et al., 2011; Wilcoxon, Remley, & Gladding, 2012). Previous researchers indicated that a lack of professional counselor competency causes judges and magistrates to form opinions based on incompetent testimony,

potentially resulting in the inaccurate assessment of parents as unqualified mothers or fathers (Bow et al., 2010; Edens et al., 2012; Martindale, 2007; Patel & Choate, 2014; Welch, 2010). Professional counselors exceed the bounds of their knowledge and competence and make inaccurate statements about custody matters in violation of licensing and ethical laws and guidelines. Such violations result in ethical complaints to state boards that oversee counseling licensure (Bow et al., 2010; Call, Pfefferbaum, Jenuwine, & Flynn, 2012; Patel & Choate, 2014). The threat or presence of ethical complaints or violations can significantly impact job satisfaction (Fu, 2014; Han et al., 2014; Neukrug & Milliken, 2011; Puig et al., 2012), potentially causing good counselors to leave the profession (Sangganjanavanich & Balkin, 2013).

Increasing counseling students' competence to serve in the capacity of expert witness in court benefits families, the court system, the individual counselor, and the counseling profession (Moore & Simpson, 2012; Moore et al., 2013; Patel & Choate, 2014; Patel & Jones, 2008). Research is needed to increase awareness on the effects of providing testimony to courts by professional counselors. Increased competency benefits professional counselors in reduced levels of license censor when providing expert testimony and opinion in court-related matters (Patel & Choate, 2014; Patel & Jones, 2008) and greater job satisfaction (Fu, 2014; Lopez et al., 2014). Scholarly articles, government statistics and resources, and professional activities related to counselor competence, ethical complaints, and job satisfaction are abundant (CSWMFTB, 2012; Fu, 2014; Neukrug & Milliken, 2011; Patel & Choate, 2014; Sangganjanavanich & Balkin, 2013; Wurgler et al., 2014); however, few researchers have sought information on the relationship between competency, ethical complaints, and job satisfaction among licensed counselors. In addition, there is a lack of research examining the training and competence of licensed psychologists with professional counselors related to child custody and court testimony.

The lack of research related to the evaluation of potential relationships between demographic characteristics, competency, ethical complaints, and job satisfaction remains ambiguous. This presents a problem in fully understanding factors that may predict or contribute to competency, ethical complaints, and job satisfaction. Understanding the relationship between these variables may indicate specific factors contributing to competency and job satisfaction levels, and this information could be used strategically in counselor preparation and pedagogy. Future counseling researchers can use this information to implement changes in counseling pedagogy and create specific tools and resources for improved competency resulting in fewer ethical complaints, leading to high levels of job satisfaction and better effects for children and families in high conflict divorce situations.

Purpose of the Study

The purpose of this study was to utilize a quantitative methodology with a correlational design to understand any relationship between a professional counselor's competencies and levels of ethical complaints on job satisfaction. Job satisfaction was the dependent variable, measured utilizing a job satisfaction scale validated by Warr, Cook, and Wall (1979). Independent variables included level of ethical complaints, as measured by self-reporting demographics, measures of competency, as measured by a new instrument called the *Professional Competency Standards Instrument* (PCSI), and demographic variables such as gender, highest degree completed, type of license, and years of experience. The PCSI was validated in a pilot study. Licensed professional counselors and licensed psychologists may benefit from the study. Licensed professional counselors experienced a growing level of ethical complaints related to child custody disputes and serving as expert witness (CSWMFTB, 2012; HPSO, 2014; Patel & Choate, 2014), while licensed psychologists did not receive as high of a

percentage of ethical complaints regarding custody-related matters (Bow et al., 2010; Grossman & Koocher, 2010; Koocher & Keith-Spiegel, 2008).

Research Questions and Hypotheses

Does a difference in competency as measured by education and training received by professionals increase ethical complaints against professionals, ultimately affecting job satisfaction levels when providing professional court testimony?

RQ1: To what extent do competency levels have an effect on job satisfaction levels for participants?

*H*0$_1$: Professional competency levels have no effect on job satisfaction levels for participants.

*H*a$_1$: Professional competency levels have an effect on job satisfaction levels for participants.

RQ2: Is there a significant difference in competency levels between licensed professional counselors and licensed psychologists?

*H*0$_2$: There is no significant difference in competency levels between licensed professional counselors and licensed psychologists.

*H*a$_2$: There is a significant difference in competency levels between licensed professional counselors and licensed psychologists.

RQ3: Is there a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists?

*H*0$_3$: There is no significant difference in ethical complaint levels between professional counselors and psychologists.

*H*a$_3$: There is a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists.

RQ4: Is there a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels?

*H*0$_4$: There is not a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.

*H*a$_4$: There is a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.

RQ5: Is there a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels?

*H*0$_5$: There is not a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.

*H*a$_5$: There is a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.

RQ 6: What factors predict job satisfaction levels for participants?

*H*0$_6$: There are no factors that predict job satisfaction for participants and all beta values are 0.

*H*a$_6$: There are factors that predict job satisfaction for participants and not all beta values are 0.

Theoretical Framework

The theoretical foundation of the study was competency theory. The establishment of competency theory in both the current and foundational professional literature is well-supported (Goleman, Boyatzis, & Hay, 2002; Lehmann, 2007; Miller, 1991; Russinova, Rogers, Cook,

Ellison, & Lyass, 2013). Boyatzis (2011) suggested that competency theory research began in the 1970s and built upon earlier work on skills, abilities, and cognitive intelligence. In a seminal work on competency theory, Boyatzis (1982) described competence as the underlying attributes of individuals in relation to the diverse knowledge, skills, or abilities they possess. Furthering these concepts, Goleman et al. (2002) tied competency theory to the concept of emotional intelligence, both describing personal and professional attributes related to effective performance. Performance theory is closely tied to the theory of competency and possesses three foundational tenets of competency including expertise and experience, knowledge, and an assortment of cognitive abilities (Boyatzis, 2011).

Other prominent theorists have contributed to the philosophical foundation of competence theory. Miller (1990) established an additional classic contribution to competency theory. In Miller's work, competence is viewed as a pyramid to organize and view the multiple levels of the phenomenon. The first level identifies competency as *knows*, the second layer is *knows how*, the third layer is *shows how*, and the last and most advanced layer of competence is simply *does,* where a person clearly demonstrates an autonomous ability to perform a given task. The roots of competency theory have spurred significant ongoing research and understanding of competence in a plethora of professional disciplines.

Competency theory relates to the present study in many capacities. Previous researchers concluded that professional counselors are not adequately competent in the professional knowledge and skills necessary to ethically fulfill the clinical roles associated with expert witness and providing opinions related to court testimony (Lafortune & Carpenter, 1998; Lebow & Newcomb Rekart, 2007; Moore & Simpson, 2012; Moore et al., 2013; Patel & Choate, 2014). The lack of professional competency has resulted in an increase in ethical complaints against

professional counselors (CSWMFTB, 2012; Patel & Choate, 2014). Bok et al. (2013) argued that attaining competency is possible through adequate training and education, and is a primary role of counselor education and preparation programs (Dufrene & Henderson, 2009). Professional competence also related to this study due to competence being essential in the avoidance of ethical and legal issues (Fu, 2014; Herlihy & Dufrene, 2011) and leading to greater job satisfaction (Han et al., 2014; Lee & Carmen- Montiel, 2011; Lopez, White, & Carder, 2014). Professional competence, and the theory that supports it, was essential to the nature of the study and the clinical skills investigated.

Nature of the Study

The research design used in this quantitative study was a nonexperimental, correlational design using a close-ended survey to collect data from the variables and hypotheses established. The quantitative methodology was chosen due to its ability to sample a large group of subjects covering a large geographical area in an effort to test theories, utilize statistical methods to apply reliability and validity standards, and to apply an unbiased approach. A qualitative approach was not suitable for the study because the strategy of inquiry did not include methods such as phenomenology, ethnography, case studies, or narrative approaches. Additionally, qualitative studies allow personal values to inform the study and are better suited when collaborating directly with participants (Creswell, 2009). A mixed-methods design was not suitable for the study because of the qualitative aspects of the mixed-methods approach.

A survey method of inquiry with a correlational approach from a postpositivist worldview was used as the strategy for this quantitative study. The quantitative design allowed the discovery of the predictability of the independent and moderating variables on the dependent

variable (Frankfort-Nachmias & Nachmias, 2008). The postpositivist philosophical assumption implies that multiple explanations exist as to why a phenomenon is occurring (Creswell, 2009).

Key study variables included job satisfaction as the dependent variable, with level of ethical complaints, measures of competency, highest degree completed, licensure, and years of clinical experience as independent variables. Since the research did not require engaging in experiments, applying interventions, or pretests and posttests, as used in experimental or quasiexperimental approaches, the correlational design was used. Multiple statistical measured were employed to analyze the data.

Studying licensed professional counselors and licensed psychologists was beneficial because members of the groups experience the phenomenon examined in the study (Barsky, 2012; Bow et al., 2011; Ireland, 2008; LaFortune & Carpenter, 1998). Licensed professional counselors experience a growing level of ethical complaints related to child custody disputes and serving as expert witness (CSWMFTB, 2012; Patel & Choate, 2014). In contrast, licensed psychologists are not experiencing as high of an increase in levels of ethical complaints regarding custody-related matters (Bow et al., 2010; Grossman & Koocher, 2010; Koocher & Keith-Spiegel, 2008). Participants were recruited from e-mail lists associated with the American Counseling Association or American Psychological Association located in the United States, and were members of the respective associations or e-mail lists. The study involved an online survey.

Data analysis included the use of *t* tests to analyze differences between independent groups such as participants in two education levels (Ph.D. and Master's). Additionally, the study involved correlation tests to understand relationships between variables on a continuous measure such as number of ethical complaints and job satisfaction rating. Further, a linear regression

model predicted job satisfaction scores using independent predictor variables. The SPSS (Version 22) software was utilized for conducting the statistical analyses.

Definition of Terms

The following represent the operational definitions of the terms used in the study.

American Counseling Association Code of Ethics: Professional counselor-specific ethical codes provided by the American Counseling Association, designed for the purposes of providing members guidance in ethical practice, clarifying ethical responsibilities, and assisting members in constructing a course of action that best serves the counseling profession (ACA, 2014). Applied to the content of the present study, Section E of the code, *Evaluation, Assessment, and Interpretation*, is most relevant.

Clinical training: The knowledge, skills, and instructional methods used to ensure the transference of information and necessary skills needed for professional practice (Yousef & Ener, 2014).

Code of ethics: Professional guidelines that educate members of the counseling and psychology field in sound, ethical conduct, providing a means to ensure accountability to accepted professional standards and protect both the public and the profession by allowing internal regulation and functionality (Remley & Herlihy, 2010).

Counselor education: The degree-specific graduate academic training within accredited colleges and universities devoted to the professional preparation of counselors (Council on the Accreditation of Counseling and Related Educational Programs [CACREP], 2009; Swank, Lambie, & Witta, 2011).

Court testimony: The professional service provided by licensed professional counselors and licensed psychologists when testifying in legal proceedings and offering professional

opinions within various clinical capacities including the individual child or adult therapist, the family therapist, or the clinical or forensic assessor (Moore et al., 2013).

Curricular elements/pedagogy: The specific course content and teaching found in a counselor education program's course curriculum (Warren, Zavaschi, Covello, & Zakaria, 2012), including instructional methods, assignments, and activities (Ametrano, 2014).

Expert witness: A licensed professional counselor or licensed psychologist who is qualified to speak on an issue through knowledge, skill, experience, training or education (Slobogin, Rai, & Reisner, 2009).

Ethical complaints: Formal complaints or concerns about the professional behavior of a licensed counselor or psychologist to a state licensing board or professional credentialing or membership organization specifically related to matters involving court testimony and child custody disputes (Neukrug, Milliken, & Walden, 2001; Neukrug & Milliken, 2011,).

Ethical misconduct: Acts of commission or omission that directly violate the standards of the profession as reflected in various codes of ethics and state licensure laws and regulations related to the professional counselor's or licensed psychologist's court testimony or professional opinion in domestic custody or forensic issues (Even & Robinson, 2013).

High conflict divorce: Civil divorce characterized by a divorce process lasting at least 2 years with the divorcing relationship consisting of a high degree of hostility, anger, and distrust, ongoing communication difficulties, and disagreement about the care of the minor children usually involving custody litigation (Cohen & Levite, 2011).

Job satisfaction: An individualized feeling as to whether a licensed professional counselor's or licensed psychologist's needs are or are not being met by a particular job (Lambert, Hogan, & Barton, 2002). Job satisfaction is a function of low job stress (Hartley,

Devila, Marquart, & Mullings, 2013), strong administrative support and competent leadership (Poaline & Lambert, 2012; Kawada & Otsuka, 2011), and a low degree of ethical complaints or misconduct (Neukrug & Milliken, 2011).

Licensed psychologists: Doctoral-level mental health professionals who work in a myriad of clinical settings and hold a Ph.D., Psy.D. or Ed.D. in psychology from a regionally accredited institution and state licensure (American Psychological Association [APA], 2014; Sharpless & Barber, 2013).

Licensed professional counselors: Master's-degreed mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders (American Counseling Association [ACA], 2011; Urofsky, 2013).

Mental health law: The interface between the mental health system (the collective group of services, institutions, and personnel involved in the assessment, diagnosis, and treatment of emotional, psychological, or psychiatric disorders in both public and private settings) and the legal and criminal justice systems (Slobogin, Rai, & Reisner, 2009).

Mental health professionals: Individuals licensed to provide mental health care and whose professional practice is regulated and standardized by state law (Call, Pfefferbaum, Jenuwine, & Flynn, 2012).

Parental alienation: The dynamic when children have anger and hostility toward one parent without justification (Gardner, 1985, 1989).

Professional competence: The underlying professional attributes of individuals in relation to the diverse knowledge, skills or abilities they possess (Boyatzis, 1982). Professional competence in court testimony and child custody matters refers to professionals possessing the

education, training, and experience to adequately meet the demands of these roles in an ethical manner (Rust et al., 2013).

Professional licensure: The process by which a state agency or government grants permission to a person to engage in a given profession and to use the designated title of that profession after the applicant has attained the minimal degree of competency necessary to ensure that public health, safety, and welfare are reasonably well protected (Crane et al., 2010).

Professional practice: The culmination of the education, training, clinical experience, professional knowledge, and application of clinical skills, within the context of an evidence-based service, as a licensed professional counselor or licensed psychologist (Leffler, Jackson, West, McCarty, & Atkins, 2013).

Psychology education: The academic training involving advanced degrees in psychology that prepare students for careers as researchers, academics, or licensed clinical psychologists (APA, 2014).

Professional ethics: The content and nature of moral judgments, whereas a law provides a formally established rule regulating the conduct of people within a particular profession that must be obeyed in order to avoid legal sanctions (Pope & Vasquez, 2010).

State licensure boards: The individual state governmental agencies responsible for the licensure and certification of mental health professionals (American Association of State Counseling Boards [AASCB], 2014; Neukrug & Millikin, 2011).

Assumptions and Limitations

Assumptions

A variety of assumptions were applicable to this study. The first assumption was that participants answered the survey honestly and correctly. The second assumption was that

participants were actively licensed professionals in counseling or psychology and were qualified in the respective areas. Lastly, it was assumed that participants had some professional experience in the relevant clinical areas of individual, couples, or family psychotherapy; divorce, court testimony or forensic issues; and a basic understanding of professional ethics. The potential issues related to these assumptions were mitigated through ensuring adequate sample size for the study.

Limitations

Several limitations were identified as pertaining to the study. The first limitation was sample size. Though assessed as adequate using a statistical measure, the sample was relatively small in comparison to the number of licensed professional counselors and licensed psychologists in the United States. The limitation was mitigated by sending out a large enough invitation to potential participants. The second limitation was the time and financial resource limitations due to the nature of the academic study. Another limitation was the internal validity threat of selection due to the volunteer nature of the survey administered.

A limitation also existed in the potential inability of all possible participants to have access to, and understanding of, the technology associated with an online survey. In addition, since data collection relied upon both moderated and unmoderated e-mail lists, potential problems with the cooperation of site administrators and technical problems associated with computers, survey websites, and data storage also existed. To account for these limitations, the targeted recruitment was large enough to mitigate these limitations and meet the required sample size for conducting the study.

A final limitation existed in the data analysis. For example, it may be possible for the statistical analysis to reveal that the data were not suitable for conducting parametric tests and

violate statistical assumptions. In such cases, nonparametric tests, such as a Mann-Whitney *U* testwould have been conducted with no effect on the interpretation of the data.

A potential bias also existed in myself as the researcher as I am a licensed professional counselor and member of the American Counseling Association. The quantitative survey design minimized bias through the use of statistical models to analyze variables. The study's choice in analysis minimized biases that existed in the research.

Delimitations and Scope

Delimitations

Delimitations of the study included that participants had at least some understanding of the clinical phenomena of court testimony, divorce, and child custody issues. An additional delimitation was that participants were limited to U.S. licensed counselors or licensed psychologists in the United States. Participants were active in the mental health field or inactive but with high levels of professional experience. Study participants were active members of professional e-mail lists and had access to a computer and Internet services for completing the online survey.

Scope

The scope of the study was limited to active state-licensed professional counselors and active state-licensed psychologists with a minimum of 1 year of independent clinical experience and experience in providing court-related testimony or opinion as an expert witness. Ethical complaints consisted of client or peer-driven complaints about the ethical practice of licensed professional counselors and licensed psychologists to state boards governing these licenses, or professional organizations in which the licensed professionals were members. Ethical complaints

were limited to the professional context providing court testimony or opinions related to child custody or other forensic matters.

The geographical scope was licensed professional counselors and licensed psychologists practicing in the United States and members of professional organizations and e-mail lists within the fields of counseling and psychology. Specialty areas outside of the scope of the study included psychiatrists, social workers, marriage and family therapists, and other nonlicensed mental health professionals. The the results of the study are beneficial to populations such as all licensed mental health professionals who may be required to provide testimony in court matters.

Significance

Contribution to Discipline

Imperative to the study is the implication that counselors were not adequately trained to competently represent themselves, their clients, and the counseling profession when testifying in a court of law as an expert witness, resulting in greater risk of ethical complaints and lower job satisfaction. Counselors who are better prepared, trained, and competent in the area of court-related involvement, with high job satisfaction, can assist society in advocating for counseling/mental health issues related to the increasingly volatile domestic court system (Murphy, 2011). Greater job satisfaction leads to more productive and qualified counselors contributing to the profession (Sangganjanavanich & Balkan, 2013). Counselors possess the knowledge, skill, education, and abilities to advocate for clients in a variety of settings, including the criminal and domestic court (Lee, 2007). Counselors, consistent with other mental health professionals, can adequately serve as an expert witness (Bow et al., 2011; Patel & Jones, 2008). If all expert witnesses are licensed professionals, they should be considered minimally qualified

as experts in their given field. The license assures a minimal level of competency through education, training, knowledge, and experience (Drummond & Jones, 2012).

Contribution to Practice

Adequate preparation and training in providing custody-related opinions and expert witness allows counselors to provide needed professional advocacy to clients. The findings of the research can aid counselor education programs in better educating and training counselors serving in this capacity. Therefore, better trained counselors advocating for counseling principles in the adversarial legal arena can promote a more fair and tolerant legal system, especially related to divorce, custody, and child welfare (Moore et al., 2013). This research has the potential to contribute significantly to effective advocacy for the children and families influenced by these systems.

In addition, this research has the potential to contribute significantly to the field of counseling and counselor education by assisting in understanding the factors that promote job satisfaction and encourage adequate and competent knowledge and skill when counselors provide court testimony and opinion. The increased knowledge can create a safer and more ethical counseling profession. Accordingly, a safe and ethical counseling profession allows counselors to better help and advocate for at-risk clients. Ultimately, increased competence benefits increased job satisfaction because of lower levels of ethical complaints and a more positive outcome of family court decisions in the best interests of the child.

Implications for Positive Social Change

Positive social change occurs by better-trained and more competent professional counselors, with high levels of job satisfaction, practicing in the legal arena of child-custody disputes. Benefits to positive social change include making university administrators aware of

the deficiencies of curriculum when training students who must perform in the role of professional witness in court cases. Additionally, students become better prepared to function in professional roles, reducing the need for ethical complaints (Neukrug & Milliken, 2011) and resulting in increased professional competency and higher levels of job satisfaction (Fu, 2014). Finally, families are able to rely on improved competencies of professionals during times of family discourse. Greater competency allows counselors to better advocate for the clients they represent (Lee, 2007) and find greater satisfaction in their job (Wurgler, VanHeuvelen, Rohrman, Loehr, & Grace, 2014).

Infusing positive counseling principles into the judicial system allows counselors to advocate at both the micro and macro domestic court environment, lessening the negative impact of high conflict divorce, parental alienation, and divorce custody disputes (Sparta, 2008). In addition, competent professional counselors who avoid ethical complaints experience greater job satisfaction, remain in the counseling field, and positively influence their clients (Lee & Carmen-Montiel, 2011). The benefit to the counseling profession is the improved education and competency of licensed professional counselors to reduce the risk of ethical complaints and violations, improve counselor job satisfaction, and maintain the counseling profession's viability in a growing and needed clinical role. Happy and healthy professional counselors providing treatment to children and families involved in high conflict divorce and custody disputes can significantly improve the emotional toll that these situations have on those involved. Lessening the emotional toll and reducing the turmoil common in these traumatic relational dynamics can dramatically contribute to positive social change (Lebow & Newcomb Rekart, 2006; Levite & Cohen, 2012).

Summary and Transition

This chapter introduced the topic of professional counselors and licensed psychologists who provide expert witness and court-related opinion and provided arguments on the need for conducting the study. In the background section of the chapter, I provided a brief summary of the related literature on professional counselors providing expert witness and opinions in court-related testimony and described the gap in the professional knowledge that the study addresses. The gap is evident by the increase in professional counselors receiving ethical complaints and subpoenaed for deposition related to court involvement (CSWMFTB, 2012; HPSO, 2014; Patel & Choate, 2014).

The information provided in the chapter also identified the problem statement related to professional counselors and licensed psychologists when providing court testimony in child custody cases. In addition, discussion focused on the existing gap in the professional literature comparing the effects of competency on job satisfaction among the two professional groups. Discussions in the chapter described the purpose for using a quantitative methodology with a correlational design, along with a description of study variables. Next, the research questions and null and alternative hypotheses of the study were identified and described. Competency theory was identified as the theoretical framework for the study due to its relevance to the need for professional counselors to increase competency in court testimony.

Additionally, the first chapter provided operational definitions of important terms used in the study, identifying all the variables being studies and clarifying the multiple meanings that can exist within the terms. Assumptions of the study, the scope of the study, delimitations, and limitations were also described. Finally, the significance of the study was described as being imperative to the counseling field to potentially provide improved pedagogy on the topic of

counselors and expert testimony, improve professional competency in the clinical area, reduce the number of ethical complaints against counselors, and improve job satisfaction, creating more happy and healthy professional counselors to change the world.

In Chapter 2 is a thorough elaboration on the topic of professional counselors and licensed psychologists providing expert witness and opinion in court testimony and the professional literature related to the topic. The results of an exhaustive search of the current professional literature are described to establish the foundation for the study. Additionally, Chapter 2 presents research that furthers the need for increased competency among professional counselors when they serve as expert witness and provide court opinions and the vital importance of job satisfaction among mental health professionals.

Chapter 2: Review of the Literature

Introduction

Professional counselors are often unprepared to fulfill the roles demanded by court involvement and expert witness in matters of child custody and opinion (Moore et al., 2013; Patel & Choate, 2014; Remley & Herlihy, 2010). The lack of preparedness can lead to faulty court testimonies, resulting in ethical complaints against counselors and low job satisfaction. Judges' decisions in such cases leave children exposed to harmful or unhealthy home environments with parents or guardians or lost time and contact with mothers and fathers (Patel & Choate, 2014). Federal and state laws require licensed professional counselors to respond to court subpoenas and provide testimony in matters of domestic custody disputes among children and families involved in high conflict divorce (Bow et al., 2011; Wilcoxon, Remley, & Gladding, 2012). Previous researchers indicated that a lack of professional counselor competency causes judges and magistrates to form opinions based on incompetent testimony, potentially resulting in the inaccurate assessment of parents as unqualified mothers or fathers (Bow et al., 2010; Edens et al., 2012; Martindale, 2007; Patel & Choate, 2014; Welch, 2010). Professional counselors exceed the bounds of their knowledge and competence and make inaccurate statements about custody matters in violation of licensing and ethical laws and guidelines. Such violations result in ethical complaints to state boards who oversee counseling licensure (Bow et al., 2010; Call, Pfefferbaum, Jenuwine, & Flynn, 2012; Patel & Choate, 2014). The threat or presence of ethical complaints or violations can significantly impact job satisfaction (Fu, 2014; Han et al., 2014; Neukrug & Milliken, 2011; Puig et al., 2012), potentially causing good counselors to leave the profession (Sangganjanavanich & Balkin, 2013).

Increasing counselors' competence to serve in the capacity of expert witness in court benefits families, the court system, the individual counselor, and the counseling profession (Moore & Simpson, 2012; Moore et al., 2013; Patel & Choate, 2014; Patel & Jones, 2008). Research was needed to increase awareness on the effects of providing testimony to courts by professional counselors. Increased competency benefits professional counselors in reduced levels of license censor when providing expert testimony and opinion in court-related matters (Patel & Choate, 2014; Patel & Jones, 2008) and greater job satisfaction (Fu, 2014; Lopez et al., 2014). Scholarly articles, government statistics and resources, and professional activities related to counselor competence, ethical complaints, and job satisfaction are abundant (CSWMFTB, 2012; Fu, 2014; Neukrug & Milliken, 2011; Patel & Choate, 2014; Sangganjanavanich & Balkin, 2013; Wurgler et al., 2014); however, few researchers seek information on the relationship between competency, ethical complaints, and job satisfaction among licensed counselors and licensed psychologists.

The potential relationships between demographic characteristics, competency, ethical complaints, and job satisfaction remains ambiguous. This presents a problem in fully understanding factors that may predict or contribute to competency, ethical complaints, and job satisfaction. Understanding the relationship between these variables may indicate specific factors contributing to competency and job satisfaction levels, and this information could be used strategically in counselor preparation and pedagogy. Future counseling researchers can use this information to implement changes in counseling pedagogy and create specific tools and resources for improved competency resulting in fewer ethical complaints, leading to high levels of job satisfaction and better effects for children and families in high conflict divorce situations.

Purpose of Study

The purpose of the study was to utilize a quantitative methodology with a correlational design to understand the relationship between a professional counselor's competency when serving as expert witness in court testimony, ethical complaints, and professional job satisfaction. The job satisfaction variable was the dependent variable, and independent variables included ethical complaints, measures of competency, curriculum training, supervision, professional experience in court, continuing education, and demographic variables. Licensed professional counselors and licensed psychologists were the subjects for the study. Licensed professional counselors have experienced a growing level of ethical complaints related to child custody disputes and serving as expert witness (CSWMFTB, 2012; HPSO, 2014; Patel & Choate, 2014), while licensed psychologists have not received as high of a percentage of ethical complaints regarding custody-related matters (Bow et al., 2010; Grossman & Koocher, 2010; Koocher & Keith-Spiegel, 2008).

Brief Synopsis of Current Literature

Mental health professionals have growing credibility in their professional role as expert witnesses and providing court testimony in matters of child custody and domestic relations issues (Grossman & Koocher, 2010; Murphy, 2011; Patel & Jones, 2008; Pickar, 2007). The clinical role, however, is fraught with ethical pitfalls and dangers that can jeopardize the license status of professionals and lead to ethical complaints and license censor (Bow et al., 2010; Even & Robinson, 2013; Warren & Douglas, 2012). Ethical complaints or censor can significantly impact the licensed professional, cause considerable stress, and lead to occupational burnout and lower job satisfaction (Neukrug & Milliken, 2011; Onyett, 2011; Paoline & Lambert, 2012; Rossler, 2012; Warren & Douglas; 2013).

Professional competence in all manners of professional practice is a societal expectation (Bok et al., 2013) and requires significant training, select requirements, and professional licensure (Crane et al., 2010; Robiner, Dewolfe, & Yozwiak, 2010). Professional competency in mental health treatment encompasses the skills and abilities needed to perform a professional responsibility well (Lakeman, 2010) and has been found to support success in treatment outcomes (Carlin, 2012) and effective interventions (Byrd & Hayes, 2012).

Competency can be a complex phenomenon (Remley & Herlihy, 2010; Robiner et al., 2010) and usually begins in the professional education a person receives in graduate training (Ametrano, 2014; Dufrene & Henderson, 2009; Herlihy & Dufrene, 2011). The ACA's Code of Ethics (2014) requires competency in multiple areas of the counseling profession, including ethics. The CACREP standards (2009) require ethics training in counselor education programs. Adequate ethics training in the field of counseling is imperative to the successful implementation of counseling skills in the evolving counseling profession (Even & Robinson, 2013; Kassirier et al., 2013). Modifying existing pedagogy to include curricular elements and modalities more compatible with the evolving needs of the counseling profession can assist in the adequate preparation of professional counselors (Guo, Wang, & Johnson, 2011).

Specific training and competence is needed in the specialized counseling field of high conflict divorce, parental alienation, and child custody disputes (Moore et al., 2013; Moore & Simpson, 2012; Patel & Choate, 2014; Patel & Jones, 2008). These clinical phenomena are drawing professional counselors into an adversarial environment incompatible with the traditional counseling role (Remley & Herlihy, 2010). Professional counselors and counselor education programs must recognize the importance of the growing ethical challenge and impart specific training as recognized in the professional psychology discipline (Grossman & Koocher,

2010; Koocher & Keith-Spiegel, 2008). The change and increased awareness could lessen the ethical censure faced by counselors and promote growth and adaptation in counselor training and education.

An overview of the professional literature related to the study's theoretical foundation of competency theory is provided in the chapter. The chapter also further elucidates the existing literature related to mental health professionals, professional licensure requirements, mental health law, mental health professionals serving as expert witness in court testimony, ethical complaints and violations against licensed professionals, job satisfaction, and counselor education and pedagogy.

Literature Search Strategy

In formulating a thorough literature search strategy, I made an effort to conduct the most comprehensive and complete review of the existing professional literature to date to demonstrate an accurate representation of existing literature relative to the study's topics. Topics included professional competence, job satisfaction, professional mental health training, counselor education, professional licensure, professional license violations and complaints, mental health law, and professionals serving as expert witnesses in court testimony.

The specific databases used in this study's literature review include the Academic Search Premier, ProQuest Dissertation and Theses Global, PsycArticles, PsycINFO, PsycReviews, SocINDEX, Educational Resource Information Center (ERIC), Mental Measurements Yearbook, SAGE Premier, Thoreau, and ScienceDirect. I limited the literature search to peer reviewed articles written within the past 5 years, although I made exceptions for seminal works on the prominent topics being covered. In cases where there was little current research, I made efforts to

expand the search to other related disciplines, doctoral dissertations, professional websites, and professional presentation materials.

Keywords utilized during the search of related literature included *counselor education, counselor preparation, clinical counselor training, psychology education, competence theory, professional competency, mental health licensure, counselor ethics, mental health ethics, ethical complaints, mental health law, expert witness, mental health court testimony, custody evaluations, job satisfaction, and high conflict divorce.* In addition to obtaining articles from searching library databases, I conducted research by cross-referencing original articles identified within the literature review with the original article's citations connected to the desired topics. After reviewing all articles, I sorted the articles and determined their relevance for the study. Included articles were reviewed for establishing a baseline for the variables to be studied, research method, tools utilized, results of the study, limitations of the study, and implications for further research.

Theoretical Foundation

Competency Theory

The theoretical foundation of the study was competency theory. Boyatzis (2011) suggested that the competency theory and research began in the 1970s and built upon earlier work on skills, abilities, and cognitive intelligence. In a seminal work on competency theory, Boyatzis (1982) described competence as the underlying attributes of individuals in relation to professional's diverse knowledge, skills, or abilities. Furthering these concepts, Goleman, Boyatzis, and Hay (2002) tied competence theory to the concept of emotional intelligence, both describing personal and professional attributes related to effective performance. Performance theory is closely tied to the concept of competency and the theory on which it is based (Boyatzis,

2011) and possesses three foundational tenets of competency including expertise and experience, knowledge, and an assortment of cognitive abilities.

Other prominent theorists have contributed to the philosophical foundation of competency theory. Miller (1990) established an additional classic contribution to competency theory. Miller viewed competency as a pyramid to organize and view professional behavior. The first level of competency is identified as *knows*, referring to a person's ability to learn a particular skill. The second layer is *knows how*, referring to a person's ability to understand a task conceptually. The third layer is *shows how*, where a person demonstrates the ability to perform under supervision or practice. The last and most advanced layer of competence is simply *does*, where a person clearly demonstrates an autonomous ability to perform a given task. The roots of competency theory have spurred significant ongoing research and understanding of competence in a plethora of professional disciplines.

Recent literature has expounded on the classic understandings of competency theory to advance the concept to issues that are more contemporary. Omorede, Thorgren, and Wincent (2012) suggested that a competent professional is qualified, capable, and able to understand, and do certain things in an appropriate and effective way. Muratbekova-Touron (2009) furthered the argument and asserted that competencies are underlying personal characteristics related to superior performance.

Competency theory transcends any singular domain and plays an important part in any professional discipline that requires a high level of professional behavior. A review of the professional literature demonstrates that competence theory has been applied to a multitude of professional disciplines including business, management, pedagogy, healthcare, and the mental health field (Lehmann, 2007). Russinova, Rogers, Cook, Ellison, and Lyass, (2013) asserted that

competencies have been established by a variety of professional associations, policies, and consensus statements to generically focus on a person's knowledge, skills, abilities, and personal characteristics.

Recent competency theory further delineates the basic tenets of the theory. The National Institute of Health (2009) created a proficiency scale to evaluate an individual's competence on five levels. Five levels ranging from low to high are included: fundamental awareness (basic knowledge), novice (limited experience), intermediate (practical application), advanced (applied theory), and expert (recognized authority). Numerous other professional institutions have identified and scaled personal and professional competencies in an effort to advance the respected professions.

Existing literature has found higher levels of perceived competency related to a variety of professional and personal skills. These include decision making and motivation (Patall, Sylvester, & Han, 2014), language acquisition (Lehmann, 2013; Ifantidou, 2013), leadership (Muratbekova-Touron, 2009), and project management (Omorede, Thorgren, & Wincent, 2012). Additionally, competence was previously found to be related to multiculturalism (Montenery, Jones, Perry, Ross, & Zoucha, 2013; Guerrero & Andrews, 2011; Frey, 2013), medicine (van der Vleuten, Schuwirth, Scheele, Driessen, & Hodges, 2010; Frank et al., 2011), and the mental health field (Herlihy & Dufrene, 2011; Lakeman, 2010; Remley & Herlihy, 2010).

A review of the existing literature also found competency theory applied to job satisfaction. In studying a group of university instructors and faculty, Wurgler et al., (2014) found that as one's perception of competency rose, job satisfaction also increased. Similarly, Su jin, Jong Hwa, & Hye Jin, (2014) concluded that the clinical competency and critical thinking abilities of professionals was found to be highly related to job satisfaction. Clinical competence

and work readiness was also found to be a strong predictor of job satisfaction in a group of healthcare professionals studied (Walker & Campbell, 2013). In a final previous study on the effects of professional competence theory and job satisfaction, Ko (2012) found that professional competence significantly affected job satisfaction.

The existing professional literature often equates competency with high performance. Omorede, Thorgren, and Wincent (2012) suggested that competency is essential in distinguishing poor from exceptional performance. Understanding the minimal levels of competency is needed to ensure minimally qualified professionals. Jena and Sahoo (2012) noted that most standard competency approaches in organizations address the low levels of performance in relation to a minimum competency requirement. Ranges of competency parameters are needed to adequately cover the broad scale for which the concept is measured.

Professional competence is also commonly applied to the health and helping professions. The National Institute of Health (2013) identified competence as possessing the basic knowledge, skills, abilities and behaviors that professionals need to be successful. Medical competence is also a foundational principle in the application of healthcare (Porcel et al., 2012). Numerous disciplines within the medical profession have developed sets of core competencies to create higher standards of medical care (Locke, Gordon, Guerrera, Gardiner, & Lebensohn, 2013).

A variety of studies have compared competence with emotional and mental health. Brasseur, Grégoire, Bourdu, & Mikolajczak (2013) applied competency theory to emotional expression in an effort to scale the emotional aptitude of an individual. Core competencies have been identified as correlated with numerous clinical phenomenaincluding the promotion of recovery (Russinova, Rogers, Cook, Ellison, & Lyass, 2013; Lakeman, 2010), motivation (Patall,

Sylvester, & Han, 2014), mental health and addictions (Rush, McPherson-Doe, Behrooz, & Cudmore, 2013), community mental health (Chu et al., 2012), and psychotherapy (Sperry, 2011, Stauffer & Pehrsson, 2012; Ober, Granello, & Wheaton, 2012).

Competency theory has been examined significantly in the mental health and counseling fields. Remley and Herlihy (2010) suggested that competency in counseling can be difficult to define due to the complexity of the concept and its existence on multiple levels. Lakeman (2010) described competencies in mental health treatment as possessing the abilities needed to perform a job well. Counseling competency has also been found to support success in treatment outcomes (Carlin, 2012) and effective interventions (Byrd & Hayes, 2012).

Dufrene and Henderson (2009) argued that competency be applied to the gatekeeping role of counselor educators and professional licensure. Counseling students and supervisees represent a prominent diversity in culture, ethnicity, age, backgrounds, and life experiences. These factors create vastly different developmental levels that need distinct and sometimes specialized pedagogical interventions and assessment techniques. However different the developmental level of students may be, standard and consistent competencies help maintain uniformity in the profession (Hensley, Smith, & Thompson, 2003). Developing curriculum standards consistent with competency-based criteria is also a common task of educators. Bok et al. (2013) suggested that in recent decade's societies and professional organizations have placed increasing importance on professional competency that has resulted in more competency-based education with greater emphasis on outcomes and learner-centeredness. The transition to competency-based education has challenged educators to develop new methods of teaching and assessing clinical competence.

Competency theory has also been used in addressing the ethical competencies of professional counselors. In a Delphi study that examined the views of identified experts in the counseling profession regarding ethical issues (Herlihy & Dufrene, 2011), evaluating competence among counselor trainees was identified as the second most important issue in counselor preparation. Swank, Lambie, and Witta (2012) noted that counselor education programs have designed numerous instruments to assess counseling competencies in diverse areas. These instruments are in place as one measure of a practitioner's professional ability.

Counselor competence is also addressed prominently in both the American Counseling Association's Code of Ethics (2005; 2014) and other organizations within the counseling field. Numerous ethical codes speak to the concept of competency applied to the counseling profession. Ethical code C.2. addresses the importance of professional competence in the application of counseling. Moreover, the code requires "counselors practice only within the boundaries of their competence, based on education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (p. 9). The identification of education, training, supervised and professional experience, and state and national credentials as evidence of competence are found throughout the professional counseling literature (Remley & Herlihy, 2010; Pope & Vasquez, 2010).

Competency is also widely addressed in the pedagogy and education literature. Hatcher et al. (2013) opined that competency-based education is a model that guides the educational process toward an attainment of the knowledge, skills, and attitudes needed for effective professional practice. Competency-based education has been critiqued significantly over the last several years (Hodge & Harris, 2012) and maintains great importance in education worldwide (Lozano, Boni, Peris, & Hueso, 2012). Competency theory and the competent practice of mental health

professionals performing in clinical roles related to court testimony in matters of family counseling, high conflict divorce, and child custody is further explored.

Competency theory was chosen for the purpose of the research due to its compatibilities with the professional duties, skills, and responsibilities needed in the counseling profession. Professional competence, as defined in the preceding literature, is strongly needed in the counseling specialty of serving as expert witness, providing court testimony and opinion, and working with high conflict divorce and child-custody issues (Patel & Jones, 2008) due to the high degree of ethical volatility associated with these roles. The counseling profession needs competent clinicians in the specialized field of expert witness in child custody-related opinion and testimony (Moore et al., 2013). Competency theory relates to the current study in the ongoing need for professional education and training to create competent professionals. As discussed in the designation of the study's research questions, competency theory and established scales of competency are utilized to measure and evaluate the presence of specific skills and training (competence) in the professional domains and roles in which they are required, and correlated with other professionals surveyed.

The following model figuratively describes the elements of the present study. Both licensed professional counselors and license psychologists receive ethics training prior to licensure. Licensed psychologists have access to specific training surrounding child custody testimony in the domains of knowledge, ability, legal/ethics, and bias/self- awareness. It is hypothesized that training leads to low levels or high levels of professional competency in child custody testimony. Low or high levels of competency leads to low or high levels of competency, resulting in low or high levels of job satisfaction. The Figure 1 describes the proposed effect of the competency model on ethical complaints and job satisfaction.

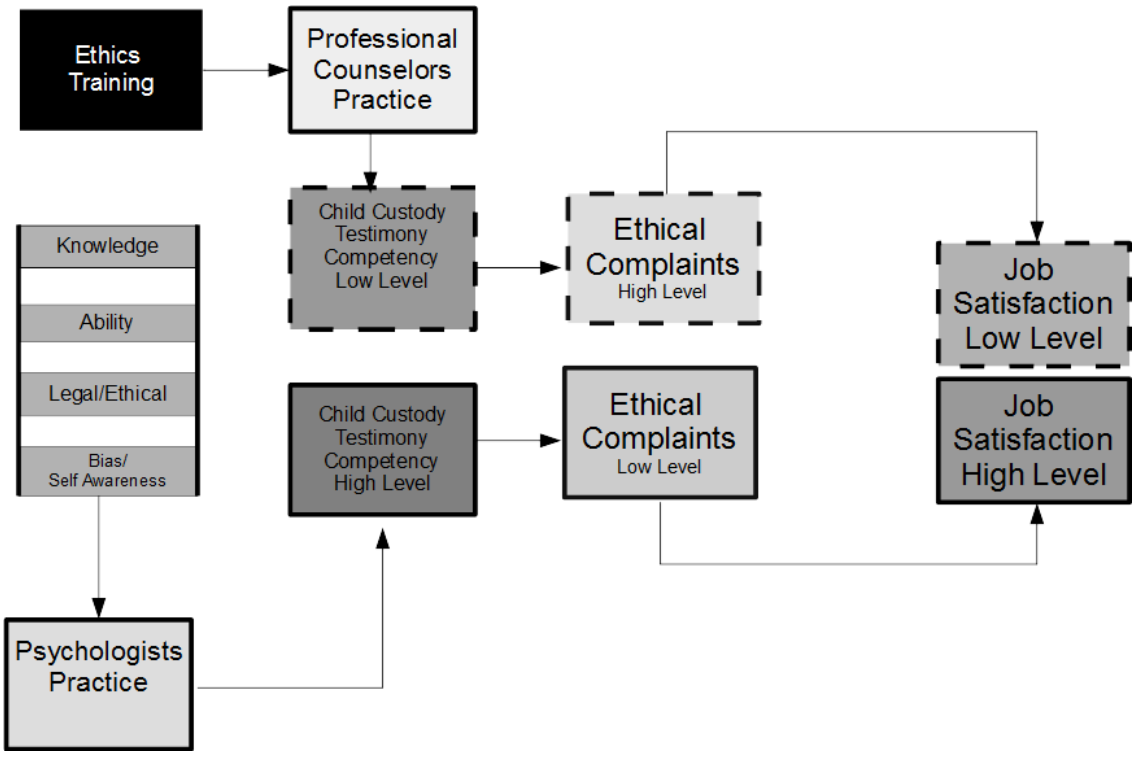

Figure 1. A model demonstrating the effects of competency between licensed professional counselors and licensed psychologists and its impact on ethical complaints and job satisfaction. Adopted from: "Managerial and leadership competencies: A behavioral approach to emotional, social and cognitive intelligence" by R. E. Boyatzis, 2011, *Vision*, *15*(2), pp. 91–100.

Job Satisfaction

Job satisfaction related to mental health professionals' competence, professional roles and duties, ethical complaints and violations, and job satisfaction has been previously examined in the professional literature. Seminal works in counseling and related mental health fields have thoroughly investigated the topic of career and job satisfaction. Super (1978) identified a career as a series of positions or jobs that a person occupies during the course of their lifetime. In the classic research on understanding job satisfaction, Locke (1969) defined job satisfaction as the pleasurable emotional state one feels as a result their job facilitating the achievement of their values.

Furthering the investigation, Lambert, Hogan, and Barton (2002) described job satisfaction as a subjective, individualized feeling as to whether a person's needs are or are not being met by a particular job. Stress in the workplace is commonly examined in the literature in relation to job satisfaction. Hartley, Devila, Marquart, and Mullings (2013) found that fear in the workplace was highly correlated with stress and inversely correlated with job satisfaction. In a related study, Poaline and Lambert (2012) asserted that a lack of perceived administrative support, both internal and external, decreases job satisfaction.

Furthering the examination, studying job satisfaction, burnout, and personal wellness, Puig et al. (2012) found that job satisfaction correlated with personnel wellness in mental health practitioners. Stress and wellness related to job satisfaction was also examined in a study by Kawada and Otsuka (2011) who found that high job satisfaction was most highly related to a person's sense of job control and the amount of support that is felt from those governing the person's job. The existing literature has also explored the relationship between job satisfaction and burnout. Ogresta, Rusac and Zorec (2008), Rossler (2012), and Leary et al. (2013) all found the phenomenon of burnout to be highly correlated with the degree of job satisfaction.

An examination of the existing literature also found job satisfaction to be important among mental health professionals. Lee and Carmen-Montiel (2011) argued that since mental disorders are the leading causes of disability in the United States, Canada, and Western Europe, job satisfaction among mental health professionals is vital to the successful delivery of mental health services. Acker (2004) noted that mental health professionals experience a variety of challenges in the everyday work environment including heavy and demanding caseloads, inadequate peer and administrative support, and inadequate training and supervision. Rossler (2012) also identified common areas of stress that can lead to low levels of job satisfaction. The

areas include demanding relationships and personal threats of violence from patients/clients, challenging interactions with other mental health professionals of different disciplines, a lack of positive feedback, low pay, and professional liability issues.

In order to ease job-related stress and improve job satisfaction, Onyett (2011) found that good leadership, team approaches, and administrative support are protective factors in buffering a mental health worker from the impact of job stress. Lanham, Rye, Rimsky, and Weill (2012) explored additional antidotes for low job satisfaction and found that work-place specific gratitude was a predictor for high job satisfaction. In a study related to the negative impact that ethical complaints against counselors can have on the professional's job satisfaction, Neukrug and Milliken (2011) asserted that even though few professionals are actually indicted of ethical misconduct, the individuals can be severely affected by the accusation, which can significantly affect their views and perspectives on their profession and career. Ethical misconduct can also lead to a feeling of stagnation or regression in one's career (Fu, 2014). Accordingly, Super (1939) found that as the amount of upward mobility diminishes in a career, job satisfaction lowers. As work-related stress and pressure lower job satisfaction, low job satisfaction can then lead to professional burnout and occupational turnover (Han et al., 2014).

Job satisfaction has also been tied to professional competence in the literature. Specifically applied to ethical competence, Wurgler et al. (2014) asserted that high job satisfaction influenced the perceived competency of study participants. Similarly, Su jin at al., (2014) found a strong positive relationship between job satisfaction and clinical competency among professionals surveyed, and recommended that job satisfaction should be considered paramount when attempting to achieve competency in groups of professionals. Studying direct providers of care, Lopez, White, and Carder (2014) found that as job satisfaction increases, the

quality of care and competence of the professional increases. In summary, previous literature finds that job satisfaction is a frequent and common outcome variable to competence, ethical behavior (Fu, 2014), and work-related stress, pressure, and performance.

Mental Health Professionals

Mental health professionals encompass a broad range of professional disciplines covering many aspects of the human emotional condition. Call, Pfefferbaum, Jenuwine, and Flynn (2012) described mental health professionals as individuals licensed to provide mental health care and whose professional practice is regulated and standardized by state law. The medical specialty of psychiatry began the effort in the United States in the early 19th century, primarily treating severely mentally disturbed individuals with organic illnesses (Kraft, 2011). In addition to the physical treatment of the severely mentally ill, psychiatrists were eventually crossed-trained in psychodynamic talk-therapy modalities to address emotional issues beyond the biological. As these new approached widened the application and scope of mental health treatment, numbers of mental health professionals in the United States increased dramatically throughout the 20th century, especially after President John F. Kennedy approved funding for Community Mental Health Centers in 1963 (Kraft, 2011).

The previous literature suggested that the mental health needs of society continue to grow and evolve. Teevan Burke et al. (2013) found that over 14,500 licensed mental health professionals provided 5.2 million encounters with people in need in 2010. The need for competent mental health professionals to continue meeting these demands remains ever-present. A recent trend in mental health services is the formation of multidisciplinary teams, including medical doctors and mental health professionals, to meet the frequent needs of world events and changes (Call, Pfefferbaum, Jenuwine, & Flynn, 2012).

Licensed mental health professionals cover a variety of professional disciplines and treatment environments and interventions. The process by which a mental health professional becomes licensed is well defined in each of the states and territories of the United States (Schaffer, DeMers, & Rodolfa, 2011). Crane et al. (2010) asserted the existence of six core mental health professions consisting of clinical psychologists, professional counselors, clinical social workers, marriage and family therapists, psychiatrists, and psychiatric nurses. These core disciplines are all nationally regulated professions with national associations, training accreditation standards, and explicit licensure requirements. In a national investigation of mental health practitioners providing services through the large insurance company CIGNA, 93 different mental health licenses were identified, indicating variations within disciplines from state to state (Crane & Payne, 2011). For the purposes of the current study, two specific mental health disciplines, licensed professional counselors and licensed psychologists, are explored.

Licensed Professional Counselors

Licensed professional counselors are a relatively new professional group compared to other mental health professionals such as psychiatrists, psychologists, social workers, and psychiatric nurses (Remley & Herlihy, 2010). The American Counseling Association (2011) defined licensed professional counselors (LPCs) as master's-degreed mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders. Leahy, Rak, and Zanskus (2008) suggested that the general field of counseling grew out of various groups of specialties areas including vocational counseling, school counseling, mental health counseling, and rehabilitation counseling.

The counseling profession owes many of its humble roots to Frank Parsons and his work in the field of vocational counseling (Corey, Corey, & Callahan, 2007). Since this time, the

counseling professional has steadily established itself over the last 40 years. Counselors, as licensed mental health professionals, began to establish themselves in the mid-1970's (ACA, 2011). The State of Virginia established the first licensed mental health counselor in 1975. By 1989, there were 22 states with established licensed counselors, 45 states in 1998, and all 50 states in 2009 (ACA, 2011). During the era, the counseling profession, as a distinct body of competent mental health providers, has grown steadily in reputation and acceptance. There are presently over 120,000 licensed professional counselors practicing in the United States, District of Columbia, and Puerto Rico (ACA, 2011).

Despite the relative infancy of the counseling profession, the field continues to grow. In the year 2013, counselors have gained important recognition as service providers in several large federal programs, including the U.S. Department of Defense Substance Abuse Program, the Veterans Administration, and TRICARE (Urofsky, 2013). Counselors, along with partnered mental health professionals such as psychologists, social workers, marriage and family therapists, and psychiatric nurses assist in treating the estimated 45 million adults in the United States who suffered from mental illness in the past year (Substance Abuse and Mental Health Services Administration, 2010).

Licensed Psychologists

In addition to professional counselors, licensed psychologists are also common mental health practitioners working in the field of mental health and psychological services. The American Psychological Association (2013b) described psychology as a broad discipline of science concerned with behavior. The discipline of psychology has its historical roots in other branches of knowledge such as physics, mathematics, and the biological and social sciences (Zlotlow et al., 2011). Herman and Sharer (2013) indicated that Connecticut was the first of the

United States to create a psychology licensure law, with all 50 states enacting psychology licenses by 1977 (Schafer, DeMers, & Rodolfa, 2011).

The pragmatic application of psychology did not significantly form in the United States until the 1940's, when clinical psychologists contributed to the World War II efforts through the assessment, prevention, and treatment of mental health issues related to combat and its aftermath (Zlotlow, Nelson, & Peterson, 2011). Psychology pedagogy and training elements became an integral part of the effort. Reeves (2006) noted that the need for the licensure of psychology practitioners treating the general public was rooted in the need to use individual state policing powers to protect the public from potential incompetence in the professional practice. Presently there are more than 93,000 practicing psychologists in the United States (American Psychological Association, 2013a). In order to practice psychology independently, all licensees must pass the Examination for Professional Practice in Psychology (EPPP), which is a prerequisite for licensure in the United States (Sharpless & Barber, 2013; Schaffer, DeMers, & Rodolfa, 2011). Although the need for a compatible national license in the counseling professional is expressed throughout the professional literature, professional counselors still struggle in achieving a national professional identity (King & Stretch, 2013).

Professional Licensure Requirements and Professional Practice

Successfully attaining a professional license is needed to practice within any given health field. Robiner, Dewolfe, and Yozwiak (2010) suggested that the licensure of health professionals is a mechanism for assuring the public that practitioners meet minimal standards for practice. Although similarities exist among the various licensed mental health professionals, each distinct license encompasses its own requirements and standards. In every state in the U.S., state legislatures have also established competency and accountability standards for licensed providers

to protect clients from professional practicing outside of their area of competence (Crane et al., 2010). The importance of governing the licensure of mental health professionals exists in the professional literature. Smith (2011) suggested that societal pressures over the last several decades have increased the pressure for mental health therapists to become licensed, resulting in greater professionalism, and competing licensures that essentially encompass the same professional duties.

Within a given professional licensure discipline, state licensure laws, national professional organizations, and educational standards all contribute to the establishment of minimum qualifications for professionals delivering mental health services. For example, the State of Ohio Counselor, Social Worker, and Marriage Family Therapist Board (CSWMFTB) mandates licensed professional counselors in Ohio to adhere to its *Laws and Rules* (2013). Counselors in Ohio, for example, are also encouraged to maintain membership in the American Counseling Association and adhere to the organization's Code of Ethics (2014). Lastly, counselors in Ohio are also commonly educated and trained through graduate programs in counseling accredited by the Council on Counseling and Related Educational Programs (CACREP), which provides standards for these respective educational programs (2009).

Education and Supervision Requirements

Licensure requirements also vary according to state laws and standards. In a review of the educational and clinical supervision licensing requirements of the six core mental health professions, Crane et al. (2010) found a vast amount of distinction in the training requirements of mental health professionals. Results indicated that licensed marriage and family therapists are required to have a master's degree in marriage and family therapy or related degree and two years of post-master's supervised clinical experience. Licensed psychologists are required to

have a doctorate in clinical or counseling psychology and two years of clinical supervision. Licensed clinical social workers are required to have at least a master's degree in social work and two years of post-degree supervised experience. Licensed professional counselors are required to have at least a master's degree in counseling or a closely related field and two years of clinical supervised experience. Psychiatrists are required to have graduated from medical school, complete a 3-4 year medical residency in psychiatry, and be certified by the American Board of Psychiatry and Neurology. Finally, psychiatric nurses are required to be a registered nurse with a master's degree in nursing with a specialization in psychiatric nursing/mental health and two years of supervised clinical experience. Though licensure laws and accreditation are not guarantees, mental health consumers can be reasonably confident that if an individual is licensed in a mental health discipline, the practitioner possesses at least a minimum level of competence in the application of mental health practice (Crane et al., 2010).

Continuing education is an essential part of lifelong professional learning for licensed mental health professionals (Neimeyer, Taylor, & Wear, 2009). Bradely, Drapeau, and DeStephano (2012) asserted that continuing education is one of the methods for professionals to maintain and increase levels of competence. Morris and Minton (2012) argued that continuing education is critical for current and future licensed practitioners. In order to maintain professional licensure, state licensing boards require the earning of continuing education credits before a renewal of the license is awarded (Corey, Corey, & Callahan, 2011). Wilicox, Remley, and Gladding (2012) suggested that continuing education also aids licensees in avoiding professional isolation that can come from being in a solo practice or in remote geographical areas.

Continuing education requirements vary according to professional license and state board requirements. Most state licensure and certification boards have set a minimal number of continuing education credits for maintaining one's credentials (Remley & Herlihy, 2010). For example, in the State of Ohio, the CSWMFTB require a licensed professional counselor to complete thirty hours of continuing education for license renewal. Three of the hours must be completed in counseling ethics, and supervision training must be completed for supervising counselors (2013). This guideline is consistent throughout many state licensing requirements (Pope & Vasquez, 2010).

Adherence to Code of Ethics

Professional counselors need to be aware of the relevant ethical codes to guide and lead both their general practice and the specialty knowledge related to the professional duties in which they perform. Corey et al. (2011) noted that various professional organizations including marriage and family therapy, counseling, social work, psychology, and psychiatry have established codes of ethics to provide consistent guidelines for professional practitioners in the respective field. In a survey of experts in the counseling field regarding counseling ethics, the most important ethical code identified was ensuring that counselors practice ethically and abide by ethical codes (Herlihy & Dufrene, 2011). Leppma and Jones (2013) suggested that in the counseling profession, many ethical standards exist that help define and guide best practices for professional counselors. In the counseling profession, the American Counseling Association (ACA) is the national organization that creates and maintains a code of ethics for the counseling field to follow (2014).

ACA Code of Ethics

The American Counseling Association (ACA) Code of Ethics (2014) provides vast ethical guidelines to direct and advise licensed counselors in a variety of settings and roles (Remley & Herlihy, 2010). The entirety of the various ethical codes speaks to the broad professional behaviors of licensed professional counselors. In addition, the ethical codes also communicate both directly and indirectly to the role of expert witness and courtroom involvement. Ethical code A.1.b. applies to record keeping, an essential element of court testimony. Code A.2.a. refers to getting informed consent with the client. Code A.5. focuses on the roles and relationship with clients, including changing role from a non-forensic related role to a forensic role, such as court expert witness. Code A.6.a. refers to advocating for clients, needed at times in the forensic capacity, while code A.9.b. emphasizes competency in all areas of counseling application (2005; 2014). Pope and Vasquez (2010) suggested that these codes should be strictly adhered to when mental health professional are involved in any court-related matters.

Additional ethical codes also relate to court testimony. Code B.2.c. refers to court-related disclosure, emphasizing the need for informed consent, release of information, and sensitivity to limit all information being disclosed. Codes C.2. and C.4. further demand competency and accurate communication of professional qualifications, especially important when performing in a forensic capacity. Lastly, ethical code E.2 emphasizes the need for competent use and interpretation of assessment instruments tests. Assessing and interpreting standardized tests are often components of court testimony and essential knowledge for mental health professionals involved in the practice (Drummond & Jones, 2010; Neukrug, Peterson, Bonner, & Lomas, 2013).

Mental Health Law

The topic of mental health law encompasses a broad set of principles and concepts well researched in the expansive existing literature. Slobogin, Rai, and Reisner (2009) suggested that mental health law is the interface between the mental health system (the collective group of services, institutions, and personnel involved in the assessment, diagnosis, and treatment of emotional, psychological, or psychiatric disorders in both public and private settings) and the legal and criminal justice systems. Comprehensive mental health law systems have the potential to reduce the stigma of mental illness and increase the presence, accessibility, and quality of mental health treatment (Phillips, 2013).

According to the World Health Organization (2003), mental health legislation is necessary for protecting the rights of people with mental disorders and a vulnerable section of society. These individuals face stigma, discrimination, and marginalization in all societies, which increases the likelihood of violating a person's human rights. Though the need for mental health law is vital, Hanlon, Tesfaye, Wondimagegn, and Shibre, (2010) expressed concerns about the absence of mental health law and legislation in low and middle-income nations globally. Mental health legislation must balance the needs and interests of a person with mental illness and the needs and interests of a given society (O'Reilly, Chaimowitz, Brunet, Looper, & Beck, 2010), creating a challenge for societies, legislatures, professional organizations, and mental health clinicians to competently advance the needs of the emotionally vulnerable.

Previous researchers have found prominent issues on mental health and the legal and criminal justice systems. The issues include client records, confidentiality, civil commitment, criminal punishment and sentencing, competency, legal insanity, and child custody and parent fitness (Greene, Heilbrun, Fortune, & Neitzel, 2007; O'Reilly et al., 2010). Siegal (2012) found a

lack of previous mental health services among individuals with extensive criminal histories, promoting a need for greater emphasis on the treatment of the criminally insane. Christy, Handelsman, Hanson, and Ochshorn (2010) studied the various mental health licenses, including counselors and psychologists, in the ability to civilly commit a person to a treatment facility involuntarily. Addressing the issue of competency to stand trial, Aprile (2012) asserted that issues of mental incompetencies remain highly debated in mental health law.

Numerous studies have examined various aspects of mental health law applied to the clinical practice of professionals in the mental health field related to court testimony and recognition as an expert witness. Moore et al. (2013) examined mental health law applied to professional counselors testifying in matters of parental alienation and child custody. Moore and Simpson (2012), who argued that a thorough knowledge of applicable counseling laws and regulations must be a part of one's professional practice, studied the clinical elements of mental health law and clinical supervision. Lastly, in a survey of attorneys utilizing mental health professionals in court testimony, Bow et al. (2011) found that the role of professionals is essential to many components of domestic and civil law.

Confidentiality

In the mental health field, confidentiality refers to the mental health professional's obligation to ensure the client's privacy and protect the information that they reveal in treatment from any disclosure without client consent (Remley & Herlihy, 2010). Confidentiality is commonly recognized as an essential element in the therapeutic value of mental health assessment and treatment (Moyer, Sullivan, & Growcock, 2012; Drummond & Jones, 2010). The concepts and implications of confidentiality also extend to the related topics of records disclosure, privileged communication, duty to warn, and mandatory reporting (Wilicox, Remley,

& Gladding, 2012). Several studies examined the role of confidentiality as an important construct in mental health assessment and treatment.

Confidentiality rights and limitations also extend to the assessment and treatment of minors and other vulnerable populations. Riley (2010) asserted that minors have very few rights to confidentiality from parents and guardians. Additionally, Hoyt (2013) found limitations to confidentiality with members of the military, including access to records, preventing threats to safety, public health purposes, judicial or administrative proceedings, and law enforcement investigations.

Mental health professionals must go through a comprehensive review of client rights and pertinent laws, in conjunction with consultation and supervision in sensitive matters of confidentiality (Brooks, Fiedler, Waddington, & Zink, 2013). In a related study that examined client privacy in matters of large-scale disasters, Call, Pfefferbaum, Jenuwine, and Flynn (2012) found that violations of confidentiality were common in disaster response and mental health interventions. Mental health professionals, regardless of the setting and constitution of practice, must recognize confidentiality and the limitations that exist related to the fundamental right.

Dual Relationships/Boundary Issues

Dual relationships and boundary issues are another legal and ethical issue in the mental health field related to professionals serving as expert witness in court testimony. Remley and Herlihy (2010) suggested that possibly no other ethical or legal issue has caused more controversy in the mental health field than dual relationships and boundaries in the client-therapist relationship. Dual relationships occur when the professional relationship is impaired due to the combining of incompatible roles (Corey, Corey & Callahan, 2011). Boundary violations can occur in multiple contexts within the mental health profession, but are most

commonly see in the supervisory and therapist-client interpersonal relations dynamic (Dickens, Johns, King, & Park, 2013).

Performing multiple professional roles when working with a family involved in high conflict divorce can lead to potential problems. For example, being the child's therapist can be one role, yet providing professional opinions about a parent or being an evaluator of custody is essentially a dual relationship and possibly crossing boundary lines (Bow et al., 2010; Moore et al., 2013). Maintaining a high priority on client welfare and role identification is important when working with these complex clinical cases (Dickens et al., 2013).

Scope of Practice

In an effort to maintain ethical professional practices, a mental health provider must only provide services within their specific scope of practice (Remley & Herlihy, 2010; Corey, Corey, & Callahan, 2011). Past researchers examined the topic of professional scope of practice and confirmed this importance. Findley et al. (2012) suggested that a practitioner's scope of practice encompasses the roles and tasks performed by the professional, along with the typical education, training, and competencies required for the practice. In a similar study, Baker (2010) noted the importance of services provided by a practitioner judiciously use diagnostic and therapeutic resources found within the scope of competency of that profession. When a mental health professional finds oneself practicing outside of their professional scope of practice, it is important to seek the appropriate education, training, and licensure to continue work within that scope (Morgan, Miller, & Stretch, 2012). In order to be seen as a credible professional in a chosen field, the practitioner must maintain conduct within the established scope of practice for the profession (Bow et al., 2010; Brodsky, Griffin, & Cramer, 2010).

Bias/Self Awareness

The recognition of personal bias and the need for ongoing self-awareness is an important element of mental health assessment (Drummond & Jones, 2012). Robb (2006) suggested that bias is a natural part of the human condition. McDermott, Watkins, and Rhoads (2013) asserted that bias commonly exists in mental health assessment and evaluation and occurs when assessors drift away from established testing protocol. Mental health professionals are particularly vulnerable to bias influencing clinical opinion in matters of parental custody (Bow et al., 2010; Bow et al., 2011; Edens et al., 2012; Pickar, 2007). In order to counteract the influence of bias, Hansen (2009) argues that self-awareness adds to the self-introspection and stability of clinical work. Additionally, Robb (2006) suggested that numerous interventions can limit the role of bias including awareness, reliance on reliable and valid instruments, seeking contradictory evidence, and getting ongoing training in assessment techniques and processes.

High Conflict Divorce

Divorce is a significant life stressor and involves a variety of losses and adjustments including emotional, financial, and physical (Cohen & Levite, 2012). Each year 1.2 million marriages end in divorce in the United States (US Census Bureau, 2009) with an average length of a first marriage being 8 years (Henry, Fieldstone, Thompson, & Treeharne, 2011). In addition to the vast number of marriages ending, 10% of divorcing families have disagreements over the custody of dependents (Luftman et al., 2005). The professional literature identifies high conflict divorce as a complicated legal and mental health issue involving many mental health professionals. Cohen and Levite (2011) asserted that high conflict divorce is characterized by a divorce process lasting at least 2 years. Additionally, the divorcing relationship consists of a high degree of hostility, anger, and distrust, ongoing communication difficulties, and disagreement

about the care of the minor children usually involving custody litigation. In an additional study exploring the clinical dynamics of high conflict divorce, Levite and Cohen (2012) aptly labeled this process the "tango of loving hate" (p. 46) to describe the intense and complex contradictions inherent in the conflictual divorce process.

Henry, Fieldstone, Thompson, and Treeharne (2011) also suggested that the future outlook on divorce remains grim, as projections indicate an ongoing future trend of 43% of marriages ending in divorce, resulting in the sustaining of 25% of U.S. homes containing children in single parent families. In conceptualizing the predictors of couples engaging in high conflict divorce, Malcore, Windell, Seyuin, and Hill (2010) found that the ability for co-parents to agree on the shared child's welfare as well as effective communication skills were statistically significant in lessening the amount of time the parents went to court over divorce matters.

Custody Disputes

In the course of contested marital separations and divorces, parents often disagree on the parental custody of minors (Pope & Vasquez, 2010; Moore & Simpson, 2012; Cohen & Levite, 2011; Remley & Herlihy, 2010). A highly combative and volatile area of mental health counseling is that of contested divorce and custody litigation (Moore et al., 2013; Pickar, 2007; Terzuoli, 2010). The phenomenon is mostly due to custody/visitation issues, both during a fresh divorce or change in custody arrangements (Patel & Choate, 2014). Malcore, Windell, Seyuin, and Hill (2010) found that several factors contributed to the presence of the disputed custody of minors including parental perceptions of time with the children, control and access over children, personality styles, and financial matters related to custody. Cashmore and Parkinson (2011) furthered these findings by asserting that parental concern about the child's safety and a child's resistance to parental contact and visitation were factors in ongoing custody disputes.

Parental Alienation/Parental Alienation Syndrome

Inherent in many clinical cases of high conflict divorce is the presence of parental alienation. Gardner (1985, 1989) described parental alienation syndrome (PAS) as encompassing the dynamic when children have anger and hostility toward one parent, the targeted parent (TP), without justification. The alienating parent (AP) can then purposefully disrupt the bond that exists between the targeted parent and the child (Gardner, 1985; Moore et al., 2013). Parental alienation creates a challenging conundrum for the mental health professional involved in treatment, although there is an ongoing debate in the professional literature as to whether parental alienation syndrome actually exists (Rand, 2011).

The conflict involved in parental alienation and the divorce process begins to define the parental relationship resulting in parents being stuck in hostility and anger, and repeatedly exposing the children to these negative emotions (Levite & Cohen, 2012; Moore et al., 2013; Pickar, 2007). Parental alienation involves a parent's deliberate attempts to alienate a child or children from the other parent (Mone' & Biringen, 2012), sometimes resulting in a child refusing to spend time with a parent (Walters & Friedlander, 2010). A fascinating element of high conflict divorce are the findings that most parents involved in high conflict divorce were at one time highly happy and devoted to each other in the relationship (Micham-Smith & Henry, 2007). The intensity of the feelings involved in high conflict divorce and parental alienation often induce the involvement of mental health professionals into the clinical dynamic and the possibility of court opinion and testimony (Bow et al., 2010; Patel & Choate, 2014).

On a pragmatic level, Levite and Cohen (2012) concluded that mental health professionals need to have a thorough understanding of couples engaged in high conflict divorce to assist parents and families through the relational challenges association with high conflict

divorce and parental alienation. Trinder, Kellet, and Swift (2008) suggested there remains strong evidence that the quality of the relationship between children and the non-resident parents is of vital importance to the child's adjustment to the parental divorce. The clinical importance of the parent-child relationship can require the involvement of mental health professionals in individual and family therapy (Bow et al., 2011).

Court Testimony

Counselors, psychologists, and other mental health professionals are frequently being asked to share expertise in the context of professional opinion and court testimony (Bow et al., 2011; Edens et al., 2012; Moore et al., 2013). Mental health evidence and testimony are frequently seen as essential to addressing certain legal issues related to the emotional health of court participants (Edens et al., 2012). Mental health professionals provide court testimony within various clinical capacities including the individual child or adult therapist, the family therapist, the treating psychiatrist, and the clinical or forensic assessor (Moore et al., 2013). In a study that investigated the role of the mental health professional in court testimony, Edens et al., (2012) found the use of a mental health profession's testimony in both criminal and civil cases. In addition, the opinions of mental health professionals are used in cases of the receipt of disability benefits or damages related to negligence cases, child custody disputes, insanity/diminished capacity cases, sentencing issues, competency to stand trial, malingering, and violence risk potential.

A frequent clinical situation involving mental health professionals in court is in matters of high conflict divorce and child custody (Moore & Simpson, 2012; Terzuoli, 2010). Attorneys may view the mental health professional as an expert witness to provide records or testimony due to the professional's knowledge and treatment of a client, rather than as a formal evaluator

(Moore et al., 2013; Patel & Choate, 2014). Patel and Jones (2008) asserted that as family courts are overwhelmed with divorcing families seeking to determine child custody arrangements, it is important for judges to have information regarding the family that allows them to make decisions that support the welfare and best interests of the child. Mental health professionals offering opinions in matters of court take an inherent risk when do this and need to be sure to remain within the ethical and legal bounds of competency (Bow et al., 2010). When professionals offer opinions based upon psychological tests, inventories or questionnaires, mental health evaluators must be careful not to mislead the court (Sparta, 2008) and remain in the scope of the clinician's professional practice (Patel & Jones, 2008).

Responding to Subpoenas

Receiving a subpoena can be an intimidating and frightful experience for a counselor (Brodsky & Terrell, 2011; Moore et al., 2013; Remley & Herlihy, 2010). A subpoena is a formal request for the production of documents (*subpoena duces tecum)*, or a request to personally appear (*subpoena ad testificandum)* in court or other legal proceeding (Woody, 2007). A counselor failing to respond to a subpoena could result in jail time or a fine. When receiving a subpoena, it is important for a counselor to understand the motives behind the subpoenaing agent and contact the client to ascertain the need for a signed release of information (Moore & Simpson, 2012; Woody, 2007). Attorney's intentions can range from hostile to friendly, depending on the situation at hand (Barsky, 2012). A mental health professional must remember that attorneys represent their clients exclusively, and have no loyalty, allegiance, or care about the ethical or legal limitations that govern the counselor. The lack of care or knowledge may expose the novice or unaware counselor to legal and ethical violations.

Serving as Expert Witness

Expert Witness in Court

In courts of law, expert witnesses are asked to testify in order to educate or provide scientific data or professional opinions or conclusions (Brodsky, Griffin, & Cramer, 2010). Testifying in court as an expert witness can be a nerve-racking experience for those from a variety of disciplines (Carlson, 2013). Mental health and medical experts have a long history of providing testimony based on clinical knowledge and experience. Written documentation of medical testimony dates back to 1311 where courts began utilizing expertise because they had special knowledge or experience regarding the issue before the court, and assisting the court by offering opinion (Bank, 2001).

The origin of the use of expertise used in modern courts stems from a desire to find reliable and objective expert testimony, solutions to the problems judges face in understanding the difficult issues that come before judges, and ways to improve judicial efficiency (Welch, 2010). Society cannot expect judges to possess the all-encompassing knowledge needed to be considered experts in all matters that come before the court (Carlson, 2013). Subject matters presented to the court are diverse, and judges then rely on information and knowledge provided by experts in the various fields. Experts testify as to specific information needed to fairly and thoroughly address court issues (Bow et al., 2011; LaFortune & Carpenter, 1998). Licensures vary among mental health professions and commonly encompass professionals such as psychiatrists, psychiatric nurses, clinical psychologists, professional counselors, clinical social workers, and marriage and family therapists (Bow et al., 2011). All of the respective licensed professionals are nationally regulated disciplines with regulated training standards and licensing requirements (Crane et al., 2010).

According to Slobogin, Rai, and Reisner (2009) federal rule 702 defines an expert as one who is qualified to speak on a given issue through knowledge, skill, experience, training or education. In a study on psychologists as expert witnesses, Ireland (2008) identified an expert witness as an individual with experience or knowledge beyond that expected of a typical layperson. The results indicate that an association exists in the expertise of professional and high levels of competency. Additionally, licensing boards and the ACA Code of Ethics (2014) require all licensed professionals to display a professional disclosure statement listing the clinician's areas of competency within their scope of practice.

Therapists testifying within the scope of practice and areas of competency indicate a level of expertise in a given field (Patel & Jones, 2008). The role of mental health professionals with high levels of expertise is to assess a client accurately and have adequate clinical exposure to a case and relevant components of a profile (Leppma & Jones, 2013). When a competent mental health professional provides significant treatment after a thorough assessment within the scope of practice, professionals are able to testify as expert witnesses on behalf of clients (Pickar, 2007).

Mental health expertise in court informs many issues, including children's placement, risk assessment, eyewitness reliability, disputed confessions, and fitness to plead and stand trial, sentencing, and mitigation (Leslie, Young, Valentine, & Gudjonsson, 2007). Partially in response to the inadequacy of guidelines for resolving custody disputes, judges have increasingly turned to the mental health professions for guidance and support (Bolocofsky, 1989; Bow et al., 2011). Researchers argued that having a mental health license does not indicate that professionals could demonstrate a high level of expertise in the area of practice or when providing testimony before a court (Grossman & Koocher, 2010). Experts chosen need to be

professionals who demonstrate through training and experience as an expert in a respective field (Gaughwin, 2009).

Researchers argued that the legal community's view of mental health experts testifying in court proceedings is conflicted, ranging from strongly accepted and endorsed to guarded and suspicious (Bow et al., 2011; Edens et al., 2012). Additionally, Edens et al. (2012) asserted that some mental health professionals provide bias testimony as an expert even with the benefit of case knowledge. The results indicate that mental health professions must collectively recognize the behavior and take steps towards reversing the practice. Additionally, the results indicate that the competent practice in the clinical dynamics associated with court testimony reverses the practice and limit liabilities associated with the professional role.

Professional Counselors

Professional counselors have a history of providing professional services within the criminal justice and court system (Patel & Jones, 2008). Due to the relative youth of the professional counseling licensure, little formal research exists on the role of the counselor in a forensic capacity. Patel and Choate (2014) asserted that professional counselors possess the knowledge and skills to be competent as mental health evaluators in child custody disputes. Counselors possess the knowledge, skill, education, and abilities to advocate for clients in a variety of settings, including the criminal and domestic court (Lee, 2007).

Results of previous studies found that professional counselors provide court testimony and expert opinion in a variety of forensic contexts. According to the U.S. Bureau of Justice Statistics, 56% of state inmates, 45% of federal inmates, and 64% of county jail inmates have mental health problems (James & Glaze, 2006). With these staggering numbers, a large element of criminal behavior is likely to be a result of emotional problems or mental illness and increase

the involvement of professional counselors. Professional counselors are often involved in the treatment of these individuals both prior to criminal activity or after (James & Glaze, 2006). In addition, professional counselors have long provided clinical services to married couples, families, and children (Wilicox, Remley, & Gladding, 2012). As divorce rates climbed in the past decades, counselor's involvement in domestic court issues has also increased (Grossman & Koocher, 2010; Patel & Jones, 2008). Counselors interacting within the legal environment must contend with a system that operates by a different set of rules, behaviors, and dispositions than the settings where most counselors are accustomed (Remley & Herlihy, 2010).

A booming area of counselor involvement in courtroom procedures is in the domestic court as evaluator or expert witness (Vertue, 2011). Once dominated by psychiatrists and psychologists, counselors are finding themselves increasingly involved in court processes (Moore et al., 2013; Patel & Choate, 2014). Over the last decade, professional counselors have seen an increase in providing court testimony and opinion, due to a variety of variables (Moore & Simpson, 2012). The first likely reason for the increase is the cost. Attorneys often subpoena counselors to testify because treating counselors are less expensive than requesting a formal custody evaluation, which licensed psychologists have historically completed (Patel & Jones, 2008; Woody, 2007). Formal custody evaluations cost thousands of dollars, take several weeks, and require multiple appointments to meet with several parties (Brodsky & Terrell, 2011).

Another likely reason for the increase in counselor use as expert witness is due to the greater and more significant contact counselors have with the client, especially in domestic and custody matters (Murphy, 2011). After several sessions in couples, family, or child therapy, counselors have expansive information on the feelings, issues, and dynamics that are often part of domestic situations and custody matters. Judges and juries have come to respect counselors

for helping to resolve difficult psychosocial issues (la Forge & Henderson, 1990). Attorneys, magistrates, and judges have recognized the value of these opinions and were more likely to promote the communication of the information in a formal capacity (Bow et al., 2011; Patel & Jones, 2008; Vertue, 2011).

Professional counselors, similar to other licensed mental health professionals, are finding themselves testifying in a variety of courtroom environments and matters at an increasingly rate (Murphy, 2011; Patel & Choate, 2014). Counselors have been involved in court testimony for a variety of reasons including friends of the court, expert witness, and witnesses of fact. Additionally, counselors are appearing in court as defendants and plaintiffs in matters involving personal injury, wrongful death litigation, divorce, child custody, child abuse, worker's compensation, and vocational issues (Grossman & Koocher, 2010; Krieshok, 1987; la Forge & Henderson, 1990). Of these many roles, a counselor testifying in court in the area of domestic relations is one of the most common areas of involvement for professional counselors (Patel & Choate, 2014).

Licensed Psychologists

Previous researchers have also examined the role of licensed psychologists in court testimony, who have historically been called to testify. The specialty of forensic psychology exists at the convergence of the law and justice system with professional scientific psychology (Varela & Conroy, 2012). Jackson (2008) noted that the discipline of legal psychology has experienced great growth in recent years as has licensed psychologists' role as trial consultants (Cramer, DeCoster, Harris, Fletcher, & Brodsky, 2011). Additionally, Ireland (2008) asserted that psychologists are particularly equipped with the skills needed for competent court testimony.

Traditionally, doctoral level clinical and counseling psychologists are more likely than master's level clinicians to use psychological testing and conduct formal custody evaluations as a response to court involvement (Bow et al., 2011; Patel & Jones, 2008; Vertue, 2011). In a dated study surveying non-medical mental health professionals conducting formal child custody evaluations, LaFortune and Carpenter (1998) found that 89% of professionals performing these evaluations were licensed psychologists. In a survey study of mental health professionals serving as expert witness, Edens et al. (2012) found that 42% of all expert witnesses studied were licensed psychologists, compared to 47% psychiatrists, and 11% master's level clinicians.

In a study conducted by Thornton, Eurich, and Johnson (2009) results assisted the researchers in providing a set of recommendations for psychologists testifying in court proceedings. Recommendations included achieving competence through education, degree, and credentials, competence thorough professional work and attention to detail, skilled use of statistics, knowledge of the law and relevant statutes, and clear role identification. Previous researchers have also suggested that psychologists are testifying in court at an increasing rate in other countries. For example, Navarro and Gudjonnson (2008) found that due to changes in Chilean law, more psychologists are testifying in court matters.

The American Psychological Association created the first guidelines for professionals providing court opinion related to child custody in 1994 (Martindale, 2007) and expanded upon the guidelines in 2010 (APA, 2010). The guidelines serve as a unique and critical teaching element in the mental health field. Vertue (2011) noted that the guidelines were introduced to address the concerns of critics over the inconsistencies and lack of specific training for mental health professionals conducting custody-related clinical opinions. Additionally, Bow et al.

(2010) asserted that the guidelines are essential in ensuring the ethical and competent practice associated with child custody evaluations.

According to the *Guidelines for Child Custody Evaluations in Family Law Proceedings* (2010) licensed psychologists' involvement can cover a broad range of issues including custody, maintenance, spousal and child support, valuation, visitation, relocation, and termination of parental rights. The guidelines also provide detailed suggestions as to the professional behavior, endeavors, or conduct for psychologists involved in family law proceedings. Professional counselors do not have the equivalent guidelines for the counseling profession.

Professional License Ethical Complaints and Misconduct

Mental health practice requires a strict awareness of, and adherence to, both ethics and laws (Woody, 2011). Pope and Vasquez (2010) asserted that in general, ethics relates to the content and nature of moral judgments, whereas a law provides a formally established rule regulating the conduct of people within a particular profession that must be obeyed in order to avoid legal sanctions. Ethical misconduct among professionals within a given field threatens the public's trust in the profession (Even & Robinson, 2013). A limited number of researchers have examined the categories and types of ethical complaints, violations and misconduct in the various mental health fields.

Brown and Pomerantz (2011) examined past literature on ethical misconduct and suggested that sexual and non-sexual multiple relationships, breeches of confidentiality, practicing outside boundaries of competence, practicing while impaired, and abandoning clients were common areas of concern. In a study that examined ethical questions of licensed psychologists, rather than specific complaints, Wiersbicki, Siderits, and Kuchan (2012) found that licensees most often had questions about the reporting of ethical violations of other

professionals, sexual intimacies with clients, multiple relationships, disclosures, boundaries of competence, and avoiding harm. Additionally, researchers asserted that some court-related testimony relates to multiple relationships, disclosures, or boundaries of competence. The various laws and ethical requirements of the different mental health professions can be complex, as legal and ethical standards differ between and among behavioral health and medical providers (Remley & Herlihy, 2010). The risk of licensing board ethical complaints has increased significantly over the past 10 years and can have serious consequences for the licensed professional regardless of the outcome of the investigation (Call, Pfefferbaum, Jenuwine, & Flynn, 2012).

Even and Robinson (2013) defined ethical misconduct as "acts of commission or omission that directly violate the standards of the profession as reflected in various codes of ethics and state licensure laws and regulations" (p.26) and noted the concern about how counselors are trained and socialized. Gentry (2007) suggested that 10% of counselors are actively violating an ethics code at any given time. Few recent studies have delineated the amount and nature of ethical complaint and censure against counselors. Analyzing a sample of ethical violations of licensed counselors, Even and Robinson (2013) found the most common violation was related to the competency of the professional, and that the majority of those sanctioned graduated from non-CACREP approved programs. Mascari and Webber (2006) found that in a narrow review of the ethical violations against counselors, a lack of professional identity was a common contributor to ethical misconduct.

In one of the few broad surveys of ethical complaints against counselors by state licensing boards, Neukrug, Milliken, and Walden (2001) found that inappropriate dual relationships (24%) and malpractice (17%) were the most common ethical complaints filed.

Again, although the specifics of the complaints against professionals were not delineated, it is possible that custody-related matters are entailed in the dual relationship or similar categories of complaints. The researchers also identified other areas of ethical complaints including: practicing without a license or other misrepresentation of credentials (8%), sexual relationship with client (7%), breach of confidentiality (5%), inappropriate fee assessment (4%), failure to inform (1%), and failure to report abuse (1%). Even and Robinson (2013) suggested that it is uncommon to find a single category of ethical violations, as most cases of ethical misconduct analyzed included violations in more than one category.

Ethical complaints to licensing boards resulted in a variety of consequences, including license suspension, license revocation, required supervision, or suspension from certain areas of practice (Call, Pfefferbaum, Jenuwine, & Flynn, 2012). Ethical complaints against a licensed mental health provider can also be directed to the ethics committee of the professional organization to which the professional belongs. After investigating a complaint, a professional ethics committee can potentially dismiss a case or issue a reprimand, censure, expulsion, or stipulated resignation (Fisher, 2009). Additionally, it is possible for ethics committees to suspend certain professional duties, require additional training and/or supervision, seek independent assessment for personal mental health services, or agree to a monitored probationary period (Bow et al., 2010; Fisher, 2009).

Neukrug, Milliken, and Walden (2001) found that state boards only investigated 10% of all ethical complaints against counselors. Thus, it is important to observe that even though a small percentage of ethical violations end in investigation or censure, counselors and other mental health professionals must remain diligent in ethical practice due to other consequences. Other common potential consequences include professional malpractice, financial viability,

professional reputation, and the advancement of the counseling profession (Bow et al., 2010; Fisher, 2009). Ethical complaints or censure can have a profound effect on the professional licensee involved. Warren and Douglas (2012) noted that an ethical complaint leads to stigma and judgment for some professionals, resulting in personal and professional shame, and isolation.

Counselor Education/Pedagogy

As the roles of counselors increase throughout the mental health and educational fields, counselor education and preparation must also evolve (Dixon, Tucker & Clark, 2010). In previous professional literature, researchers have examined the topic of counselor education and pedagogy relating to professional counselor competence when serving in the role of expert witness in court testimony (Jonsson, Baartman, & Lennung, 2009). The researchers found that professional schools have a responsibility to prepare students to become competent professionals.

In addition, in a 2013 study, Kassirer et al. argued that although professional licensure is essential to establishing one's professional identity, counselor education programs are ultimately responsible for encouraging professional identity through the competent teaching of professional licensure requirements. Further, Even and Robinson (2013) suggested that one of the most imperative issues facing counseling education programs is ensuring the competency of the graduates of the programs. The results indicate that the role of counselor education programs are to ensure that providing educational counseling skills and competencies is relevant to the modern counseling environment (Swank, Lambie, & Witta, 2011).

Researchers argued that serving as an expert witness involves increasing risks for professionals; however, the need for professionals to provide expert witness testimony plays a vital role for courts (LaForge & Henderson, 1990). Counselor educators must recognize and

align programs to teach needed professional competency skills. Acquiring important competency skills involves the education, knowledge, training, and supervision qualifications of mental health counselors. The skills are beneficial when counselors provide expert witness and when conducting custody-related evaluations (Patel & Jones, 2008).

Counselors-in-training begin the development of an ethical and legal knowledge base and decision-making skills while enrolled in counselor education programs (Lambie, Hagedorn, & Leva, 2010). Programs are tasked with disseminating and teaching the information in a competent and comprehensive way, compatible and congruent with the need demanded by evolving counselor roles in the real world. Emerging counselors are generally recognized as not being adequately prepared to competently fulfill the professional roles demanded by the ongoing use of counselors as expert witness in court testimony (Greenberg & Shuman, 2007).

Curricular Elements/Pedagogical Emphasis

While the field of counselor education is tasked with competently teaching emerging counselors the skills needed to perform in the role of a professional counselor, counselor education programs and faculty are responsible for developing the specific curriculum to be emphasized in the program's pedagogy. Various elements of counseling curriculum have been examined in the recent professional literature. The examination includes spirituality (Dobmeier & Reiner, 2012), crisis (Morris & Minton, 2012), social justice (Dixon, Tucker, & Clark, 2010, Brubaker, Puig, Reese, & Young, 2010), and group counseling (Shoemaker, Ortiz, & Brenninkmeyer, 2011). There is a scarce amount of literature on the educational curriculum and course content pertaining to counselors serving in forensic roles such as expert witnesses and providing court testimony. In one of the few articles to specifically examine counselors performing in the clinical role, Patel and Jones (2008) strongly recommend the need for more

advanced training and specialized preparation of counselors when working with custody-related matters and court involvement.

An examination of the professional literature on ethics curriculum and content found previous studies investigating the phenomenon. Guo, Wang, and Johnson (2011) suggested that the main task of a legal and ethical issues class in counselor education is to teach students to maneuver competently through the hairy and potentially dangerous ethical issues that exist in the counseling field. In order for the maneuvering to be successful, course content needs to address the evolving needs of the profession. Counseling skills taught must also reflect the practical environments and situations in which counselors work. Warren, Hof, McGriff, and Morris (2012) asserted that counselor educators are urged to link counseling curriculum and theory to real-world clinical experiences and be grounded in the skills through effective pedagogy.

Examining and understanding the construct of pedagogical emphasis in counselor education is also important to the current research. Specifically, ascertaining factors that influence the specific pedagogical emphasis, or course content, is inherent in the investigation. Odegard and Vereen (2010) suggested the formative experiences as a counselor, supervisor, counselor educator, and scholar are all found to be influencing factors in the integration of the course subject matter. Hill (2004) examined how ethics are taught in counselor education programs and investigated course requirement, content taught, and preparation of professors in ethics as contributing to the pedagogy. Findings indicated a diverse and inconsistent application of techniques, texts books, and materials used in this single content area. Teaching emphasis can be influenced by a variety of personal and professional factors. Urofsky and Sowa (2004) examined counselor educators' beliefs about ethics education and the educators' perceived beliefs about the ability to teach certain topics within the discipline. Results indicated that past

clinical experiences could be contributing factors to counselor educators' pedagogical emphasis in ethics classes.

Significant research on the teaching and learning modalities commonly used to deliver the curricular content and pedagogical emphasis exists. Multiple studies have confirmed the use of lecture, group discussions, role-plays, guest speakers, readings, videos, and case studies/conceptualizations (Dobmeier & Reiner, 2012; Hill, 2004; Walter & Thanasiu, 2011; Warren et al., 2012) as common classroom activities to impart information. The emerging use of online and hybrid courses in counselor education is also changing the pedagogical modalities used in learning (Renfro-Mikel, O'Halloran, & Delaney, 2010).

CACREP Accreditation

The Council on the Accreditation of Counseling and Related Educational Programs (CACREP) is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in a variety of counseling disciplines, as well as counselor education and supervision (CACREP, 2013). The agency began in 1981 when the counseling profession was struggling to gain credibility and form a distinct identity from the other helping professions (Urofsky, 2013). The CACREP standards require counseling programs to meet certain criteria to be accredited by the council (CACREP, 2009). Stanard (2013) asserted that CACREP's primary purpose is to set education and training standards for the counseling profession. The standards are essential for the ongoing maturation of the counseling profession's identity (Adkinson-Bradley, 2013) as it moves towards common licensing standards and portability (Mascari & Webber, 2013).

Ethics Education in Counseling

Counselor educators need to continue to explore how counseling ethics are being taught, while investigating how effective and current these models are in preparing future counselors (Herlihy & Dufrene, 2011). Warren et al. (2012) suggested that educating counselors in ethical competence is essential to the well-being of the counseling profession and that teaching ethics is an essential responsibility of counselor educators. Teaching ethics effectively, however, can be a challenging and complex task (Hill, 2004). CACREP standards require master's counseling programs to include a class on ethical and legal issues in counseling (Guo, Wang, and Johnson, 2011). In a survey of experts in the counseling field regarding counseling ethics, Herlihy & Dufrene (2011) noted the importance of ensuring that counselors practice ethically and abide by ethical codes was the current ethical issue deemed most important by the participants.

Legal and ethics pedagogy in counselor education is a vital component of counselor formation. Kitchener (1986) identified the goals of a counselor education curriculum are to sensitize counselors to ethical issues, improve the ability to make ethical judgments, encourage responsible ethical actions, and tolerate the ambiguity of ethical decision making. Additionally, modern counselor educators recognize that counseling practices must be directed to the challenges practitioners face in implementing culturally intentional, competent, and ethical services. It is not clear, however, how counselor educators promote the development of the kinds of awareness, knowledge, and skills that effectively educate students to face these professional ethical challenges in the future (Pack-Brown, Thomas, & Seymour, 2008). Morrissette and Gadbois (2006) suggested that counselor educators need appropriate and adequate training to facilitate and monitor student learning and conduct teaching exercises according to current and relevant best practices. In studying ethical violations and counselor education, Mascari and

Webber (2006) aptly labeled the counselor educators' role as simply "salting the slippery slope" (p. 165) in an effort to mitigate the potential for ethical misconduct among counselors.

Summary and Conclusions

A review of the existing literature on the topics related to professional counselors and related fields serving in the professional capacity of expert witness, competency, ethical complaints, and job satisfaction contributes greatly to the justification and conceptualization of the current dissertation research. An emerging and troubling trend within the counseling profession is the increase in ethical complaints against licensed counselors pertaining to child-custody matters (CSWMFTB, 2012; Patel & Choate, 2014). The threat of ethic censure as a result of unpreparedness or incompetency can have dreadful influences on the job satisfaction and effectiveness of mental health professionals (Hartley, Devila, Marquart, & Mullings, 2013; Poaline & Lambert, 2012; Puig et al., 2012). Ineffective professionals unhappy with their jobs can negatively influence the mental health field, the clients served, and the advancement of social change.

Professional counselors frequently find themselves working with challenging couples and families embroiled in high conflict divorce, custody disputes, and parental alienation (Moore & Simpson, 2012). The counselor's professional involvement may result in the counselor being drawn into the court litigation and rendering professional opinions based on the treatment of children, parents, or family (Patel & Choate, 2014; Patel & Jones, 2008; Remley & Herlihy, 2010). Clinical opinions may include counselors serving in the role of expert witness in court testimony and reporting findings to attorneys, guardians ad litem, or triers of fact (Patel & Jones, 2008; Moore et al., 2013).

A thorough knowledge of ethical and legal issues in counseling is essential for the practicing counselor (Even & Robinson, 2013. The American Counseling Association's Code of Ethics (2014) directs the counseling profession through professional standards and guidelines. Ethical misconduct, violations, and complaints to state counseling boards and professional organizations are infrequent, but exist in the counseling profession (Gentry, 2010). Risky clinical dynamics, such as high conflict divorce, parental alienation, and custody disputes can subject the counselor to a higher likelihood of ethical misconduct (Moore et al., 2013; Pickar, 2007). A thorough awareness, knowledge set, education, and training of the potential clinical roles are vital for ethical practice (Pope & Vasquez, 2010; Terzuoli, 2010).

Counselor education programs exist to competently prepare counselors to meet the evolving demands of the modern counseling profession (Kassirer et al., 2013; Swank, Lamba, & Witta, 2011). As the relatively young counseling profession grows and evolves, the roles and obligations imposed on the licensed counselor also change. Educating counselors in legal and ethical practice through adaptive and specialized pedagogy is essential to the counseling profession (Urofsky & Sowa, 2004). Competent ethics education of counselors-in-training can be a substantial and complex challenge for counselor education programs (Even & Robinson, 2013). Revising and modifying course content and curricular elements to include these pedagogical challenges is needed (Guo, Wang, & Johnson, 2011).

Professional competency is imperative for all licensed professionals to possess, but especially needed in ethically sensitive areas of practice (Mascari & Webber, 2006). The lack of professional competency increases the licensee's risk of ethical censure (Patel & Jones, 2008) and lowers public trust in the profession (Even & Robinson, 2013). Ethical and legal complaints against licensed professionals, regardless of the complaint's legitimacy, can result in significant

stress and impairment to the professional (Neukrug & Milliken, 2011). Accordingly, increased job stress and pressure has been clearly linked to low job satisfaction (Hartley et al., 2013; Poaline & Lambert, 2012; Puig et al., 2012), potentially resulting in competent licensed counselors leaving the profession, and negatively contributing to the essential mental health components of progressive social change.

Although limited research exists on professional counselors and other mental health professionals serving in the role of expert witness and court testimony, a gap in the literature addressing and comparing the training, competency, ethical misconduct, and job satisfaction of these professions exists. The current research investigated the issue through quantitative analysis. This quantitative inquiry will add to the knowledge on the subject and compel counselor education programs to develop pedagogical interventions to address the growing professional problem, potentially resulting in better competency, less ethical complaints, and greater job satisfaction.

Implementation of Change

Change in the education, preparation, and competency of licensed professional counselors is needed to better prepare professional counselors for the growing clinical needs and responsibilities associated with the role of expert witness and court testimony in matters of high conflict divorce and child custody disputes (Moore et al., 2013; Moore & Simpson, 2012; Patel & Choate, 2014; Patel & Jones, 2008). The change can result in a reduction of ethical complaints against licensed professional counselors and increase job satisfaction. The compatible mental health discipline of psychology may offer a comprehensive training model to serve as an example for the counseling profession to use as a means of implementing the change. The current research is vital to furthering the investigation and potentiality for the development of a

similar comprehensive model for the counseling profession to address a troubling trend in the counseling field.

Resistance to Change

An awareness of the factors and systems contributing to the resistance to change is also needed. Large-scale changes in any established professional discipline, such as institutions of higher learning, is slow-moving and hard to achieve (Ginsberg & Bernstein, 2011). Changing the conventional pedagogy of graduate counseling programs may be equally as difficult. Bold confrontation of the resistance to change in the established profession of counselor education is vital. The potential seen in the research is to shed light upon the need for change and suggest the means and motivations needed to accomplish the task.

Discussions in Chapter 3 provides a focus on the methodology of the study, including the population, sampling procedures, variables, and statistical analyses. In addition, information about the threats to validity and the ethical protection of the participants are offered.

Chapter 3: Research Design

Introduction

Ethical complaints against professional counselors fulfilling the role of expert witness and providing clinical opinion in court testimony, especially involving domestic custody disputes, are becoming increasingly problematic (Barsky, 2012; Benitez, 2006; Carlson, 2013; Patel & Choate, 2014). Researchers have argued that professional counselors have low competency when providing court opinion in matters of child custody and court testimony (Patel & Coate, 2014; Terzuoli, 2010). The purpose of the study was to understand the effects of a professional counselor's and licensed psychologist's competency when serving as expert witness in court testimony and its relationship with ethical complaints and job satisfaction. Conducting the study involved utilizing a quantitative methodology with a correlational design.

In the State of Ohio, the CSWMFTB investigation department found that 50% of complaints against counselors referenced custody dispute issues (CSWMFTB, 2012). Additionally, child custody matters had the highest percentage of deposition and record requests of all matters and client types in the counseling profession (HPSO, 2014). Researchers have argued that counselors are emerging from counselor education programs with inadequate ethical and legal knowledge in the providing expert testimony in custody disputes indicating lower levels of job satisfaction (Moore et al., 2013; Patel & Choate, 2014). Researchers have also reasoned that job satisfaction in the field of mental health counseling is imperative due to the importance of job satisfaction on ethical behavior (Fu, 2014), and competence (Han et al., 2014; Ko, 2012; Lopez et al., 2014; Wurgler et al., 2014). Numerous factors have been found to lower the job satisfaction levels of mental health professionals (Rossler, 2012), including poor administrative support and leadership (Kawada & Otsuka, 2011), heavy caseloads and feelings of

incompetence (Acker, 2004), and the presence or threat of ethical complaints (Neukrug & Milliken, 2011).

The third chapter includes a description of the study's research design and rationale, the specific methodology utilized, and information on the target population. Also included is information on the study's estimated sample size, and sampling procedures. Lastly, the chapter includes the study's threats to validity and relevant ethical procedures associated with its implementation.

Research Design and Rationale

A quantitative research methodology was beneficial for conducting the present study in determining whether the education and training received by professionals, and the level of ethical complaints against professionals, affect job satisfaction levels of counselors and psychologists who provide professional court opinion and testimony. A survey method of inquiry was used with a correlational approach from a post-positivist worldview as the strategy for the quantitative study. The design allowed for the discovery of the predictability of the independent and moderating variables (education and training, level of ethical complaints) on the dependent variable (job satisfaction) (Frankfort-Nachmias & Nachmias, 2008). The post-positivist philosophical assumption implies that multiple explanations exist as to why a phenomenon is occurring (Creswell, 2009; Trochim, 2006).

A nonexperimental, correlational design with regression, t-tests, correlation, and general linear statistical models was used to explain the relationship among dependent and independent variables. The dependent variable was job satisfaction as measured by a job satisfaction scale incorporated into the survey instrument. The independent variables included competency level, professional licensure (licensed professional counselor or licensed psychologist), ethical

complaints, education level (doctoral degree or master's degree), and experience levels. Independent measures were assessed utilizing a new instrument developed by the researcher named the *Professional Competency Standards Instrument*.

Creswell (2009) asserted the existence of three types of research design: True-experiment, quasi-experimental, and correlational. Correlational design was beneficial to the study due to its ability to utilize statistical models to understand relationships between independent and dependent variables. For example, the correlational design is beneficial when utilizing a Pearson's Product Moment Correlation Coefficient test to understand if there is a linear relationship between participant's competency level and job satisfaction. If a relationship is significant, results indicate the strength and direction of the relationship.

The research design of the quantitative study was a non-experimental, correlational design using a close-ended survey. The survey was beneficial for collecting numeric data to analyze research questions and hypotheses. The quantitative methodology was chosen for the ability to sample a large group of subjects covering a large geographical area. The methodology was beneficial for utilizing statistical models to test theories and relationships among variables when applying reliability and validity standards using an unbiased approach.

A qualitative approach is not suitable for the study because the strategy of inquiry includes methods such as phenomenology, ethnography, case studies, or narrative approaches. Additionally, the qualitative study allows personal values in the study, is better suited when collaborating directly with participants (Creswell, 2009), and uses a smaller sample size. A mixed methods design was not suitable for the study because of the qualitative aspects of the mixed methods approach and the determination that correlational survey data would yield

adequate depth for the purpose of the research. The only time constraint identified in this study was the length of time needed to collect data.

The variables in this study have not yet been tested in other studies to understand how competency levels of professional counselors and licensed psychologists affect ethical complaints and job satisfaction. Utilizing the correlational design was beneficial because the results of statistical models provide an understanding among the variables and close the literature gap that exists with the topic. The technique then advances the knowledge in the counseling discipline and benefits the profession.

Methodology

Population

The target population in this study was licensed professional counselors (LPC) and licensed psychologists. Studying licensed professional counselors and licensed psychologists was beneficial for the study because members of both groups experience the phenomenon examined in the study (LaFortune & Carpenter, 1998; Ireland, 2008; Barsky, 2012). Licensed professional counselors have experienced an increasing level of ethical complaints related to child custody disputes and serving as expert witness (Benitez, 2005; CSWMFTB, 2012), while licensed psychologists were not experiencing growing levels of ethical complaints regarding custody-related matters (Grossman & Koocher, 2010; Koocher & Keith-Spiegel, 2008).

Participants were secured from membership in the American Counseling Association and the American Psychological Association, located in the U.S., and current members of these respective associations. Requirements for participation included having an active state license as a professional counselor or active state license as a psychologist with a minimum of 1 year of independent clinical experience as determined through self-report. Participants were also

required to have experience in providing court-related testimony or opinion as an expert witness. Ethical complaints consisted of client or peer driven complaints about the ethical practice of licensed professional counselors and licensed psychologists to state boards governing the licenses, or professional organizations in which these licensed professionals are members. Ethical complaints were limited to the professional context providing court testimony or opinions related to child custody or other forensic matters. The geographical scope was licensed professional counselors and licensed psychologists practicing in the United States and members of professional organizations within the fields of counseling and psychology.

Subjects were recruited through the use of professional online listserv e-mail lists found through professional membership in national professional associations. Professional counselors were secured primarily through CESNET-L, an online listserv e-mail list consisting of counselor educators, with most, or all, of the members of the e-mail list being licensed counselors with a minimum of a master's degree in the counseling field. CESNET-L is a prominent listserv concerning counseling education and supervision and is maintained and monitored by staff in the counseling program at Kent State University (n.d.). Licensed psychologists were intended to be secured through membership in the psychology e-mail list of the Society of Counseling Psychology and the Society for Family Psychology, both divisions of the American Psychological Association. However, the Society for Family Psychology denied permission to utilize their listserv e-mail list just prior to data collection after initially granting endorsement. Permissions to utilize the listserv e-mail lists are in appendix A.

Licensed professional counselors and licensed psychologists were examined in the study. These two mental health professions occupy similar roles and clinical responsibilities, yet possess distinct training and licensure. There are presently over 120,000 licensed professional

counselors practicing in the United States, District of Columbia, and Puerto Rico (ACA, 2011) and more than 93,000 practicing psychologists in the United States (APA, 2013a).

Sample and Sampling Procedures

Sample

Participants in the study were a convenience sample of licensed professional counselors and licensed psychologists who were members of professional organizations (The American Counseling Association and The American Psychological Association) and members of online listserv e-mail lists associated with these organizations. The convenience sample was chosen due to the ability to select sample units conveniently available (Frankfort-Nachmias & Nachmias, 2008) from the e-mail lists, due to the probability of qualified candidates monitoring the lists. Since a convenience sample using a listserv e-mail list as a method of sampling for the study was used, analyzing a response rate was not necessary. Fan and Yan (2010) asserted that the average response rates for web-based studies of professionals were 28% in large populations and over 33% in smaller populations; however, the rate applied to participants specifically invited to take the study.

Sampling Procedure

The convenience sample for the study was drawn from membership in national professional organizations and participation in online listserv e-mail lists associated with the organizations. Considering the nature of the research questions and the type of observations necessary for the study, using the Internet for survey research became beneficial. Frankfurt-Nachmias and Nachmias (2008) noted that the Internet has significantly expanded our accessibility to information. Ahern (2005) asserted that web-based research offers a number of Internet resources researchers can utilize. Granello (2007) affirmed that survey research

conducted over the Internet has many strengths including access to information, reduction in time needed to collect data, reduced cost, and easy access to persons in specific populations. Frankfurt-Nachmias and Nachmias (2008) identify expediency and efficiency, and low cost as advantages, while the Internet also allows access for the use of online services for survey design and data collection (Rudestam & Newton, 2007).

For the present research, the Internet was utilized through surveys and questionnaires sent through the listserv e-mail lists associated with divisions of the American Counseling Association and the American Psychological Association. Survey research using e-mail through the Internet had numerous advantages in statistical analysis including easy exportation of data into appropriate statistical software and a reduction of time and resource requirements, especially with large sets of data (McPeake, Bateson, & O'Neill, 2014).

Inclusion criteria included participants licensed as either a professional counselor or psychologist with a minimum of one year of professional experience post independent licensure. Additionally, participants were required to have some clinical experience in the area of child-custody disputes, high conflict divorce, or providing court opinion or testimony. Exclusion criteria were licensed mental health practitioners with common alternative licenses such as social work, psychiatrists, or marriage and family therapists, as the current research is specifically studying licensed professional counselors and licensed psychologists exclusively.

Establishing the statistical power or the probability of not making a type II error, for the research was important. Troachim (2006) suggested the presence of four components of statistical power: sample size, effect size, alpha level, and power. Completing complex statistical equations are beneficial for determining the components; however, numerous software programs are available to assist in making such determinations (Rudestam & Newton, 2008).

A simplified method of determining statistical power is to utilize a software package such as G*Power, to complete the calculation of statistical power based on the type of statistical model required for analyzing the research hypotheses (Balkin & Sheparis, 2011). When using the G*Power program, various input levels and aspects of the statistical methods used in the research must be determined. In most cases, a two-tail test is likely to be used, and a medium effect size of 0.15 is commonly accepted. According to Trochim (2006), the value of alpha is typically set at .05 in the social sciences. Additionally, a growing tradition is to try to achieve a statistical power of at least .80. In the present study the G*Power software was utilized to determine the statistical power of the study., Using a general linear model, to obtain a medium effect size using an alpha level of .05, and to obtain a power level of .90 with nine groups, the required sample size was (N = 338) participants.

Recruitment, Participation, and Data Collection

Recruitment

For the purposes of conducting the study, an introduction letter was provided to introduce participants to the study and invite them to partake. In the introductory letter, participants had an opportunity to click on the link at the end of the letter to participate in the study. A copy of the introduction letter is in Appendix B. The invitation was posted on multiple professional listserv e-mail lists associated with the professional counseling and professional psychology fields. Broadcasting the introduction letter on the counseling listserv CESNET-L and the psychology listserv e-mail lists affiliated with the Society of Counseling Psychology and the Society for Family Psycholgy was beneficial for recruiting licensed professional counselors and psychologists to participate in the study.

CESNET-L is a moderated listserv e-mail list concerning counselor education and supervision with 2,693 current subscribers. The e-mail lists associated with the Society of Counseling Psychology and the Society for Family Psychology are professional listserv e-mail lists designed for psychology professionals involved in clinical and counseling practice. DIV17ANNOUNCE is the e-mail list for the Society of Counseling Psychology and currently has 5052 subscribers. DIV43ANN is the e-mail list for the Society of Family Psychology and current has 2042 subscribers. The total number of potential participants from all three listserv e-mail lists is 9,787, although the same person could potentially be a member of all organizations. Response rates to online survey via e-mail lists vary. Jin (2011) asserted that a response rate of 6-15% was common with Internet-based surveys. A review of the professional literature utilizing listserv participant recruitment of professionals found response rates varying from as low as 6% (Johnson, 2007) to 39% (Johnson, Priestly, & Johnson, 2008) to as high as 51% (Davidson, 2008). In a study exclusively utilizing the CESNET-L listserv e-mail list, Johnson (2007) achieved a response rate of only 6%.

Participants were asked to complete the survey only one time. The convenience sample of participants received a link via an e-mail sent to members of multiple e-mail lists with an invitation to complete the survey. The link directed participants to a protected online survey where they were asked to complete the survey. The survey did not need any identifying information for the purpose of the study, and did not require or request the participants to put names or contact information on the survey questionnaire. SurveyGizmo, was utilized as the online survey manager, and stored all responses to the survey confidentially and provided a number to each completed survey. Utilizing an online survey management tool, such as

SurveyGizmo, was beneficial for administering the online survey (McPeake, Bateson, & O'Neill, 2014; Medway & Fulton, 2012; van Dijk et al., 2012).

The recruitment of participants for the pilot study was also needed for the study. A pilot study was necessary to validate the proprietary *Professional Competency Standards Instrument*. The number of pilot study participants should be approximately 10% of the total participant sample size (Hertzog, 2008). Accordingly, approximately 34 participants were needed for the pilot study segment of this research. Recruiting pilot study participants through professional contacts within the counseling and psychology fields was beneficial to the study to assist in the validation and accuracy of the instrument being designed. An effort was made to recruit pilot study participants with a high level of professional expertise in the fields of counseling and psychology and counseling and psychology educators.

Participation

The strategy for recruitment was to invite members of the selected e-mail lists to participate in the study with qualifying details. A link provided allowed candidates access to the survey-landing page found on the Surveygizmo.com website. If agreeable to the informed consent, participants were directed to the survey instrument. A copy of the introductory letter is in appendix B. Requirements for participation in the study included possessing a state license as a licensed professional counselor (LPC) or a licensed psychologist with a minimum of one year of post-licensure experience. Additionally, the requirements were that participants have some clinical experience working with child-custody related matters and court involvement.

The informed consent form provided information about the study, procedures, voluntary participation, absence of compensation, benefits and risks, confidentiality, and contact information. Informed consent occurred when participants received and attested to volunteering

to participate in the study by checking the yes option on the consent form. If participants chose the no option, the thank you page appeared, ending any participation in the study, and thanked the participant for responding. A copy of the informed consent form is in appendix C. In addition, conducting studies that involves human subject requires training by the National Institutes of Health. I completed this training and a copy of my NIH certificate is in appendix D.

After providing informed consent, access to the *Professional Competency Standards Instrument* was available and took approximately 10-15 minutes to complete. Participants were able to read instructions for completing the survey. Due to the voluntary nature of the study, participants were able to withdraw from participation by closing the web browser or by exiting the study where indicated. There were no penalties for not completing the study. For participants who chose to complete the study, participants could skip any question that were uncomfortable or for any reason. On the final page of the study, participants received a thank you for participating in the study and the website automatically stored all responses. In order to obtain adequate sample size, reminder posts to participate were necessary on a weekly basis to ask participants who had not already participated in the study to respond. A copy of the reminder post is in appendix E.

Data Collection

The collection of data occurred through participant's responses to an online survey invitation. SurveyGizmo, an online survey manager, stored all responses to the survey confidentially and provided a corresponding number to each completed survey. SurveyGizmo is an Internet based survey solutions provider that is efficient at organizing and administering questionnaires and collecting data from research participants (SurveyGizmo, 2014). Once the required number of participants was acquired, the survey was closed. Raw data from the online

survey was downloaded into an SPSS database or Microsoft Excel spreadsheet for data organization. Demographic information collected included gender, years of professional experience, professional licensure, education level, and the existence and type of ethical complaints. All data collected was saved on a computer hard drive and backup thumb drive using a generic file name and password protection to increase confidentiality. The study did not require any follow-up procedures.

Pilot Study

It was necessary to conduct a pilot study to establish a new instrument developed specifically for the research, the *Professional Competency Standards Instrument.* The purpose of a pilot study was to understand, clarify, and validate the reliability and validity of the instrument and ensure that the dimensions clearly defined the phenomenon studied. Additionally, the purpose for completing a pilot study was to insure elements of the study work well together and adequately measure the phenomenon being addressed (Arain, Campbell, Cooper, & Lancaster, 2010). In an effort to provide evidence of reliability and validity for the *Professional Assessment Standards Instrument,* and to establish the sufficiency of the instrumentation to answer research questions, a factor analysis was conducted. A Cronbach's alpha of greater than .80 indicated a reliable instrument that should be utilized in the full-scale study. If the reliability is less than .80, measures such as adding or adjusting questions helped when revalidating the instrument (Field, 2009).

Additionally, in an effort to establish content validity, the instrument was sent to recognized experts in the field of counselor education and supervision with knowledge of counseling ethics and professional competency related to child custody disputes and court opinion and testimony. Rudestam and Newton (2007) suggested asking pilot participants what

elements of the instrument were difficult or confusing. Comments from these experts were solicited to further establish the validity of the instrument. Conducting a pilot study was important in establishing face and content validity, identifying internal and external threats to validity, and ensuring the use of the correct statistical model to mitigate for external validity (Leon, Davis, & Kraemer, 2011).

Instrumentation and Operationalization

Instrumentation

The *Professional Competency Standards Instrument* was specifically developed for the purposes of this study. The *Professional Competency Standards Instrument's* purpose was to gather information on study participant's level of competence in assessment and evaluation related to child custody cases, measure participant's job satisfaction, and gather demographic information. The instrument's questions related to professional competency were derived from the American Psychological Association's *Guidelines for Child Custody Evaluations in Family Law Proceedings* (2010), a recognized and established document specifically applying to the skills and abilities needed for professional involved in the clinical arena of court testimony and opinion related to child custody (Vertue, 2011). The *Professional Competency Standards Instrument* contained four domains: knowledge, ability, legal/ethical requirements, and bias/self-awareness. The instrument used a 7-point Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (7). A copy of the new instrument can be found in appendix F.

Sample size for a pilot study is generally recommended to be 10% of the total sample size (Hertzog, 2008). The pilot study sample participants were representative of both licensed professional counselors and licensed psychologists. Fang, Shao, & Lan (2009) suggested Cronbach's reliability assessment be used through a factor analysis to determine the reliability of

the construct. After collection of data from the pilot study, statistical analysis was applied using Cronbach's alpha to assess an alpha level of .80 or higher for established reliability. Additionally, factor analysis was applied to establish dimensions for the instrument. Solicited opinions from participants were requested on the clarity of questions. Based on feedback, adjustments were made prior to conducting the full-scale study to address these potential shortcomings.

In addition to the measure of professional competency, the *Professional Competency Standards Instrument* also incorporated a previously established scale of job satisfaction: the *Scales for the Measurement of Some Work Attitudes and Aspects of Psychological Well-Being* (Warr et al., 1979). The job satisfaction scale was included into the new instrument for ease of administration and scoring. When utilizing a previously used and published scale, Rudestam and Newton (2008) suggested considering the appropriateness of the instrument with the population and setting proposed, the measurement characteristics of the instrument, and information about the administration and scoring of the scales. The job satisfaction scale used a 5-point Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (5). The *Scales for the Measurement of Some Work Attitudes and Aspects of Psychological Well-Being* (Warr et al., 1979) is an established job satisfaction scale commonly found in the professional literature. Although the use of the scale is public domain, permission was sought and granted by the authors to modify the instrument and utilize only the job satisfaction dimension of the original instrument. For a copy of the permission, see appendix A. Reliability measures were previously conducted on the instrument, resulting in a Cronbach's coefficient alpha level of value of 0.63 for the scale of job satisfaction. Validity and reliability of the job satisfaction scale was also reexamined in the piloting of the instrument and upon complete study analysis.

Operationalization

This quantitative study using correlational design included multiple variables with distinct operational definitions and measurements. Job satisfaction was the dependent (outcome) variable for the study. Job satisfaction was operationally defined as a continuous variable measured on an interval scale. There were five independent (predictor) variables. Competency level was a continuous variable measured by an interval scale. The professional licensure, education level, and gender variables were measured as nominal and dichotomous. Experience level was a categorical, ordinal measure. The presence of ethical complaints against the professional and the number ethical complaints related to child-custody were measured through a continuous, ratio scale through participant self-report. For example, the type of professional license (license professional counselor or licensed psychologist) was determined on the survey questionnaire using a dichotomous variable coded *1* for professional counselor and *2* for licensed psychologist.

Data Analysis Plan

The statistical analysis conducted in the study was completed through the utilization of the *Statistical Package for the Social Sciences* (SPSS) version 22. The SPSS software package offered an effective tool in conducting statistical computations and producing the outputs of a variety of statistical tests fast and efficiently. Descriptive statistics were calculated (mean, percent, range, frequency, and standard deviation) to study the sample of licensed professionals responding to the survey.

Research Questions and Hypotheses

Does a difference in competency as measured by education and training received by professionals increase ethical complaints against professionals, ultimately affecting job satisfaction levels when providing professional court testimony?

RQ1: To what extent do competency levels have an effect on job satisfaction levels for participants?

$H0_1$: Professional competency levels have no effect on job satisfaction levels for participants.

Ha_1: Professional competency levels have an effect on job satisfaction levels for participants.

RQ2: Is there a significant difference in competency levels between licensed professional counselors and licensed psychologists?

$H0_2$: There is no significant difference in competency levels between licensed professional counselors and licensed psychologists.

Ha_2: There is a significant difference in competency levels between licensed professional counselors and licensed psychologists.

RQ3: Is there a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists?

$H0_3$: There is no significant difference in ethical complaint levels between professional counselors and psychologists.

Ha_3: There is a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists.

RQ4: Is there a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels?

*H*0$_4$: There is not a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.

*H*a$_4$: There is a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.

RQ5: Is there a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels?

*H*0$_5$: There is not a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.

*H*a$_5$: There is a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.

RQ 6: What factors predict job satisfaction levels for participants?

*H*0$_6$: There are no factors that predict job satisfaction for participants and all beta values are zero.

*H*a$_6$: There are factors that predict job satisfaction for participants and not all beta values are zero.

A variety of statistical analyses were beneficial to address the research questions. Research question 1 (RQ1) involved the use of a correlation to determine how professional competency level accounted for job satisfaction for study participants. Research question 2 (RQ2) utilized a t-test to compare the differences between licensed professional counselors and licensed psychologists. Research question 3 (RQ3) utilized a t-test to compare differences in ethical complaints between licensed professional counselors and licensed psychologists.

Research questions 4 (RQ4) used the general linear model (2 way ANOVA) to measure the impact of the covariate experience level on the effect of education level on ethical complaints. Research question 5 (RQ5) used the general linear model (2 way ANOVA) to measure the impact of the covariate competency level on the effect of ethical complaints on job satisfaction. Lastly, research question 6 (RQ6) utilized regression analysis to determine what factors predict job satisfaction for participants.

Threats to Validity

External Validity

Threats to internal and external validity were present in the research study, consistent with most non-experimental designs (Campbell & Stanley, 1963). Threats to external validity existed regarding the specificity of variables. Efforts were made to inform participants of all terms and variables used in the study, however, individual interpretations may vary. Additional threats to external validity included the lack of generalizability to other professional populations such as social workers, marriage and family therapists, rehabilitation counselors, and psychiatric medical personnel. Addressing alternative licensures may be appropriate for future research. Lastly, the study should be replicated in the future to determine if the same results occur.

Internal Validity

Threats to internal validity exist regarding online surveys. These include access to the survey, the technological ability and knowledge to complete the survey, and the potential for a participant to conduct the survey multiple times. Low response rate were also identified as a possible threats to validity. The threat was addressed by maintaining the opportunity to offer multiple invitations for additional participants in the one-time survey. Considering that participants completed a one-time online survey with no time lapses or interactions between

participation, the threats of history, maturation, mortality, compensation, diffusion of treatment, and testing/experimentation were insignificant. Survey access was addressed through limiting responses to one survey per IP address. Survey formatting limitations were addressed through the use of the online survey tool, *SurveyGizmo.* To account for both internal and external threats to validity in a quantitative methodology using a correlational design and convenience sample of participants, an adequately large sample size was needed to mitigate these threats.

Ethical Procedures

The American Counseling Association's Code of Ethics (2014) standards regarding ethical behavior and informed consent when conducting research in the counseling field was strictly followed in the study. As required by Walden University, a *Research Ethics Review Plan* was submitted to the Institutional Review Board (IRB) for approval. The Walden University IRB approval number for this study was 10-14-14-0236877 and it expires on October 13, 2015. Study participants were not subject to any experimental manipulation. Most populations of subjects were not vulnerable by definition and did not require any additional ethical considerations. All study participants, including any vulnerable subjects, such as pregnant or elderly participants, were able to withdrawal from the study at any time, as indicated in the informed consent form.

A primary ethical consideration of the research was to ensure that the population examined understood the risks of the study, were provided proper consent and explanation of the study's purpose, and could access follow-up information if needed. Participant's names or any identifying information beyond the demographic questions were not requested; thus maintaining the unconditional confidentiality of all participants. Additionally, all data will be double password protected. Data dissemination was restricted to the researcher, who alone has access to limited identification information. Online data will be destroyed after 1 year.

Summary and Transition

The purpose of this study was to determine quantitatively whether the education and training received by licensed professional counselors and licensed psychologists affect the number of ethical complaints against the professional, ultimately affecting job satisfaction levels, when providing professional court testimony. A t-test, a regression analysis, a general linear model (GLM), and correlation were used to study the relationships among variables, with job satisfaction being the dependent variable and competency level, professional licensure, ethical complaints, and education level being the independent variables. Information was gathered using a new piloted and normed instrument, the *Professional Competency Standards Instrument*. The instrument incorporated a validated job satisfaction scale. In Chapter 4, the data collection procedures and results of the statistical analysis are presented.

Chapter 4: Results

Introduction

The purpose of this study was to utilize a quantitative methodology with a correlational design to understand any relationship between a professional counselor's competencies and levels of ethical complaints on job satisfaction. Job satisfaction was the dependent variable and was measured utilizing the *Scales for the Measurement of Some Work Attitudes and Aspects of Psychological Well-Being*, a job satisfaction scale designed by Warr et al. (1979). Independent variables included level of ethical complaints, as measured by self-reporting demographics, measures of competency, as measured by the *Professional Competency Standards Instrument*, and demographic variables.

Six research questions were used for the intent of better understanding the relationship between professional competency in child-custody matters, ethical complaints, demographics (highest degree completed, type of licensure, years of professional experience), and ultimately job satisfaction. The first research question focused on the extent to which professional competency levels in child-custody matters affect job satisfaction. The null hypothesis ($H0_1$) stated that competency has no effect on job satisfaction while the alternative hypothesis (Ha_1) stated that there is an effect. The second research question investigated the difference in competency levels between licensed professional counselors and licensed psychologists. The null hypothesis ($H0_2$) suggested that there is no significant differences in competency between licensures and the alternative hypothesis (Ha_2) stated that there is a significant difference. The third research question examined if there is a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists. The null hypothesis ($H0_3$)

suggested that there is no significant difference in ethical complaints between licensures, while the alternative hypothesis (Ha_3) stated that there are significant differences.

The fourth research question investigated whether there is a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience level. The null hypothesis ($H0_4$) stated there is not a relationship between education level and ethical complaint levels accounting for experience level, while the alternate hypothesis (Ha_4) stated that there is a relationship between education levels and ethical complaints level accounting for experience level. The fifth research question asked if there is a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels. The null hypothesis ($H0_5$) stated that there is not a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels, while the alternative hypothesis (Ha_5) indicated that there is a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels. Finally, the sixth research question investigated what factors predict job satisfaction for participants. The null hypothesis ($H0_6$) state that there are no factors that predict job satisfaction and all beta values are zero, while the alternative hypothesis (Ha_6) stated that there are factors that predict job satisfaction and not all beta values are zero.

In this chapter, I will summarize the results from the research and data analysis and discuss its impact on the study hypotheses. First, I provide a discussion on the pilot study, data collection, response rates, and demographic and descriptive characteristics. Next, I will present the results of the analysis including the evaluation of statistical assumptions and the study results as they concern each hypothesis. Finally, I will include a summary of the chapter to address each research question based on the study results.

Pilot Study

I utilized a pilot study to validate the implementation and use of the *Professional Competency Standards Instrument*, a new instrument designed to measure the competency of mental health professional related to child-custody evaluations and opinions. The instrument was designed with content rendered from the American Psychological Association's *Guidelines for Child Custody Evaluations in Family Law Proceedings* (2010). The document serves as a standard for the knowledge and ability needed when mental health professionals are tasked with providing an opinion in child custody-related cases. Upon an analysis and examination of the guidelines, I derived survey questions to address four distinct domains. These domains were knowledge, ability for assessment, legal and ethical requirements, and bias and self-awareness.

Additionally, a previously validated job satisfaction scale (Warr et al., 1979) was revalidated and integrated into the new instrument for ease of administration and scoring. The instrument was chosen after a thorough review of the prominent job satisfaction scales available in the professional literature. The scale was adapted for the use on the instrument with the author's permission (see Appendix A). Only the job satisfaction dimension of the original instrument was used. The complete *Professional Competency Standards Instrument* consisted of 40 total questions: 24 questions designed to measure professional competency in child custody related opinion, 10 questions as part of the job satisfaction element, and six demographic questions. Results of both the initial pilot study validation and full pilot study validation are provided in the following sections.

Pilot Study Results

Knowledge Scale

An exploratory factor analysis was conducted with data from $N = 35$ observations assessing an original competency knowledge dimension scale. A summary of the final nine items in the scale is in Table 1. Figure 2 contains a scree plot showing the eigenvalues reflective of the relative proportion of variance accounted for by each factor in the scale. The factor structure is decisive and shows a single dimension for assessing the knowledge dimension scale.

Table 1

*Summary of Total Variance Explained for the Knowledge Scale (*N = *35)*

	Initial Eigenvalues		
Component	Total	% of Variance	Cumulative %
1	4.257	47.303	47.303
2	1.366	15.172	62.475
3	.843	9.363	71.839
4	.801	8.900	80.738
5	.596	6.618	87.356
6	.427	4.741	92.097
7	.304	3.378	95.475
8	.270	3.000	98.475
9	.137	1.525	100.000

Extraction Method: Principal Component Analysis.

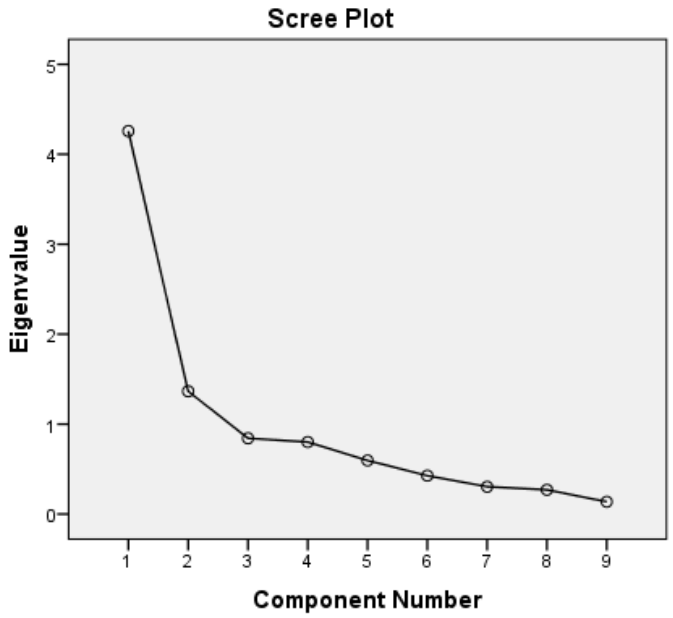

Figure 2. A scree plot shows a single component of the knowledge dimension.

The internal consistency measures for Cronbach's coefficient were (α = .84, *M* = 45.06, *SD* = 9.84) for the nine items in the scale. The results indicated a strong internal consistency for the knowledge dimension and were suitable for use in the wide scale study. A summary of the descriptive analysis for the item statistics is in Table 2.

Table 2

*A Descriptive Analysis of the Knowledge Interitem Reliabilities (*N = *35)*

	M	*SD*
Knowledge1	3.60	1.85
Knowledge2	5.45	1.48
Knowledge3	5.37	1.51
Knowledge4	5.25	1.42
Knowledge5	5.91	1.29
Knowledge6	4.45	2.00
Knowledge7	4.11	1.90
Knowledge8	5.08	1.61
Knowledge9	5.80	1.51

Ability for Assessment Scale

Another exploratory factor analysis was conducted with data from $N = 35$ observations assessing an original competency for the assessment ability scale. A summary of the four items in the scale is in Table 3. Figure 3 contains a scree plot showing the eigenvalues reflective of the relative proportion of variance accounted for by each factor in the scale. The factor structure was decisive and showed a single dimension for assessing the knowledge dimension scale.

Table 3

Summary of Total Variance Explained for the Assessment Ability Scale

	Initial Eigenvalues		
Component	Total	% of Variance	Cumulative %
1	2.08	52.13	52.13
2	.79	19.92	72.06
3	.61	15.41	87.48
4	.50	12.52	100.00

Extraction Method: Principal Component Analysis.

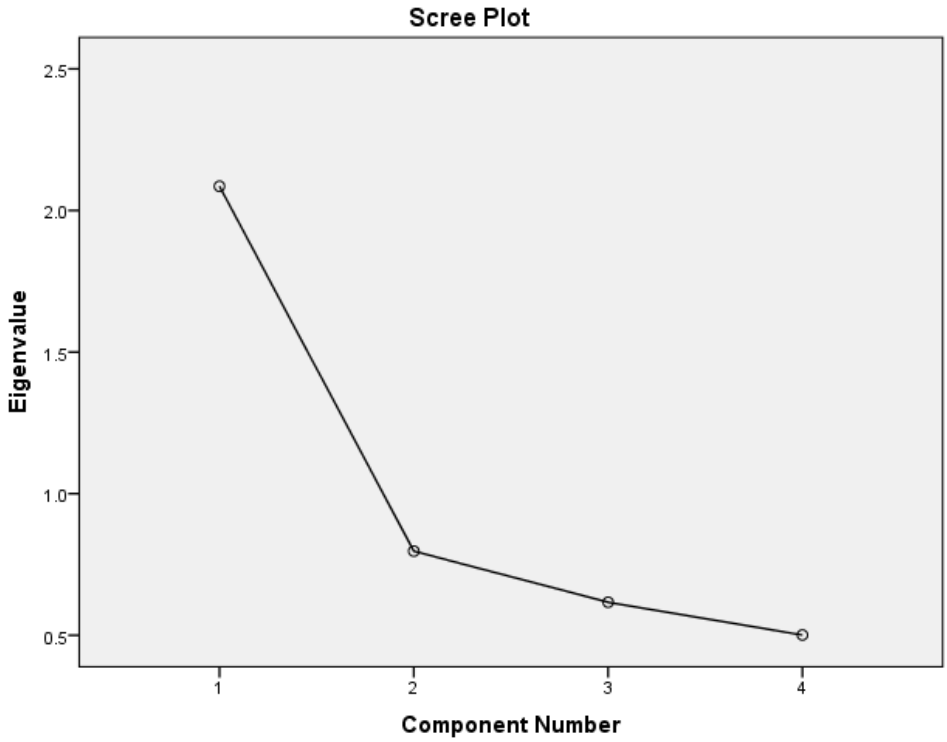

Figure 3. A scree plot shows a single component of the assessment ability dimension.

The internal consistency measures for Cronbach's coefficient were (α = .69, *M* = 20.71, *SD* = 4.87) for the four items in the scale. The results indicated a weak internal consistency for the assessment ability dimension and were not suitable for use in the wide scale study unless there were measures to increase the coefficient alpha to .80 or higher. Because each item in the scale scored high, the results indicated that the scale lacked sufficient items to accurately measure the assessment ability competency of professionals. Adding more items to the large-scale study helped to increase the internal consistency and the coefficient alpha to .80 or higher. A summary of the descriptive analysis for the item statistics is in Table 4.

Table 4

*A Descriptive Analysis of the Ability Assessment of Inter-item Reliabilities (*N = *35)*

	M	*SD*
AbilAssmnt1	5.83	1.65
AbilAssmnt2	4.00	1.61
AbilAssmnt3	5.51	1.60
AbilAssmnt4	5.37	1.88

Legal and Ethical Requirement Scale

Another exploratory factor analysis was conducted with data from *N* = 35 observations assessing an original competency for the legal and ethical scale. Of the initial 9 items, an assessment of items 1, 2, 3, 5, and 8 indicated a single dimension for assessing legal and ethical competency among professionals. An analysis of the single dimension among the original nine items is in Table 5. A scree plot found in Figure 4 show the eigenvalues reflective of the relative proportion of variance accounted for by each factor in the scale. A summary of five items in the scale is in Table 6. The remaining items did not yield any suitable additional dimensions for measuring legal and ethical competencies.

Table 5

A Summary of the Original Rotated Components Identifying a Single Dimension of Legal and Ethical Competency

	M	*SD*
LegalReq1	4.74	1.46
LegalReq2	4.97	1.40
LegalReq3	4.68	1.39
LegalReq5	5.97	1.29
LegalReq8	5.85	1.26

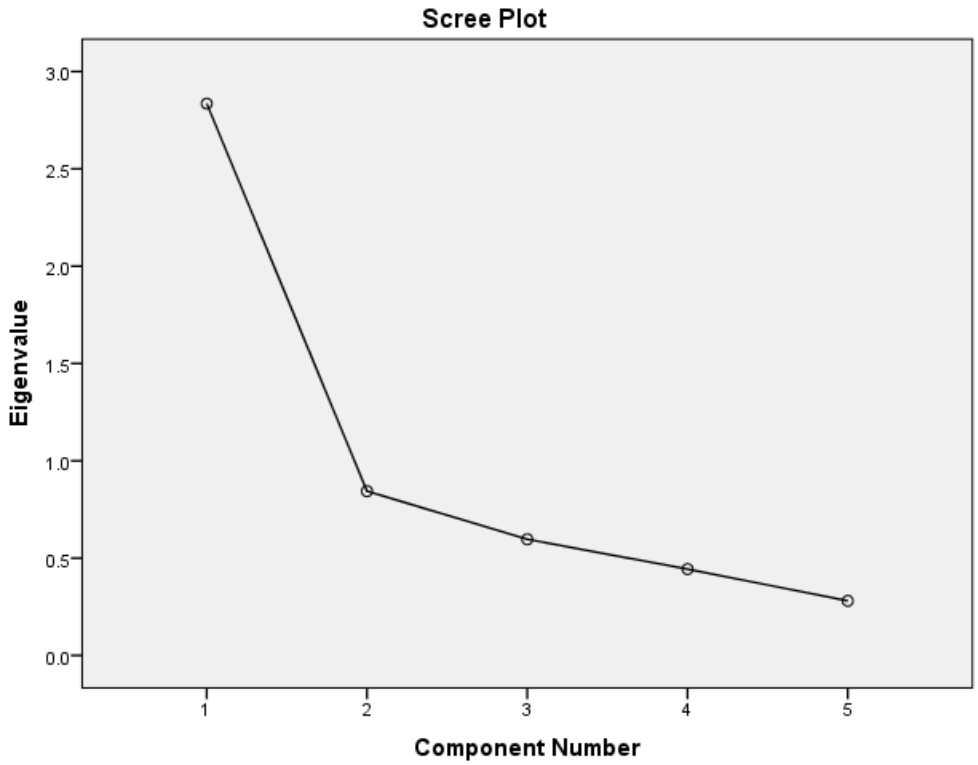

Figure 4. A scree plot shows a single component of the legal and ethical dimension.

The internal consistency measures for Cronbach's coefficient are (α = .81, *M* = 26.21, *SD* = 5.12) for the five items in the scale. The results indicated a strong internal consistency for the legal and ethical ability dimension and were suitable for use in the wide scale study. A summary of the descriptive analysis for the item statistics is in Table 6. No other subscale was suitable for providing internal consistency of legal and ethical ability competencies.

Table 6

*A Descriptive Analysis of the Legal and Ethical Competency of Interitem Reliabilities (*N = *35)*

	M	*SD*
LegalReq1	4.74	1.46
LegalReq2	4.97	1.40
LegalReq3	4.68	1.39
LegalReq5	5.97	1.29
LegalReq8	5.85	1.26

Bias and Self-Awareness Scale

An exploratory factor analysis was conducted with data from *N* = 35 observations assessing an original bias and self-awareness dimension. A summary of three items in the scale is in Table 7. Figure 5 contains a scree plot showing the eigenvalues reflective of the relative proportion of variance accounted for by each factor in the scale. Items 1 and 2 accounted for 91% of the variance explained. The factor structure was decisive and showed a single dimension for assessing the knowledge dimension scale.

Table 7

A Summary of the Original Rotated Components Identifying a Single Dimension of Bias and Self-Awareness

	Initial Eigenvalues		
Component	Total	% of Variance	Cumulative %
1	2.31	76.95	76.95
2	.44	14.58	91.52
3	.25	8.48	100.00

Extraction Method: Principal Component Analysis.

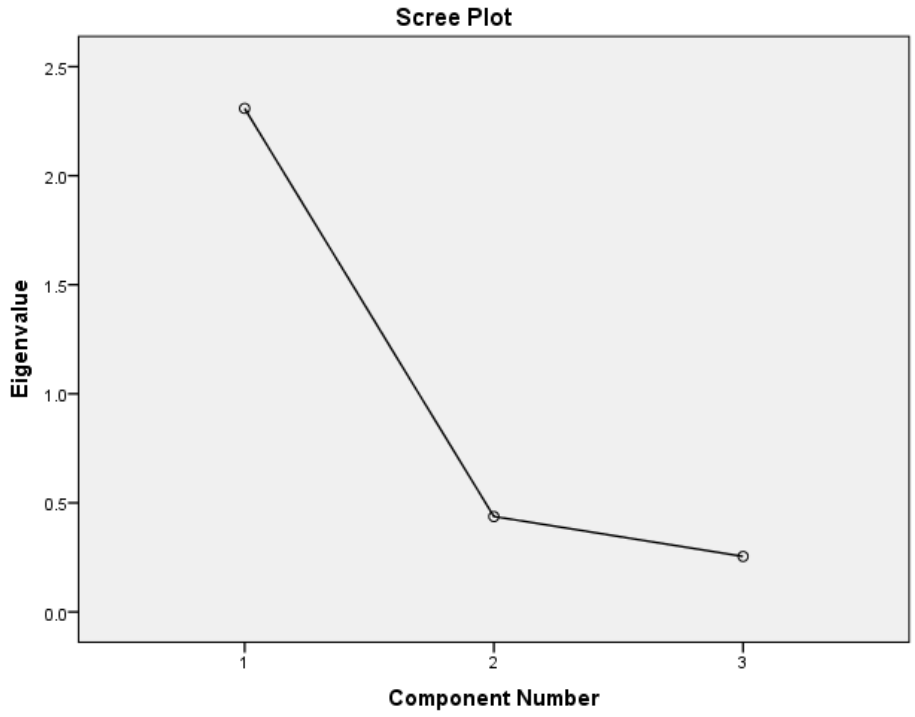

Figure 5. A scree plot shows a single component of the bias and self-awareness dimension.

The internal consistency measures for Cronbach's coefficient are (α = .85, *M* = 17.50, *SD* = 3.69) for the three items in the scale. The results indicated a strong internal consistency for the

bias and self-awareness dimension and were suitable for use in the wide scale study. A summary of the descriptive analysis for the item statistics is in Table 8.

Table 8

*A Descriptive Analysis of the Bias and Self-Awareness Competency of Inter-item Reliabilities (*N *= 35)*

	M	*SD*
BiasAware1	5.89	1.41
BiasAware2	5.78	1.33
BiasAware3	5.83	1.46

Job Satisfaction Scale

An exploratory factor analysis was conducted with data from $N = 35$ observations reassessing a job satisfaction scale. A summary of 10 items in the scale is in Table 9. Figure 6 contains a scree plot showing the eigenvalues reflective of the relative proportion of variance accounted for by each factor in the scale. The first three items accounted for approximately 69% of the variance explained. The factor structure was decisive and showed a single dimension for assessing the job satisfaction scale.

Table 9

Summary of Total Variance Explained for Job Satisfaction

	Initial Eigenvalues			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.82	48.16	48.16	4.66	46.55	46.55
2	1.08	10.79	58.94	1.24	12.39	58.94
3	.99	9.89	68.83			
4	.83	8.35	77.18			
5	.80	7.99	85.17			
6	.60	5.98	91.15			
7	.55	5.45	96.60			
8	.18	1.80	98.40			
9	.10	.95	99.36			
10	.06	.64	100.00			

Extraction Method: Principal Component Analysis.

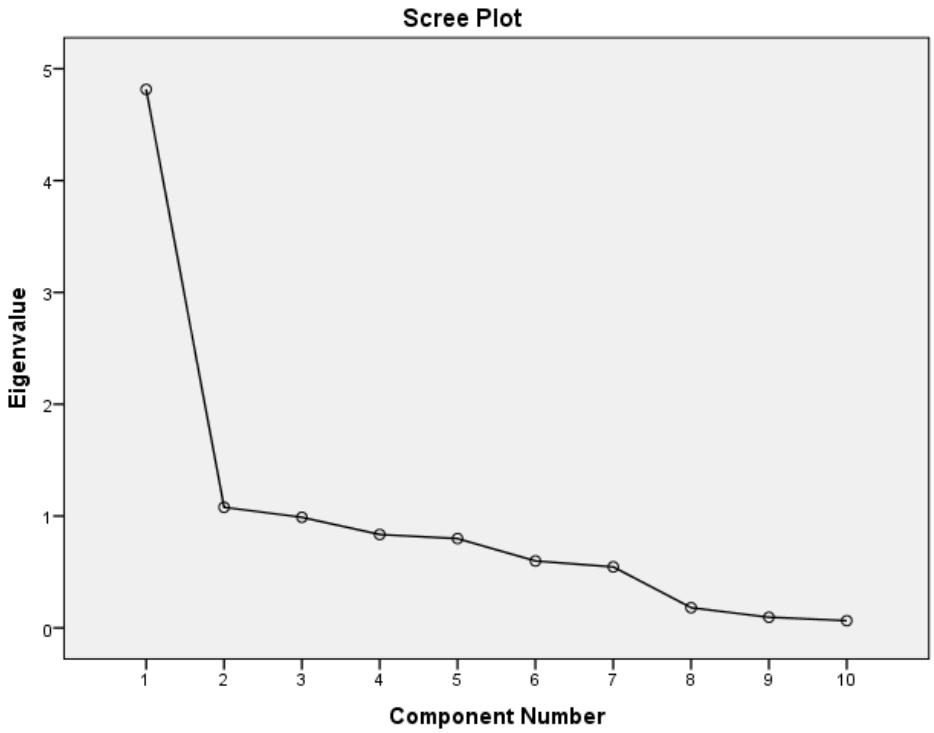

Figure 6. A scree plot shows a single component of the job satisfaction scale.

The internal consistency measures for Cronbach's coefficient are (α = .86, *M* = 39.13, *SD* = 6.17) for the 10 items in the scale. The results indicated a strong internal consistency for the job satisfaction scale and were suitable for use in the wide scale study. A summary of the descriptive analysis for the item statistics is in Table 10.

Table 10

*A Descriptive Analysis of the Job Satisfaction Scale Interitem Reliabilities (*N = *35)*

	M	*SD*
JS1	4.00	.92
JS2	4.56	.72
JS3	4.22	.94
JS4	4.13	1.01
JS5	4.09	.82
JS6	2.63	1.13
JS7	4.38	.83
JS8	3.81	.93
JS9	3.47	1.08
JS10	3.84	.77

Required Changes to Instrument

Item analyses conducted on five scales for utilization in the *Professional Competence Standards Instrument* showed a high level of interitem consistency for all but one scale. The ability and assessment scale yielded a low reliability for a single dimension. Although each item scored moderately high to high on the Likert-type scale, the scale interitem consistency remained lower than required for social science reliability. Increasing the items on the scale should benefit an increase in interitem reliability. Additionally, the original nine items on the legal and ethical requirement scale did not yield a single dimension, therefore requiring a reduction in item numbers to this dimension.

Based on the results of the initial pilot study, I increased the items on the ability for assessment scale by two additional questions. The increase in questions on the scale should benefit an increase in inter-item reliability. Additionally, in order to create a single dimension on

the legal and ethical requirements scale, I deleted four items from the original nine items, resulting in a strong internal consistency for the legal and ethical requirements dimension and suitable for use in the wide scale study.

Final Instrument Validation

I also conducted a final instrument validation analysis on the *Professional Competence Assessment Instrument*, which included the subtle changes to two of the dimensions from the original pilot analysis. Each dimension in the five-dimension scale (knowledge scale, ability for assessment scale, legal and ethical requirements scale, bias and self-awareness scale, and job satisfaction scale) was found to show strong reliability. Each dimension in the five-dimension scale was higher than the .80 alpha coefficient requirement in social science studies. The following is a detailed analysis of the final instrument validation.

Knowledge Dimension

I conducted an exploratory factor analysis with data from $N = 351$ observations assessing an original competency knowledge dimension scale with nine items. The internal consistency measures for Cronbach's coefficient improved from $\alpha = .84$, $M = 45.06$, $SD = 9.84$ to $\alpha = .92$, $M = 39.10$, $SD = 9.5$ in the full study. The factor structure was decisive, and showed a single dimension for assessing the knowledge dimension scale and remained reliable for use in other populations.

Assessment Ability Dimension

The internal consistency measures for Cronbach's coefficient were weak in the pilot study ($\alpha = .69$, $M = 20.71$, $SD = 4.87$) using four items in the scale when measuring assessment ability. Therefore, two additional items were added to strengthen the inter-item correlation and improve the Cronbach coefficient. The scree plot found in Figure 7 demonstrates a single

dimension. A summary of the variance explained for each item shown in Table 11 indicates that the first three items accounts for 85% of the variance explained. The Cronbach's coefficient vastly improved in the full study ($\alpha = .87$, $M = 23.86$, $SD = 6.65$) after adding two items, demonstrating that the scale showed strong reliability for measuring professionals' ability when conducting assessments.

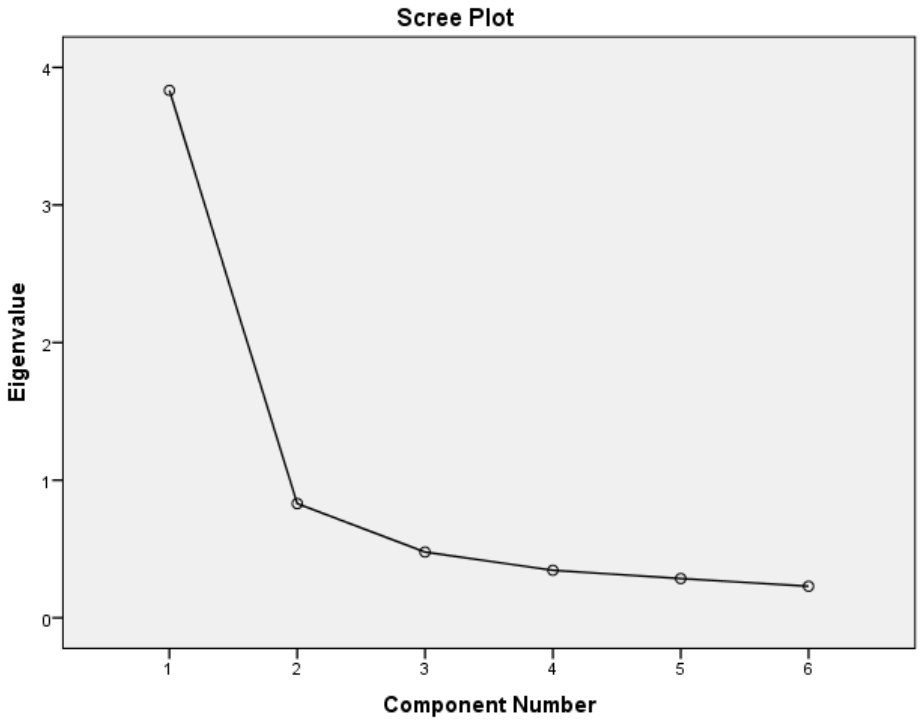

Figure 7. Scree plot showing a single dimension for assessment ability.

Table 11

Summary of Variance Explained using Principal Component Method

	Initial Eigenvalues		
Component	Total	% of Variance	Cumulative %
1	3.83	63.88	63.88
2	.83	13.83	77.71
3	.48	7.96	85.68
4	.35	5.75	91.43
5	.29	4.75	96.18
6	.23	3.82	100.00

Legal and Ethical Requirements Dimension

I conducted a factor analysis with data from $N = 351$ observations assessing an original competency for legal and ethical scale, using five items in the full study. The internal consistency measures for Cronbach's coefficient improved from $\alpha = .81$, $M = 26.21$, $SD = 5.12$ to $\alpha = .86$, $M = 21.68$, $SD = 5.10$ for the five items in the full study. The results indicated a strong internal consistency for the legal and ethical ability dimension and were suitable for use in other populations.

Bias Awareness Dimension

I conducted a further factor analysis on the bias and self-awareness dimension using $N = 351$ participants in a full-scale study. The internal consistency measures for Cronbach's coefficient improved from $\alpha = .85$, $M = 17.50$, $SD = 3.69$ to $\alpha = .90$, $M = 14.35$, $SD = 3.17$ for the three items in the scale. The results indicated a strong internal consistency for the bias and self-awareness dimension and have strong reliability for use in other populations.

Job Satisfaction Dimension

The final items were revalidated in the full study and showed that the 10 items used in the study remained reliable for assessing the job satisfaction of professionals. The inter-item correlation did not improve ($\alpha = .86$, $M = 34.91$, $SD = 5.66$) for the 10 items in the scale, but remained reliably suitable for measuring job satisfaction in the current population.

Instrument Validation Summary

A summary of an original scale development for measuring the competencies of professionals in the study showed strong reliability. Each dimension in the five-dimension scale was higher than the .80 alpha coefficient requirement in social science studies. The summary shows that the assessment ability showed the greatest change in full-scale study after adding two new items. Job satisfaction showed no change in the alpha coefficient and a slight reduction in overall job satisfaction in the current population. Overall, the reliability estimates were high and indicated that the instrument is suitable when measuring the competency of professionals in the study. A summary of the estimates is in Table 12.

Table 12

Summary of Estimates Demonstrating Instrument Reliability

Dimensions	Original items	Final Items	Original Alpha	Final Alpha	Original *M*	Final *M*	Original *SD*	Final *SD*
Knowledge	9	9	.84	.92	45.06	39.10	9.84	9.50
Ability	4	6	.69	.87	20.71	23.86	4.87	6.65
Legal & Ethical Requirements	9	5	.81	.86	26.21	21.68	5.12	5.10
Bias & Self-awareness	3	3	.85	.90	17.50	14.35	3.69	3.17
Job Satisfaction	10	10	.86	.86	39.13	34.91	6.17	5.66

Data Collection

Beginning in October 2014, I utilized several professional listserv e-mail lists for posting the online invitation for participating in the research. Three e-mail lists were used for inviting participants to take part in the study. CESNET-L is the first listserv primarily devoted to counselor educators and supervisors. The second professional listserv e-mail list is from the Society of Counseling Psychology (Division 17), primarily utilized for reaching licensed psychologists. The third list is from the American Counseling Association's *Open Forum,* which is an unmoderated professional forum consisting of members of the ACA for accessing a large cross-section of the professional counseling community.

Data collection occurred for approximately 4 weeks. I posted a survey invitation via the three stated listserv e-mail lists. The invitation provided instructions for qualifying participants and for accessing the survey via a hyperlink. The landing page for the survey is the informed consent form, where participants provided informed consent after reading the form. If participants did not want to continue in the study, choosing no allowed participants to exit the survey. Sending reminders to all e-mail lists became necessary for increasing participation in the study. The reminder invitations are similar to the initial invitation. I provided an introductory sentence for explaining that the e-mail is a reminder of the original invitation to participate request.

The policy of the Society for Counseling Psychology allowed one reminder invitation when sending reminders to the e-mail list. I sent a second and final reminder invitation to the CESNET and ACA Open Forum e-mail list one week after the first reminder invitation posting, and two weeks after the initial invitation. Approximately one week after the final invitation reminder, the sample size of $N = 338$ was achieved. By the time the data was downloaded to

begin analysis, a sample size of $N = 351$ was secured; at which time the online survey portal was closed. I downloaded the final data in the Excel database format for data cleaning and analysis preparation. To insure the accuracy of each variable, I ensured each observation included complete responses. I calculated responses from each dimension for creating means scores utilizing the average function in Excel. I combined the mean scores for each variable along with the demographic observations for creating the final database for analysis.

I transferred the final database into the SPSS (vers. 22) before beginning data analysis. There was no response rate applied because the sampling process required utilizing a convenient sampling procedure. I achieved an adequate sample size of $N = 351$ that further attained an adequate power level for the study (Balkin & Sheparis, 2011). Alleyne (2012) found that a sample size of $N = 338$ was adequate for conducting most statistical analyses when the population is infinite and for maintaining a power level of .80 or greater. The data collection process remained similar to the data collection plan for achieving the adequate sample size of $N = 338$.

Results

Descriptive Statistics

The study participants ($N = 351$) included females that were 57% ($n = 200$) of the sample and were the largest of the gender group. Overall, participants' experience ranged from 1 year to 45 years. Professionals included licensed psychologists ($n = 66$) that were 18% of all professionals and professional counselors ($n = 277$) were the largest group and 79% of respondents. Some participants were both licensed psychologists and licensed counselors and a few ($n = 3$) had neither license that did not qualify to participate in the study.

Participants with master's degrees (*n* = 225) were the largest group of highly educated professionals and made up 64% of all participants. The rest of the group earned doctorate degrees. Most people reported receiving no ethical complaints (*n* = 309) and were 88% of the sample. Of those who received complaints, most received one complaint, but some received as many as three complaints. Most complaints were specifically about child custody (*n* = 24) accounting for 60% of all complaints.

The knowledge competencies of respondents were measured on a Likert-type scale from 1 to 7, where 1 indicated total disagreement and 7 indicated total agreement with assessment statements. Any score that was four and above demonstrated knowledge competency to testify in child custody hearings. Approximately 24% of respondents (*n* = 85) demonstrated a lack of knowledge competency to testify in child custody hearings. Many participants were barely competent (*n* = 135) and reported a score of four on the 1 to 7 scale, accounting for 39% of the sample. The score was modal. Approximately 20% of respondents demonstrated a high level of competency (*n* = 131) and reported a score of five or higher on the scale. Overall, participants reported adequate knowledge competency (*M* = 4.35, *SD* = 1.11). A histogram in Figure 8 shows the dispersion of the knowledge dimension. The line in the middle of the bell curve shows the average point for competency.

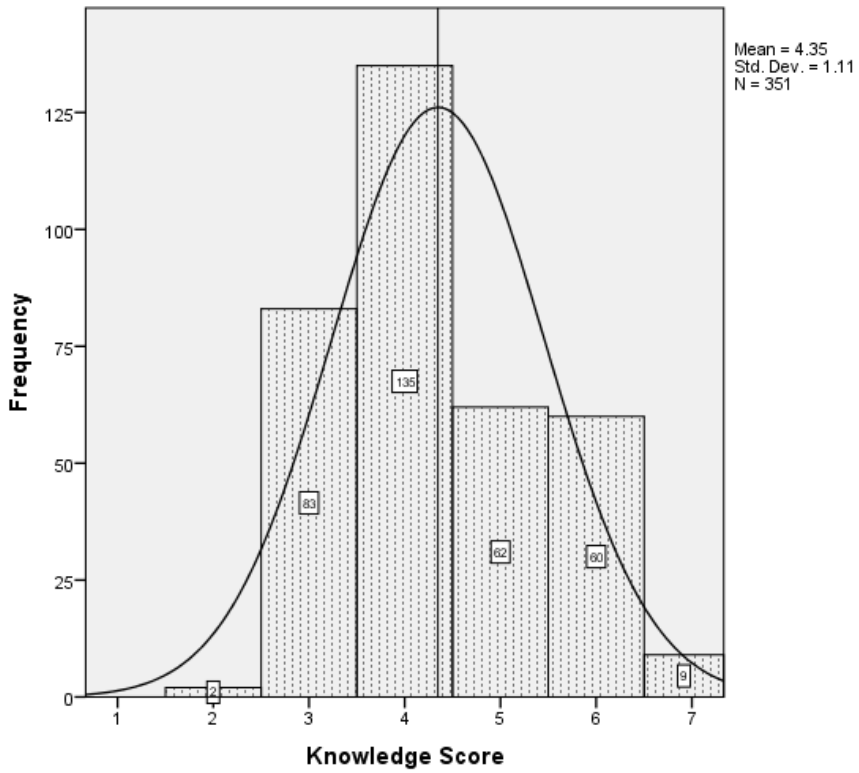

Figure 8. A histogram showing the dispersion of knowledge competencies.

I measured participant's ability to conduct assessment at a competent level. The Likert-type scale ranged from 1 to 7 where one indicated total disagreement with the item and 7 indicated total agreement with the item. If participants scored four or higher on the scale, the results indicated that participants were likely competent at conducting assessments. If participants scored less than 3.5, the results indicated a low level of competence at conducting assessments. The lowest score reported was 2 and the highest was 7. A score of 3 was modal and approximately 42% of participants reported less than a four, indicating a high level in inability to conduct assessments when conducting child custody cases. The results show that on average, the group barely shows competency (M = 4.10, SD = 1.16) to conduct assessments in child custody cases. The histogram in Figure 9 shows the dispersion of assessment ability competency for the

sample. To the right of the line in the middle of the bell curve shows the point at which participants demonstrate above average assessment ability competencies.

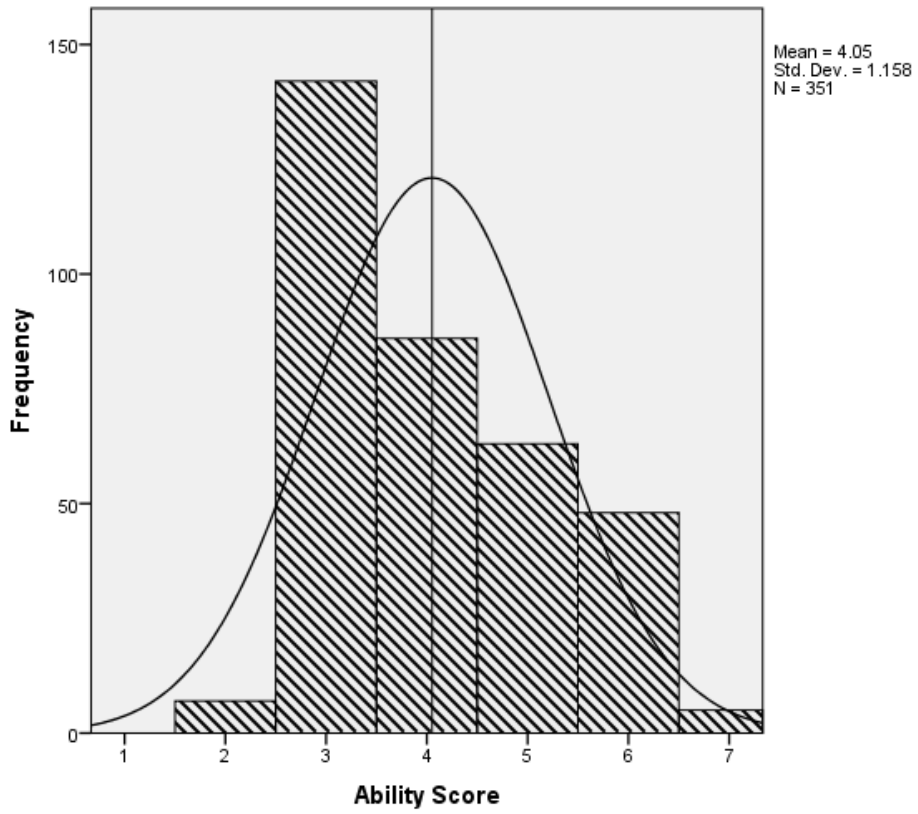

Figure 9. A histogram showing the dispersion of assessment ability competencies.

Further, I measured participant's competencies for legal and ethical behaviors when conducting child custody assessments. The Likert-type scale is similar to other dimensions ranging from 1 to 7. The results showed that approximately 1 of 5 professionals (n = 73) are not competent at demonstrating legal and ethical skills when conducting child custody matters. A score of four (n = 144) was modal and 41% of the sample. Approximately 38% of participants reported a moderately high to a high level of competency of legal and ethical skills when conducting child custody assessments. Overall, participants are barely competent (M = 4.37, SD

= 1.06) at using legal and ethical skills in child custody cases. The histogram found in Figure 10 shows the dispersion of scores and the line in the middle of the bell curve indicates the point where participants are above average for demonstrating legal and ethical competencies.

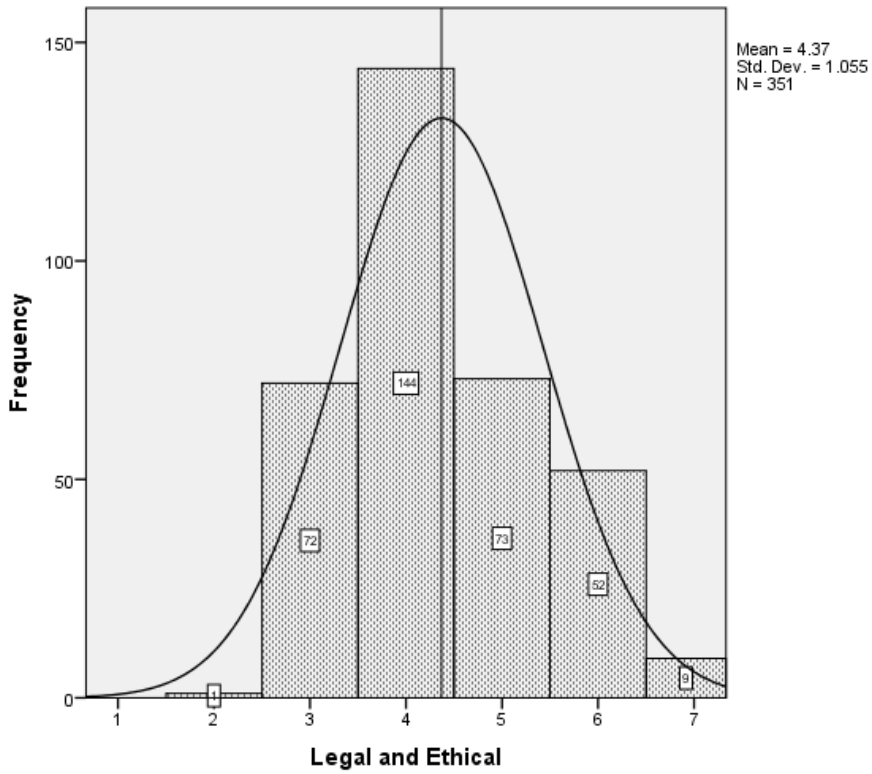

Figure 10. A histogram showing the dispersion of legal and ethical competencies.

I measured bias awareness competencies among participants (*N* = 351). The Likert-type scale is similar in range to previous dimensions in the current study. The results showed that a small percentage of participants show low levels of bias awareness (*n* = 33). A score of four (*n* = 137) was modal and comprised 39% of the sample. Approximately 52% of the sample showed a moderate to a high level of bias awareness competencies when working with child custody cases. Overall, participants showed an adequate level of competency for bias awareness (*M* = 4.77, *SD*

= 1.13). The histogram found in Figure 11 shows the dispersion of scores among the sample. To the right of the line in the middle of the bell curve shows the point where participants are above bias awareness competencies.

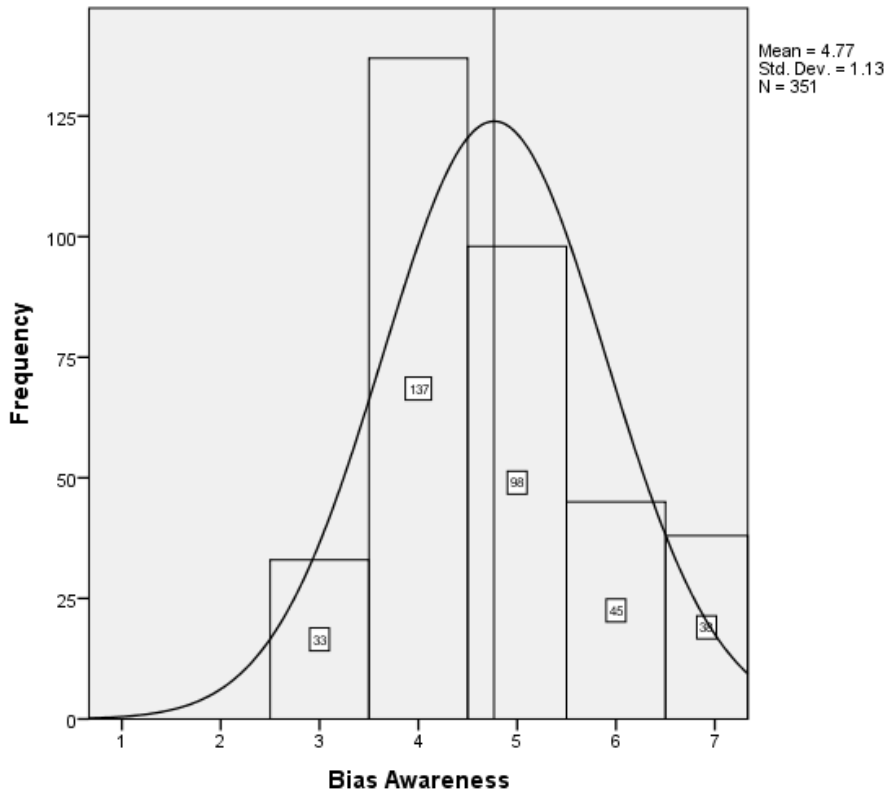

Figure 11. A histogram showing the dispersion of bias awareness competencies.

I utilized four well-validated dimensions for creating the overall competency scale. The results showed that the lowest competency is three and the highest is 7. When competency measures were on a 1 to 7 scale, a majority of participants were slightly over the competency level (M = 4.36, SD = 1.03). A histogram found in Figure 12 shows the dispersion of the overall competency level among study participants. The line in the middle of the bell curve demonstrates participants with competencies below average in the industry. The results showed that

approximately 22% of all participants operated with low levels of overall competencies (*n* = 77). A majority of participants have high levels of competencies when working with child custody cases (*n* = 139) accounting for 40% of the sample.

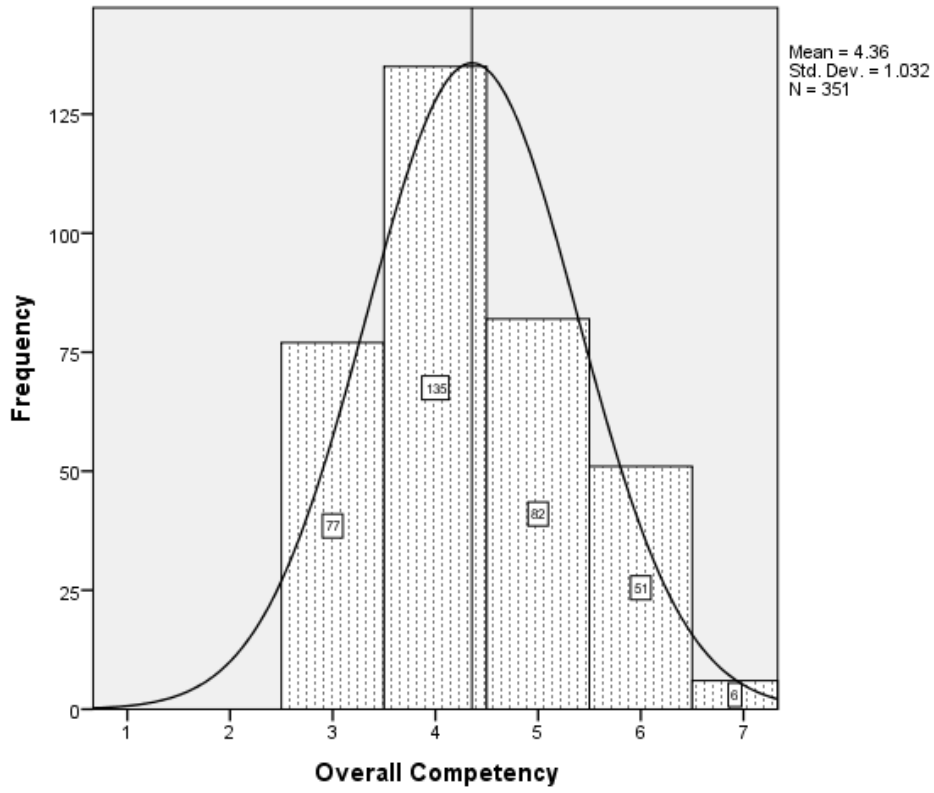

Figure 12. A histogram showing the dispersion of overall competency among participants.

To measure the job satisfaction level of participants, I utilized a well-validated job satisfaction scale that ranged from 1 to 5. The results showed that a vast majority (*n* = 347) were highly satisfied with the role and profession. A score above 2.5 indicated a high level of job satisfaction. The modal score was a three but approximately 50% of all participants indicate a very high level of satisfaction (*n* = 173) with the profession. The histogram found in Figure 13

shows the dispersion of scores among the sample. To the right of the line in the middle of the bell curve shows the point where participants indicate a higher than average level of job satisfaction among study participants. A summary of overall continuous measures is in Table 13 and a summary of frequency measures is in Table 14.

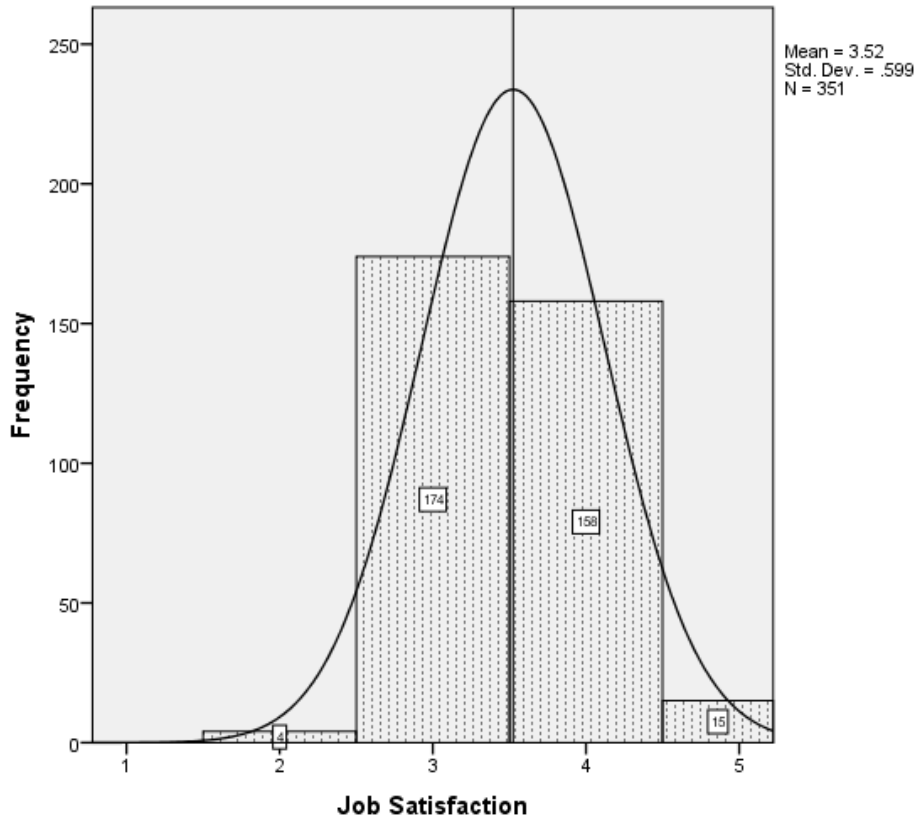

Figure 13. A histogram showing the dispersion of job satisfaction among participants.

Table 13

A Summary of Measures among Study Participants

	Experience	Ethical Complaints	Specific Child Custody	Knowledge	Ability	Legal / Ethical	Bias Awareness	Job Satisfaction	Overall Competency
M	14.58	.17	.07	4.35	4.05	4.37	4.77	3.52	4.36
S.E.	.45	.03	.01	.06	.06	.06	.06	.03	.06
Median	13	0	0	4	4	4	5	3	4
Mode	9	0	0	4	3	4	4	3	4
SD	8.34	.50	.27	1.11	1.16	1.06	1.13	.60	1.03
Skewness	.86	3.23	3.68	.46	.58	.49	.53	.35	.42
S.E. Skew	.23	.23	.23	.23	.23	.23	.23	.33	.23
Range	44	3	2	5	5	5	4	3	4
Min	1	0	0	2	2	2	3	2	3
Max	45	3	2	7	7	7	7	5	7

Table 14

A Summary of Frequency Measures

Variable		Frequency	Percentage
Gender			
	Males	151	43
	Females	200	57
Professional License			
	Licensed Psychologist	66	18.8
	Professional Counselor	277	78.9
	Both Licenses	5	1.4
	No License	3	0.9
Education			
	Doctorate Degree	126	35.9
	Master's Degree	225	64.1
Ethical Complaints			
	0	309	88.0
	1	27	7.7
	2	13	3.7
	3	2	0.6
Complaints Specific to Child Custody			
	0	326	92.9
	1	24	6.8
	2	1	0.3

Research Question 1

RQ1: To what extent do competency levels have an effect on job satisfaction levels for participants?

Hypothesis 1.

$H0_1$: Professional competency levels have no effect on job satisfaction levels for participants.

Ha_1: Professional competency levels have an effect on job satisfaction levels for participants.

To analyze the research question, I tested the normality of the distribution. A Z score of -1.96 to 1.96 demonstrates approximate normal distribution and meets the first assumption for conducting a Pearson Product-Moment correlation test. Additionally, all cases represent a random selection from the population and scores are independent of each other. The distribution for the job satisfaction scale is $z = 1.06$ and for overall competency is $z = 1.74$, indicating approximate normal distribution. The results demonstrated that conducting a Pearson's Correlation test was suitable since the assumption violation did not occur.

A scatterplot found in Figure 14 shows the slope that best represents the relationship between overall competency and job satisfaction. The darker circles indicate where relationships are strongest. The results were significant $r(351) = .70$, $p < .001$, $R^2 = .49$, indicating a rejection of the null hypothesis. The correlation coefficient was positive and indicated that when competency increases, job satisfaction also increases. The coefficient indicated a strong effect ($r = .70$) and showed that competency by itself contributed to 49% of the variance explained for job satisfaction among participants. A summary of the results is in Table 15.

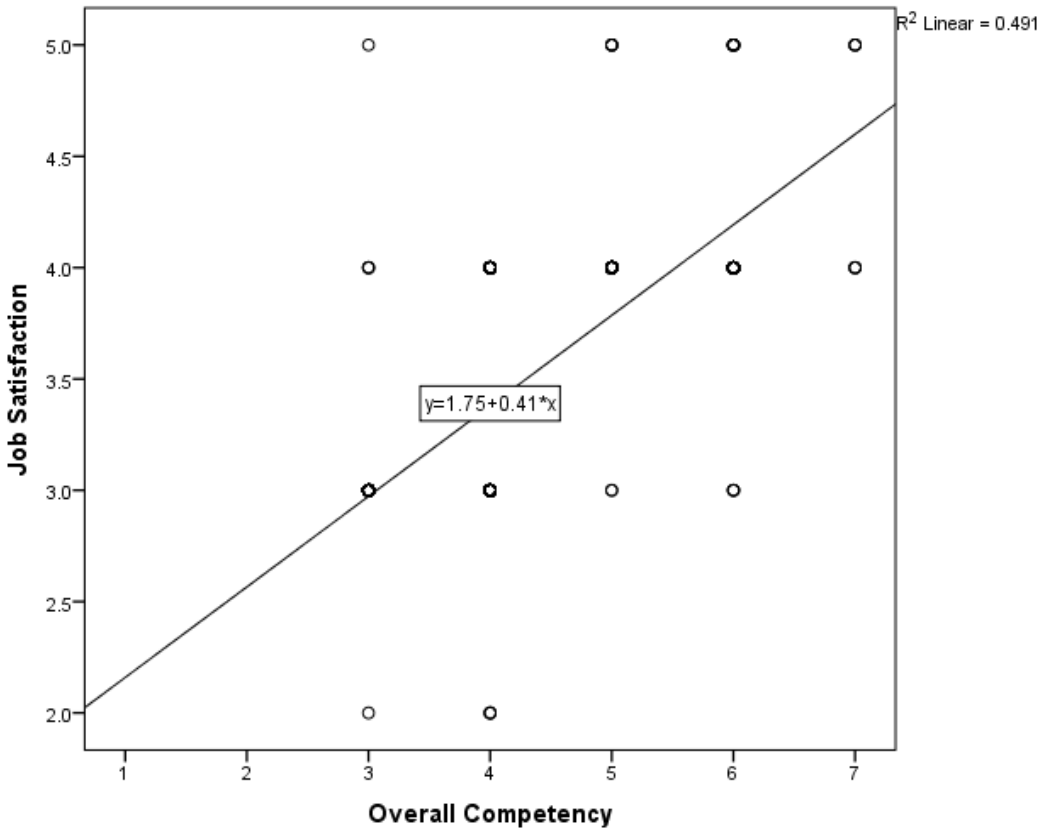

Figure 14. A scatterplot showing a positive relationship between job satisfaction and competency.

Table 15

Summary of Correlation Results (N = *351*)

Variables	*R*	R^2	*M*	*SD*
Competency	.70**	.49	4.36	1.03
Job Satisfaction			3.52	.60

Research Question 2

Is there a significant difference in competency levels between licensed professional counselors and licensed psychologists?

Hypothesis 2.

$H0_2$: There is no significant difference in competency levels between licensed professional counselors and licensed psychologists.

Ha_2: There is a significant difference in competency levels between licensed professional counselors and licensed psychologists.

I conducted a *t*-test to determine if there are significant differences in overall competency between licensed professionals. The statistical assumptions required to conduct the analysis are that the competency variable normally distributes in each group of licensed professionals. Additionally, the variances in each of the groups showed no difference and that random selection of all observations selection occurred from the study population. Finally, all responses were independent of each other. The analysis showed that the distribution in each group was approximately normally distributed. For the licensed psychologists ($z = 1.59$) and for the professional counselors ($z = 1.64$) the distribution was approximately normally distributed. In addition, the variances were equal ($p = .12$) and demonstrated that the assumptions were not violated.

The results of the test were significant $t(341) = 11.32$, $p < .001$, indicating that the difference in competency levels between licensed professional counselors and licensed psychologists was a significant difference. The difference in competency between licensed professional counselors ($M = 4.08$, $SD = .94$) and licensed psychologists ($M = 5.44$, $SD = .59$)

was 1.36. The results indicated that licensed psychologists were approximately 20% more competent than licensed professional counselors were in the sample when assessing child custody cases. The 95% confidence interval of the difference in performance ranged from 1.13 to 1.60 in the population, indicating a zero difference was unlikely in the population and that I must reject the null hypothesis because the hypothesis is false.

The results indicated that in the population, licensed psychologists were 16% to 23% more competent than licensed professional counselors were when providing testimony in child custody cases. The box plot in Figure 15 shows that although some professional counselors had high levels of competency; on average, overall competency levels were lower than licensed psychologists were, when providing testimony in child custody matters. A summary of the results is in Table 16.

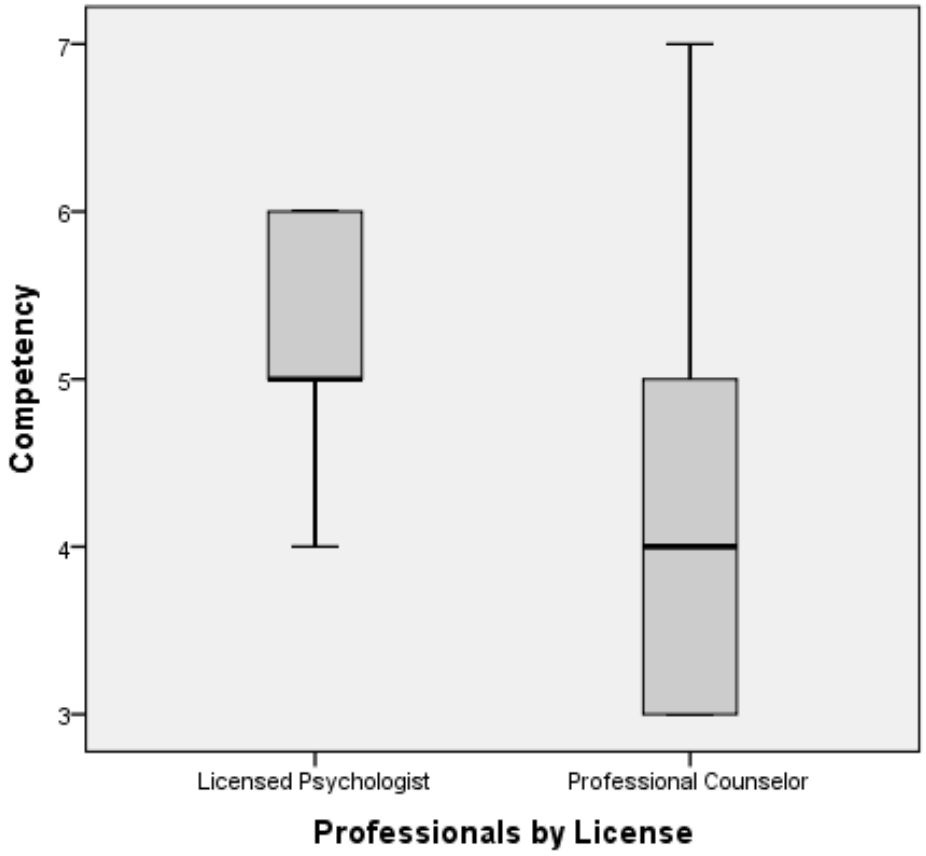

Figure 15. A box plot showing difference in competency for licensed professionals.

Table 16

A Summary of Independent Samples T-test Results for Competency Difference among Professionals

		Equal Variances		*t*-test for Equality of Means						
									95% *CI*	
		F	*p*	*t*	*df*	*p*	*MD*	*S.E.*	Lower	Upper
Competency	Equal variances assumed	2.39	.12	11.32	341	.00	1.36	.12	1.13	1.60

Research Question 3

RQ3: Is there a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists?

Hypothesis 3.

$H0_3$: There is no significant difference in ethical complaint levels between professional counselors and psychologists.

Ha_3: There is a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists.

I conducted a *t*-test to determine if there were significant differences in ethical complaint levels between licensed counselors and licensed psychologists. The statistical assumptions required to conduct the analysis were that the ethical complaint levels variable normally distributes in each group of licensed professionals. Additionally, the variances in each of the groups showed no difference and that random selection of all observations selection occurred from the study population. Finally, all responses were independent of each other. For licensed psychologists ($Z = 5.41$) and for professional counselors ($Z = 24.99$) the distribution was not approximately normally distributed. Since there was a violation of the statistical assumptions for the *t*-test, I conducted a Mann-Whitney *U* test instead.

The Mann-Whitney *U* test became necessary for evaluating the medians on the two groups of professionals. I converted the ethical complaint scores to ranks for each group to determine if the mean ranks for licensed psychologists and professional counselors differed significantly from each other. In addition to the random responses and the independence of responses, the statistical assumptions were that the distributions were the same, excluding the

medians for the populations. The Z approximation for the ethical complaint variable required a large sample size, and because the sample is large (n = 59), the data distribution met the assumptions for the Mann-Whitney U test to be conducted.

I analyzed all respondents (n = 59) who indicated receiving an ethical complaint against the license of the professional. Professional counselors (n = 24) had 28 complaints registered and licensed psychologists (n = 18) received 31 complaints. The results of the test were significant z = -3.03, $p < .01$, indicating that the null hypothesis was rejected. The results showed that there was a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists. Licensed psychologists (M = 1.72, SD = .67) ranked higher than professional counselors (M = 1.17, SD = .38) in ethical complaints overall.

Professional counselors overall received higher frequencies of complaints; however, most licensed psychologists received more than one complaint, causing the higher ranking. The boxplot found in Figure 16 shows that licensed psychologists had as much as three complaints registered; however, most professional counselors received one complaint except for n = 4 participants who received two complaints. A summary of the results is in Table 17 and a descriptive summary is in Table 18.

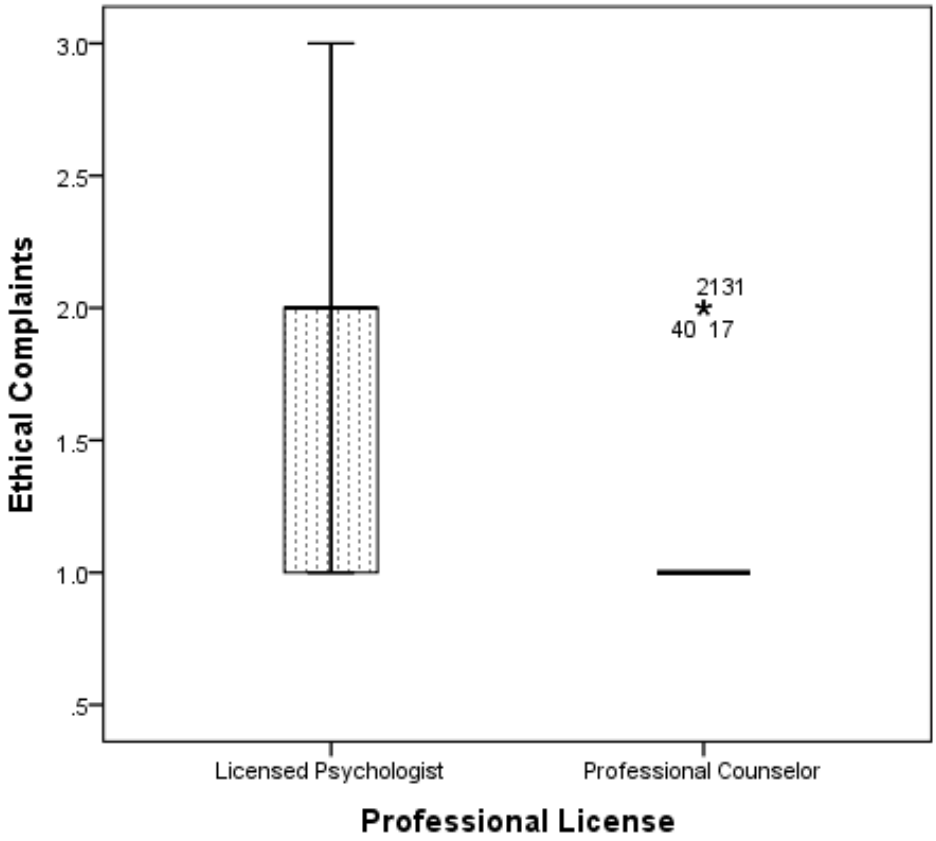

Figure 16. A boxplot showing the distribution of ethical complaints for psychologist and counselors.

Table 17

Mann-Whitney U Test Results

	Ethical Complaints
Mann-Whitney U	116.00
Wilcoxon W	416.00
Z	-3.03
P	.01

Table 18

Descriptive Analysis of Ethical Complaints for Professionals

Professional License	*M*	*N*	*SD*	Median	Skewness	S.E. Skewness	Sum
Licensed Psychologist	1.72	18	.67	2.00	.38	.54	31
Professional Counselor	1.17	24	.38	1.00	1.91	.47	28
Total	1.40	42	.59	1.00	1.15	.37	59

Research Question 4

RQ4: Is there a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels?

Hypothesis 4.

$H0_4$: There is not a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.

Ha_4: There is a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.

The factorial ANOVA test was necessary to determine if there was a main effect between education by level and ethical complaints and between experience level and ethical complaints. Additionally, I determined if there was an interaction between education*experience on ethical complaints. Education had two levels that were participants with a doctorate degree and participants with a master's degree. The experience level required utilizing the median value of 13 years of experience as the point for high and low experience levels. Participants with less than 13 years of experience were in the low experience level group and the rest were in the high level of experience group.

The assumptions for conducting the factorial ANOVA require that the scores on the ethical complaint variable be approximately normally distributed for each group. For participants with a doctorate degree (n = 126), the distribution was normal (z = 1.57), and for participants with a master's degree (n = 225), the distribution was also approximately normally distributed (z = 1.88). For participants with a low level of experience (z = 1.43), and for participants with a high level of experience (z = 1.28), the scores were approximately normally distributed.

I evaluated if the education level of participants affect the amount of ethical complaint participants received. The results were not significant $F(1, 347) = .54$, $p > .05$, indicating that the education level of participants had no main effect on the level of complaints received. The results indicated that participants with both doctorate degree (M = .19, SE = .06) and master's degree (M = .14, SE = .04) received the same amount of ethical complaints.

The results further showed that experience levels had a main effect on ethical complaints $F(1, 347) = 10.71$, $p < .05$, partial $\eta^2 = .03$, indicating that experience level did have an effect on ethical complaints. The results mean that participants with high levels of experience (M = .27, SE = .04) had significantly higher levels of ethical complaints compared to participants with low levels of experience (M = .05, SE = .06). The 95% confidence interval showed that in the population, ethical complaints for professionals with low levels of experience ranged from -.06 to .16. For participants with high levels of experience, the ethical complaints level ranged from .20 to .34.

Finally, the results showed that there was no interaction between education level and experience by level of ethical complaints $F(1, 347) = .66$, $p > .05$. Participants with a doctorate degree and low levels of experience (M = .05, SE = .11) had statistically the same level of ethical complaints as participants with a doctorate degree and high levels of experience (M = .32, SE =

.05). Additionally, those who had a master's degree and low experience level (*M* = .05, *SE* = .04) were statistically similar to participants with a master's degree and high levels of experience (*M* = .22, *SE* = .06).

The overall model was decisive and indicated a rejection of the null hypothesis. The results determined that although there was no relationship between education levels as measured by highest degree completed, there was a main effect between ethical complaint levels accounting for experience high and low levels. The partial eta squared indicated a small effect between the variables. The mean difference in ethical complaints between participants with both degrees was .22 complaints and the 95% confidence interval ranged from .35 to.09 and indicated that a zero difference was unlikely in the population. The results supported the rejection of the null hypothesis. I provided a summary of the descriptive results in Table 19 and a summary of the test results in Table 20.

Table 19

A Summary of Descriptive Results

			95% *CI*	
Education	M	S.E.	Lower Bound	Upper Bound
Doctorate Degree	.19	.06	.07	.30
Master's Degree	.14	.03	.07	.20
Low Experience Level	.05	.06	-.06	.16
High Experience Level	.27	.04	.20	.34

Table 20

Results of Test between Subject Effects (N = *351*)

Source	*SS*	*df*	*MS*	*F*	*p*	Partial η^2	Power
Corrected Model	5.07[a]	3	1.69	7.15	.00	.06	.98
Intercept	5.34	1	5.34	22.61	.00	.06	1.00
Education	.13	1	.13	.54	.46	.00	.91
Exp. by Lev	2.53	1	2.53	10.71	.00	.03	.90
Education * Exp. by Lev	.16	1	.16	.66	.42	.00	.92
Error	82.01	347	.24				
Total	97.00	351					
Corrected Total	87.08	350					

Research Question 5

RQ5: Is there a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels?

Hypothesis 5.

$H0_5$: There is not a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.

Ha_5: There is a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.

The factorial ANOVA test was necessary to determine if there was a main effect between ethical complaint levels and job satisfaction controlling for competency levels. Additionally, I determined if there was an interaction between ethical complaint *competency on job satisfaction. Ethical complaints had two levels based on participants who had no complaints and participants who had at least one complaint. Competency levels had two levels that were low

levels and high levels. Participants with overall competency levels below the median value of four were in the low-level group and participants with levels that included the median value score of four and higher were in the high competency level group.

The assumptions for conducting the factorial ANOVA required that the scores on the ethical complaint variable showed approximate normal distribution for each group. The distribution of ethical complaints among participants was approximately normally distributed (z = 1.54), for competency (z = 1.57) and for job satisfaction (z = 1.51). The variance among the group showed no significant difference (p = .23), indicating that the distribution of scores were suitable for conducting the factorial ANOVA test.

The results of the test indicated that there was no difference in job satisfaction based on the level of ethical complaints participants received $F(1, 347) = .51$, $p = .48$. An analysis of ethical complaints by group * competency by level did not yield an interaction on job satisfaction $F(1,347) = 1.36$, $p > .05$. When I assessed if competency had an effect on job satisfaction, the results were significant $F(1, 347) = 32.80$, $p < .01$, partial $\eta^2 = .09$, indicating that the null hypothesis was rejected that there was no main effect between competency by level and job satisfaction. The results showed that participants with low levels of competency (M = 3.03, $S.E.$ = .12) had lower job satisfaction compared to participants with high competency (M = 3.74, $S.E.$ = .05).

The box plot found in Figure 17 shows the difference in job satisfaction based on competency levels. The mean difference in job satisfaction between low and high levels of competency was .72 and the confident interval of .47 to .96 indicated that in the population, a zero difference between the groups were unlikely. The results supported the rejection of the null hypothesis and indicated that high competency levels related to increased job satisfaction by

approximately 20% for professionals. I summarized the descriptive results in Table 21 and provided the results of the test in Table 22.

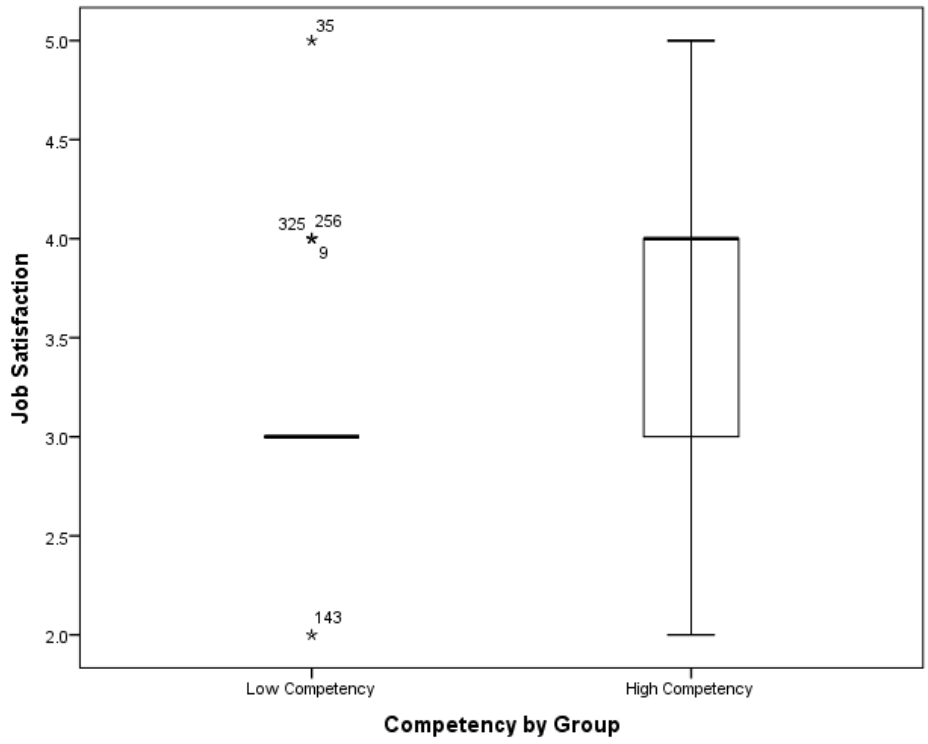

Figure 17. A box plot showing the difference in job satisfaction based on competency levels.

Table 21

A Summary of Descriptive Results for the Analysis

			95% *CI*	
Competency by Group	*M*	*S.E.*	Lower Bound	Upper Bound
No Ethical Complaints	3.34	.03	3.27	3.41
Have Ethical Complaints	3.43	.11	3.20	3.66
Low Competency	3.02	.11	2.80	3.25
High Competency	3.74	.04	3.65	3.83

Table 22

Results of between Subject Effects

Source	*SS*	*df*	*MS*	*F*	*p*	Partial η^2	Power
Corrected Model	23.75[a]	3	7.92	26.98	.00	.19	1.00
Intercept	862.25	1	862.25	2939.13	.00	.89	1.00
Ethical Complaints by Level	.15	1	.15	.51	.47	.00	.91
Competency by Group	9.62	1	9.62	32.80	.00	.09	1.00
Ethical Complaints * Competency Group	.40	1	.40	1.36	.24	.00	.91
Error	101.80	347	.29				
Total	4485.00	351					
Corrected Total	125.54	350					

Research Question 6

RQ 6: What factors predict job satisfaction levels for participants?

Hypothesis 6.

H0_6: There are no factors that predict job satisfaction for participants and all beta values are zero.

Ha_6: There are factors that predict job satisfaction for participants and not all beta values are zero.

I conducted a step multiple regression analysis to determine the factors that best predicted job satisfaction for professionals. I chose the stepwise model because several of the variables showed low collinearity tolerance in an enter model. The sample size for the analysis was large (N = 351), thus not sensitive to normality assumptions when determining linearity between

predictors and job satisfaction. All cases represented a random sample for the population and responses were independent of each other.

The stepwise analysis yielded five models with different combinations of predictors to provide the highest variance explained in job satisfaction. The stepwise process excluded all other variables that did not have a significant linear or nonlinear relationship with the job satisfaction, the dependent variable. The model with the lowest collinearity tolerance and the highest variance utilized four predictors $F(1, 346) = 8.70$, $p < .05$, $R = .77$, $R^2 = .59$, adj. $R^2 = .59$ indicating that the null hypothesis was rejected. The results showed that there were factors that best predicted job satisfaction for participants and not all beta values were zero. The predictors were bias awareness, ability, experience, and professional licensure. The model showed that when bias awareness increased ($\beta = .39$), job satisfaction increased. Additionally, ability ($\beta = .41$), experience ($\beta = .14$), and professional licensure ($\beta = .12$) all provided the best slope for predicting 59% of the variance in job satisfaction; 41% is unexplained. The stepwise process excluded gender, education, ethical complaints, knowledge, and legal and ethical variables from the model. The knowledge variable had a low collinearity tolerance with ability scores and thus I also removed the knowledge variable from the analysis.

The equation that best predicted job satisfaction for professionals was $Y = 1.13 + .19_{(\text{bias awareness})} + .17_{(\text{ability})} + .01_{(\text{experience})} + .15_{(\text{license})}$. The effect size within the model was a large effect ($r = .77$). Bias awareness provided the largest contribution to the variance, and professional licensure provided the smallest. In Figure 18 the scatter plot matrix provides a visual summary of the relationship between each predictor variable in the model with job satisfaction. I present a summary of the models of the stepwise analysis results in Table 23, showing that model D provided the best combination of variance explained. Additionally, I present a summary of the

coefficients of the five models in Table 24. Lastly, I present a summary of all hypothesis in Table 25.

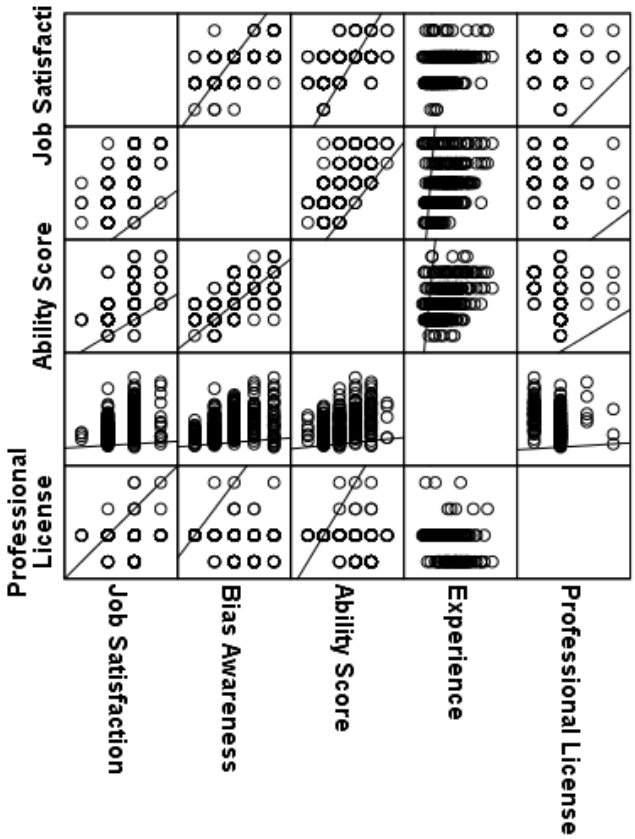

Figure 18. A scatter plot showing the relationships with job satisfaction.

Table 23

Summary of the Models in Stepwise Regression Results

Model	*R*	R^2	Adj R^2	*S.E.*	Change Statistics				
					R^2 Chg	*F* Chg	*df*1	*df*2	*p*
1	.70[a]	.49	.48	.43	.49	328.96	1	349	.00
2	.75[b]	.57	.57	.39	.08	67.70	1	348	.00
3	.76[c]	.58	.58	.39	.01	8.96	1	347	.00
4	.77[d]	.59	.59	.39	.01	8.70	1	346	.00
5	.77[e]	.60	.59	.38	.01	5.93	1	345	.02

a. Predictors: (Constant), Bias Awareness
b. Predictors: (Constant), Bias Awareness, Ability Score
c. Predictors: (Constant), Bias Awareness, Ability Score, Experience
d. Predictors: (Constant), Bias Awareness, Ability Score, Experience, Professional License
e. Predictors: (Constant), Bias Awareness, Ability Score, Experience, Professional License, Knowledge Score

Table 24

Coefficients Summary of Stepwise Analysis

	Unstandardized		Standardize β			95 % *CI* for *B*		Correlations	Collinearity	
Model	*B*	*S.E.*	β	*t*	*p*	Lower	Upper	Partial	Tolerance	VIF
(Constant)	1.27	.15		8.34	.00	.97	1.57			
Bias Awareness	.20	.03	.38	7.96	.00	.15	.25	.39	.51	1.98
Ability Score	.21	.03	.41	7.74	.00	.16	.27	.38	.42	2.38
Experience	.01	.00	.14	3.54	.00	.00	.02	.19	.76	1.32
Professional License	.15	.05	.12	2.95	.00	.05	.25	.16	.77	1.30

a. Dependent Variable: Job Satisfaction

Summary of Final Study Results

Table 25

A Summary of Hypothesis

Hypotheses	Results
$H0_1$: Professional competency levels have no effect on job satisfaction levels for participants.	Rejected
Ha_1: Professional competency levels have an effect on job satisfaction levels for participants.	Accepted
$H0_2$: There is no significant difference in competency levels between licensed professional counselors and licensed psychologists.	Rejected
Ha_2: There is a significant difference in competency levels between licensed professional counselors and licensed psychologists.	Accepted
$H0_3$: There is no significant difference in ethical complaint levels between professional counselors and psychologists.	Rejected
Ha_3: There is a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists.	Accepted
$H0_4$: There is not a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.	Rejected
Ha_4: There is a relationship between education levels as measured by highest degree completed and ethical complaint levels accounting for experience levels.	Accepted
$H0_5$: There is not a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.	Rejected
Ha_5: There is a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels.	Accepted
$H0_6$: There are no factors that predict job satisfaction for participants; and all beta values are equal to zero.	Rejected
Ha_6: There are factors that predict job satisfaction for participants; and not all beta values are zero.	Accepted

Summary

Chapter 4 focused on the statistical analysis results of the study. I analyzed he relationship between professional competence, ethical complaints, demographic variables, and job satisfaction. I found conclusive results based on the study's statistical analysis.

In all six research questions, the null hypotheses were rejected, while the alternative hypotheses accepted. In examining the extent of which competency levels effect job satisfaction among participants, results indicated that when competency levels increased, job satisfaction also increased. In a *t*-test to examine the differences in competency levels between licensed professional counselors and licensed psychologists, I found that licensed psychologists were approximately 20% more competent than licensed professional counselors in matters of child custody evaluation and opinion. Using Mann-Whitney *U* test to determine if there is a difference in ethical complaint levels between license counselors and psychologists, results indicated that although counselors received a higher frequency of complaints, psychologists ranked higher in ethical complaints overall.

Furthering the examination, I also found that the education levels of participants had no effect on ethical complaints received, while experience level did have an effect on ethical complaints. Results indicated that the greater the level of experience, the higher the level of ethical complaints among participants. Additionally, in an examination of the relationship between ethical complaint levels and job satisfaction levels accounting for competency levels, results of a factorial ANOVA indicated that although there was no difference in job satisfaction based on ethical complaints, competency did have an affect job satisfaction. Participants with high levels of competency reported high levels of job satisfaction. Lastly, in an analysis of the

factors that predict job satisfaction, the competency scale domains of bias awareness and assessment ability were leading factors in predicting job satisfaction. Other lesser factors predicting job satisfaction were experience level and licensure type.

In Chapter 5 is a summary of the current study with discussions, interpretations of the findings, and conclusions. Further, there are discussions on the implication of the theoretical framework and the effects on job satisfaction. Lastly, I discuss study limitations, social change implications, and recommendations for further research.

Chapter 5: Summary and Conclusions

Introduction

The purpose of the current study was to utilize a quantitative methodology with a correlational design to understand any relationship between a professional counselor's and licensed psychologist's competencies and levels of ethical complaints on job satisfaction. The research questions were designed to enlighten the counseling profession on important topics effecting the competence, licensure, and job satisfaction of professional counselors. Additionally, I hoped that results assist counselor education program in modifying their existing curriculum and pedagogy to meet the changing needs of the modern counseling profession. I believe the data yielded in the study significantly assist in this endeavor.

Results of the study's statistical analysis were conclusive, with the rejection of all six-research question's null hypotheses. The analysis revealed several key findings. Results showed that 12% of participants reported receiving an ethical complaint, with 60% of the complaints related to child custody issues. In matters of competency in child custody evaluation and testimony, 22% of all participants operated with low levels of overall competency, while 40% had high levels of competency.

I found competency level did have an effect on job satisfaction for participants, with higher levels of competency resulting in higher levels of job satisfaction. In the current study, competency levels between licensed professional counselors and licensed psychologists were also examined, and found that psychologists were approximately 20% more competent compared to professional counselors in matters of child custody evaluation and testimony. Surprisingly, licensed psychologists ranked higher than professional counselors did in ethical complaints overall, although counselors received higher frequencies of complaints.

Additional key findings included participants with high levels of experience had significantly higher levels of ethical complaints and education levels did not affect the number of ethical complaints a professional received. Results also indicated there was no difference in job satisfaction levels based on the level of ethical complaints participants received. Finally, findings indicated that the bias and self-awareness dimension and ability to assess dimension, along with experience level and licensure, were the highest factors that best predicted job satisfaction.

In chapter 5, I discuss the results presented in Chapter 4. First, I provide interpretations of the study findings and analyze the results through the context of the theoretical framework. Next, the limitations of the study and recommendations for further research are provided. Additionally, I discuss the implications of the study in relation to social change, research design, and recommendations for practice. Lastly, a conclusion will summarize the essential components of the study.

Interpretation of Findings

The results of the study allow for an abundance of interpretations. The findings of the study led to numerous interpretations of the data compared to previous professional research findings. Descriptive statistics revealed that of the study participants (N = 351) 57% of the sample were female, and 43% of the sample were male. Years of experience ranged from 1 year to 45 years. The vast majority of participants were professional counselors (79%). Professional counselors may have accounted for such a high percentage of respondents due to the counseling profession having high levels of members active in the listserv e-mail lists. Additionally, two predominantly counseling related e-mail lists were utilized, with only one predominantly psychology related e-mail list available due to limitations in access to the psychology resources. This factor likely contributed to 64% of all participants possessing a terminal master's degree

rather than doctoral degree, since counselors are licensed at the master's level and psychologists licensed at the doctoral level (Crane et al., 2010).

Lastly, a very significant finding from the present study was that of the 42 ethical complaints received, 60% of the complaints referenced child custody matters. The finding highlights the critical need for competency among mental health professionals when working with high conflict divorce or child custody cases. An examination of each research question's findings is provided in an effort to confirm or disconfirm previous knowledge in the mental health professions related to all variables and subject matter.

In the first research question, I examined the extent competency levels affected job satisfaction levels. Previous researchers found a variety of relationships between competency and job satisfaction. For example, Wurgler et al. (2014) asserted that high job satisfaction influenced the perceived competency of study participants. Similarly, Su Jin et al., (2014) found a strong positive relationship between job satisfaction and clinical competency among professionals surveyed, and recommended that job satisfaction should be considered paramount when attempting to achieve competency in groups of professionals. Studying direct providers of care, Lopez, White, and Carder (2014) found that as job satisfaction increases, the quality of care and competence of the professional increases. In summary, previous researchers found that job satisfaction was a frequent and common outcome variable to competence (Han et al., 2014; Ko, 2012; Lopez et al., 2014; Wurgler et al., 2014), ethical behavior (Fu, 2014), and work-related stress, pressure, and performance (Rossler, 2012; Kawada & Otsuka, 2011; Leary, et al., 2013)

The present study's findings directly apply to the previous concepts identified. In measuring professional competency and job satisfaction, I utilized both a professional competency scale and job satisfaction scale. The competency scale contained four distinct

domains: knowledge competencies, ability competencies, competencies for legal and ethical behaviors, and competencies of bias awareness. Results of the research indicated that professional competency levels had an effect on job satisfaction levels for participants. Accordingly, the results found that when professional competency increases, job satisfaction also increases. The results were in general agreement with the previous existing research on professional competence and job satisfaction.

In the second research question, I examined if there was a significant difference in competency levels between licensed professional counselors and licensed psychologists. Licensed professional counselors and licensed psychologists occupy two distinct, yet similar mental health positions in the field. Teevan Burke et al. (2013) found that over 14,500 licensed mental health professionals provided 5.2 million encounters with people in need in 2010.

The need for competent mental health professionals to continue meeting these demands remains ever-present. Previous researchers have addressed the importance of professional licensure in mental health practice. Attaining and maintain a professional mental health licensure is essential in establishing minimal levels of competency in any given health field (Bucky & Callan, 2014). Robiner et al. (2010) suggested that the licensure of health professionals is a mechanism for assuring the public that practitioners meet minimal standards for practice. The mental health field consists of numerous disciplines, occupying various states licenses that possess distinct requirements and standards. Additionally, every U.S. state legislature has established minimal competency standards for licensed providers in an effort to protect the public from a professional practicing outside of their area of competence (Crane et al., 2010). Smith (2011) suggested that societal pressures over the last several decades have increased the pressure for mental health therapists to become licensed, resulting in greater competencies and

professionalism. Within a given professional licensure discipline, state licensure laws, national professional organizations, and educational standards all contribute to the establishment of minimum competency and qualifications for professionals delivering mental health services. These elements both unify and distinguish each mental health licensure.

In a review of the existing literature, limited studies were found associating professional counselors with licensed psychologists, and no previous studies were found comparing licensed professional counselors with licensed psychologists regarding professional competency. Since the professions share similar duties and functions, research was needed to examine and compare these two disciplines, most importantly in professional areas effecting the competence, ethics, and viability of the respective professions.

Results of the data analysis indicated that a significant difference existed in competency levels between licensed professional counselors and licensed psychologists. Licensed psychologists were found to be approximately 20% more competent in matters of child custody opinion than licensed professional counselors in the sample studied. There are likely many possible explanations for this difference, including distinctions in training and education between the two licensures, but this investigation is outside of the scope of the present study. Course content, pedagogical emphasis, experiences and skills of graduate faculty, and practicum/internship opportunities may contribute to this finding.

In the third research question, I investigated if there is a significant difference in ethical complaint levels between licensed professional counselors and licensed psychologists. Studying licensed professional counselors and licensed psychologists was beneficial for the study because members of the groups experience the phenomena examined in the study (Bow et al., 2011; LaFortune & Carpenter, 1998; Ireland, 2008; Barsky, 2012). Licensed professional counselors

experience a growing level of ethical complaints related to child custody disputes and serving as expert witness (CSWMFTB, 2012; Patel & Choate, 2014). In contrast, licensed psychologists were found to not be experiencing as high of an increase in levels of ethical complaints regarding custody-related matters (Bow et al., 2010; Grossman & Koocher, 2010; Koocher & Keith-Spiegel, 2008).

The results of the present study found that a significant difference existed in ethical complaint levels between licensed professional counselors and licensed psychologists. Professional counselors received higher frequencies of ethical complaints overall, yet most psychologists received more than one complaint, resulting in a higher ranking. Therefore, the results of the analysis rejected the null hypothesis that there is no significant difference in ethical complaint levels between licensures. The results, however, are in contrast to previous findings and opinions that licensed professional counselors had higher levels of ethical complaints over licensed psychologists. A potential cause of this finding is that licensed psychologists remain more likely to provide forensic and court ordered evaluations than other licensed mental health professionals (Bucky & Callan, 2014). The nature of this work may expose them more frequently to angry or disgruntled clients willing to file ethical complaints against them. I further investigated the factors potentially affecting these differences in the remaining research questions.

In the fourth research question, I looked at whether there is a relationship between education levels and ethical complaint levels accounting for experience levels. As previously discussed, various mental health licensures require different levels of education and training standards, as well as diverse levels and durations of clinical experience prior to licensure eligibility. Licensure requirements also vary according to state laws and standards. In a review of

the educational and clinical supervision licensing requirements of six core mental health professions, Crane et al. (2010) found a vast amount of distinction in the training requirements of mental health professionals. Results indicated that licensed psychologists are required to have a doctorate in clinical or counseling psychology and two years of clinical supervision. Licensed professional counselors are required to have at least a master's degree in counseling or a closely related field and two years of clinical supervised experience. Though licensure laws and accreditation are not guarantees, mental health consumers can be reasonably confident that if an individual was licensed in a mental health discipline, the practitioner possesses at least a minimum level of competence in the application of mental health practice (Crane et al., 2010). No previous studies in the existing literature were found that investigated the differences in education levels, ethical complaints, and experience levels, creating the need for these relationships to be studied.

In the investigation of whether the education level of participants affect the amount of ethical complaints received, results indicated that the education level of participants had no main effect on the level of complaints received. Additionally, the results did show that experience levels have an effect on ethical complaints, meaning that participants with high levels of experience had higher levels of ethical complaints compared to participant with low levels of experience. The explanation for this finding may be obvious. The results demonstrated that as practicing professionals' experience increase, opportunity for numerous phenomenon, including the risk of ethical complaints, also increase. For example, the chances of a mental health professional to have experienced a client's death would be significantly different if the clinician has 35 years of professional experience as compared to 3 years of experience.

Finally, the results also indicated that there was no interaction between education levels and experience levels on ethical complaints. Licensed professional counselors can practice with either a masters or doctoral degree, while licensed psychologists typically have doctoral degrees (Crane et al., 2010). The essence of these findings suggest a pragmatic conclusion; education levels and experience levels can exist independently and autonomously with one another, with the interaction of the two levels not affecting ethical complaints.

In the fifth research question, I examined whether there was a relationship between ethical complaint levels and job satisfaction levels accounting for competency levels. This question blends many of the previously discussed variables examined in the existing professional literature. In a study related to the negative impact that ethical complaints against counselors can have on the professional's job satisfaction, Neukrug and Milliken (2011) asserted that even though few professionals are actually indicted of ethical misconduct, the individuals can be severely affected by the accusation, which can significantly affect professional's views and perspectives on the profession and career. Bucky and Callan (2014) asserted that ethical complaints often resulted in the professional experiencing a variety of emotions including distress, fear, anger, guilt, and embarrassment. Additionally, ethical misconduct also led to a feeling of stagnation or regression in one's career (Fu, 2014).

Professional competency i imperative for all licensed professionals to possess, but especially needed in ethically sensitive areas of practice (Mascari & Webber, 2006). The lack of professional competency increased the licensee's risk of ethical censure (Patel & Jones, 2008) and lowered public trust in the profession (Even & Robinson, 2013). Ethical and legal complaints against licensed professionals, regardless of the complaint's legitimacy, can result in significant stress and impairment to the professional (Bucky & Callan, 2014; Neukrug &

Milliken, 2011). Accordingly, increased job stress and pressure have been clearly linked to low job satisfaction (Hartley et al., 2013; Poaline & Lambert, 2012; Puig et al., 2012).

Previous researchers also investigated the course and nature of ethical complaints. Ethical complaints to licensing boards resulted in a variety of consequences, including license suspension, license revocation, required supervision, or suspension from certain areas of practice (Call et al., 2012; Pepiton et al., 2014). Ethical complaints against a licensed mental health provider can also be directed to the ethics committee of the professional organization to which the professional belongs. After investigating a complaint, a professional ethics committee can potentially dismiss a case or issue a reprimand, censure, expulsion, or stipulated resignation (Fisher, 2009). Ethics committees also possess the authority to suspend certain professional duties, require additional training and/or supervision, compel the professional to seek independent assessment for personal mental health services, or agree to a monitored probationary period (Bow et al., 2010; Fisher, 2009; Pepiton et al., 2014).

The results of the study referencing the relationship between ethical complaint levels and job satisfaction levels accounting for competency levels were surprising. Results showed that there was no difference in job satisfaction based on the level of ethical complaints participants received when accounting for competency levels. The results were mildly counter-intuitive, and in contrast with existing research. Past literature and intuition suggests that due to the emotional impact that receiving an ethical complaint can have on a professional, the distress would have a negative impact on their overall levels of job satisfaction. The reasons behind this lack of impact could be numerous and possibly include potential positive factors such as liability insurance protections, supportive management, and good self-care among professionals.

Additionally, when assessing if competency had an effect on job satisfaction, the results were significant and indicated that participants with low levels of competency had low levels of job satisfaction. These findings are consistent with the results of this study's first research question which found professional competency levels do affect job satisfaction levels. The finding reinforces the need for professional competency in the mental health field.

The sixth and final research question investigated what factors predicted job satisfaction levels for participants. Previous researchers identified a number of diverse factors contributing to job satisfaction including stress in the workplace (Hartley, Devila, Marquart, & Mullings, 2013; Kawada & Otsuka, 2011), administrative support (Poaline & Lambert 2012), and personal wellness (Puig et al., 2012). Additionally, past researchers also identified professional burnout (Leary et al., 2013; Ogresta, Rusac, & Zorec, 2008; Rossler, 2012), and competency (Bok et a., 2013; Fu, 2014) as factors related to job satisfaction.

In addressing this research question, a stepwise analysis yielded five models with different combinations for predictors of job satisfaction. The results showed that the factors that best predict job satisfaction are personal awareness of bias, perceptions of ability, professional experience, and professional licensure. The largest factor contributing to levels of job satisfaction was a personal awareness of bias. This factor was relatively unexplored in previous studies. An assumption is that a personal awareness of bias suggests the participant possesses other personal qualities such as a strong identity, high locus of control, and lower stress. The second contributing factor to job satisfaction was an individual's perception of their ability. I see this factor as being synonymous with self-confidence and esteem. Possessing these factors add to one's resilience and ability to deal with the negative elements of their job. The final two contributing factors, experience and licensure, may also positively contribute to job satisfaction

through enabling the professional to fall back on their experiences and accomplishments to mitigate the impact of occupational stressors and demands. However, further research is needed to delineate these contributions.

Analysis in Context of Competence Theory

I utilized the competency theory as the theoretical framework for this study. Boyatzis (1982) described competence as the underlying attributes of individuals in relation to the diverse knowledge, skills, or abilities they possess. Farmer, Welfare, and Burge (2013) argued that counselors and other mental health professionals are required to provide competent counseling services to diverse populations. Furthering these concepts, Goleman et al. (2002) tied the competence theory to the concept of emotional intelligence, both describing personal and professional attributes related to effective performance. The performance theory is closely tied to the theory of competency and possesses three foundational tenets of competency including expertise and experience, knowledge, and an assortment of cognitive abilities (Boyatzis, 2011).

Furthering an understanding of the philosophical foundations of professional competence, Miller (1990) described competency as a hierarchical pyramid consisting of four levels of competency. These competency levels range from a person possessing the ability to learn a particular skill, to the most advanced level, where a person demonstrates and clear autonomous ability to do a skill at a high level. Regardless of the clinical duty, high levels of competency ensure professional practice and provide protection to the public (Russinova et al., 2013).

Competency theory related to the present study and its findings in many capacities. Previous researchers concluded that professional counselors are not adequately competent in the professional knowledge and skills necessary to ethically fulfill the clinical roles associated with expert witness and providing opinions related to court testimony (Lafortune & Carpenter, 1998;

Lebow & Newcomb Rekart, 2007; Moore & Simpson, 2012; Moore et al., 2013; Patel & Choate, 2014). The lack of professional competency has resulted in an increase in ethical complaints against professional counselors (CSWMFTB, 2012; Patel & Choate, 2014). Bok et al. (2013) argued that attaining competency is possible through adequate training and education, and is a primary role of counselor education, and preparation programs (Dufrene & Henderson, 2009). Professional competence also related to this study due to competence being essential in the avoidance of ethical and legal issues (Fu, 2014; Herlihy & Dufrene, 2011; Pepiton et al., 2014) and leading to greater job satisfaction (Han et al., 2014; Lee & Carmen- Montiel, 2011; Lopez, White, & Carder, 2014).

The concept of competency was essential in the development and conceptualization of the *Professional Competency Standards Instrument* due to the profound relationship between competency and all other study variables. Four distinct domains were identified and studied in the statistical analysis. All domains were well validated in the pilot analysis. The knowledge domain was examined, with approximately 24% of participants demonstrating a lack of competency in this domain. Referencing the ability to conduct assessment domain, the results show that participants were barely competent in the ability to conduct assessments in child custody related cases. I also measured participant's competencies for legal and ethical behaviors and found that 41% of the sample met the minimum standard. Lastly, I measured the bias awareness domain among respondents. Results indicate that 39% of participants demonstrate competency in this area.

Examining the competency of the collective group of participants over all four well-validated dimensions also created an overall competency scale. Results showed that approximately 22% of participants operated with low levels of overall competency in matters of

child custody. Conversely, 40% of participants had high levels of competency when working with child custody matters.

A central element of inquiry in the present study was the relationship between professional competency and other variables, including job satisfaction, ethical complaints, and licensure. The results of the present study analyze competency in relation to several factors. Findings revealed that professional competency in the area of child custody testimony and opinion had an effect on job satisfaction levels for participants. Therefore, as competency increased, job satisfaction increased; a finding consistent with existing competency theory literature. Increased competency can possibly lead to a greater locus of control for professionals, resulting in less doubt or confusion about their job duties or roles, and increasing job satisfaction.

Additionally, results found that licensed psychologists were significantly more competent than licensed counselors in child custody related evaluation and testimony. Previous researchers have yet to examine this finding in the professional literature, creating a further need for the current study. Training standards, educational levels, licensure requirements, and clinical experiences may all contribute to these differences.

Limitations of the Study

Multiple limitations existed in the study. As previously mentioned in chapter 1, inherent limitations exist in data collection using online survey data, therefore potentially jeopardizing the generalizability and trustworthiness of the study. The first limitation is consistent with all anonymous, online survey data; whereas the researcher has no confirmation of the actual person completing the online form. The condition of honesty is granted; however, it cannot be guaranteed in data collection of this variety.

A second limitation to the study was sample size. In order to account for this limitation, a power analysis (Balkin & Sheparis, 2011) was conducted to determine an appropriate sample size. Though assessed as adequate using a statistical measure, the sample is relatively small (N = 351) in comparison to the number of licensed professional counselors and licensed psychologists (over 210,000) in the United States. Therefore, interpretations and conclusion derived from the results of this study should consider the limited application to all licensed mental health professionals. The limitation was mitigated by sending out a large enough invitation to potential participants. A related limitation is the discrepancy in participants between licensures. Licensed professional counselors occupied 79% of all participants, with licensed psychologists accounting for the remaining respondents. I hoped to achieve a relatively equal sample of both licensees, but due to the nature of the convenience sample, I had no control over the licensure of the participants who chose to respond to the online survey. Additionally, an administrator of one of the psychology e-mail list serves refused to allow access to the e-mail list after initially agreeing early in my research proposal. This potentially resulted in less access to licensed psychologists, although some psychologists were members of the other three e-mail lists utilized.

Another limitation was the internal validity threat of selection due to the volunteer nature of the survey administered. For example, three unlicensed participants completed the study despite the initial invitation and informed consent clearly indicating the requirement of possessing a current license as a professional counselor or psychologist. Not possessing a current licensed disqualified the individuals from the study. This fact reinforces the concern that although a researcher can set inclusion criteria for participants, the anonymous individuals who actually take the self-report survey, and their qualifications, are unknown and outside of the control of the researcher.

An additional limitation was the potential inability of all possible participants to have access to, and understanding of, the technology associated with an online survey. Since the sample was ascertained through online e-mail lists, participants who would normally qualify to participate in research, yet did not have access to computers, the Internet, or membership in the e-mail lists, were excluded. To account for the limitation, the targeted recruitment was large enough to mitigate these limitations and meet the required sample size for conducting the study.

A post-hoc examination of the study's statistical analysis revealed a final set of limitations. The initial statistical analyses required two changes in the type of analyses utilized. The first change occurred in research question three. Since the distribution was not approximately normally distributed, a violation for the statistical assumption of the t-test occurred. To compensate, a Mann-Whitney U test was utilized instead. Therefore, instead of comparing mean differences, I compared the median differences of ranked scores that were most suitable when the parametric assumptions are violated. This did not result in any differences in the interpretation or implications of the data.

Additionally, research question six required the use of a stepwise multiple regression, rather than the enter method, due to the high level of relationship between variables. When using the enter method, the variance explained was low, indicating that some independent variables effected the behaviors of other variables. The stepwise analysis helped understand the best combination of factors that provided the highest level of variance explained.

Recommendations

The nature and extent of the research questions and content of the current study offer a considerable foundation for future research to build upon. The present study opened up the examination to several topics relevant to the counseling profession. Professional competency

was a prominent variable studied significantly in the research. The results of the study found competency to be have a significant effect on job satisfaction. Although I am not surprised by the finding, a more comprehensive examination of the relationship between competency and job satisfaction could yield interesting and important data. For example, institutions and organizations may be better served to allocate resources on trainings and educational opportunities in an effort to improve competency, rather than exclusively on more traditional attempts to increase job satisfaction. Additionally, the results found competence levels higher in licensed psychologists than in licensed professional counselors. Taken together with relation to research question five's finding that education level (master's vs. doctorate) did not have an effect on ethical complaints, investigating and comparing the training differences of professional counselors and licensed psychologists is in order to determine the sources and causes of the difference. Some professional counselors, however, did score high levels of competency in matters of child custody evaluation and testimony. A future study of interest is an examination into the training of participants with high levels of competency in child custody matters. The study did not specifically examine whether professional competency had an effect on ethical complaints, as it was outside the scope of the present research. Although it is intuitive, future research investigating the relationship between competency and the presence of ethical complaints is beneficial for the counseling profession to add to the understanding of the factors causing the increases in ethical complaints

I also examined ethical complaints in the present research. A surprise was that ethical complaints increased as experience levels increased. The finding may be a function of the amount of clients involved in custody related issues that clinicians treated over the years. An additional factor contributing to the finding may be the individual clinician's specialty area or

practice emphasis. Despite the potentials, additional research could investigate why experience is not a mitigating factor in minimizing a clinician's risk of ethical complaints. In the present study, I found ethical complaints among both licensed psychologists and professional counselors. A profound finding in the present study is that of all ethical complaints reports, 60% of all complaints were related to child custody matters. The finding is even higher than previous evidence and literature suggested, and should demand a significant amount of future research to address this critical issue among mental health professionals.

Additional study results established that education levels (masters vs. doctoral degree) were not found to affect the amount of ethical complaints participants received. Since the amount of education was not found to be a factor in the presence of ethical complaints, an investigation into other factors, such as professional training standards, is warranted. If the amount of education or terminal degree achieved was not found to effect ethical complaints, the question of whether it is a function of the content of education or pedagogy emphasis may be in order. Additionally, an examination of factors predicting ethical complaints would also be relevant to the present research and valuable for the counseling profession.

Lastly, I examined job satisfaction in the present study. In reference to job satisfaction, results of the study lead to numerous recommendations for further study. As previously discussed, job satisfaction was found to be affected by competency levels. Therefore, due to the importance of job satisfaction in the careers of mental health professionals, placing greater emphasis on the training and preparation needs for licensed professionals working with child custody cases is imperative. The present study also identified factors predicting job satisfaction. Interestingly, two skill domains, bias awareness and ability to assess, were found to have the largest contribution to job satisfaction. This may be due to the professional possessing a variety

of positive qualities including self-confidence, high esteem, and a strong locus of control. Future investigation can attempt to further identify the elements of these skill domains and their contribute to job satisfaction.

Results of the current study also warrant a number of recommendations for counselor education and supervision training programs. Previous literature concluded that professional counselors are experiencing high levels of ethical complaints to state licensing boards (CSWMFTB, 2012) and is the leading source of records request in legal depositions (HPSO, 2014). The results of the present study found a lack of competence in matters of child custody assessment and opinion among 22% of respondents. Clearly, a deficit exists in the training and preparation of mental health professionals in this critical and growing clinical content area. The training and preparation deficit is causing low levels of competency, low job satisfaction, and ethical complaints. Based on the results of the present study, I strongly recommend that the educational curriculum and course content of counselor preparation programs be studied in future research.

Implications

The findings of the current study lead to numerous implications. The results of the study found that professional competency does have an effect on job satisfaction. Therefore, greater emphasis needs to be placed on creating well-trained and competent mental health professionals. Competent clinicians provide both skilled and proficient services, are more likely to stay in the job longer, and are more satisfied in their positions (McKinley & Perino, 2013).

Additionally, a primary intent of the present study was to compare the field of professional counseling with the field of psychology. The results generated several practice-related implications and changes needed for the field of professional counseling. Many of the

implications are derived from the study's comparisons of the fields of counseling and psychology, yielding numerous templates for change in the preparation, training, and practice of counseling. Various study implications are found in both positive social change and in recommendations for the practice of counseling.

Positive Social Change

A primary tenet of this study is that competent mental health professionals have a tremendous impact on the client's they serve, contributing to a happier and healthier society. According to the National Institute of Mental Health (2014) over 20% of children and over 18% or adults have had a mental health issue in their lifetime. Additionally, approximately half of children and 13% of adults receive treatment for mental illness. In the realm of divorce and families, 1.2 million marriages ended in divorce in the United States (U.S. Census Bureau, 2009) with an 8 years average length of the first marriage (Henry et al., 2011). Sixty-five percent of divorces in the United States involve families with minor children (Cohen, 2002). In addition to the vast number of marriages that ended, 10% of divorcing families had disagreements over the custody of dependents (Luftman et al., 2005). The results led to a growing number of divorcing families involved in volatile disputes over child custody and visitation matters (Bow et al., 2011; Lebow & Newcomb Rekart, 2007).

Mental health professionals can have tremendous impact on the lives of individuals and families. In order to be more effective at the delivery of these vital services, it is dually important for mental health professionals to be both clinically competent and maintain high levels of job satisfaction. The results of this study confirm previous researcher's finding that professional competency levels affect job satisfaction levels for participants.). Additionally, factors that predicted job satisfaction levels also included years of experience, demonstrating the importance

of mental health professionals receiving thorough training with adequate exposure to rich clinical experiences (Han et al., 2014; Ko, 2012; Lopez et al., 2014; Wurgler et al., 2014).

The results of the present study further the proposition that positive social change occurs by better-trained and more competent professional counselors, with high levels of job satisfaction, practicing in the legal arena of child-custody disputes. The social change occurs at multiple levels, including individuals, families, institutions, and larger societies. The current research offers numerous benefits to positive social change including making university administrators aware of the deficiencies of curriculum when training students that must perform in the role of professional witness in court cases. Additionally, students become better prepared to function in complicated professional roles that reduce the need for ethical complaints (Neukrug & Milliken, 2011), resulting in increased professional competency and higher levels of job satisfaction (Fu, 2014). Finally, families are able to rely on improved competencies of professionals during times of family discourse. Greater competency allows counselors to better advocate for the clients that they represent (Lee, 2007) and find greater satisfaction in their job (Wurgler et al., 2014).

Embedding positive counseling principles into the judicial system can advocate for both the micro and macro domestic court environment, lessening the negative impact of high conflict divorce, parental alienation, and divorce custody disputes (Sparta, 2008). In addition, competent professional counselors who avoid ethical complaints experience greater job satisfaction, remain in the counseling field, and positively influence the consumers of counseling services (Lee & Carmen-Montiel, 2011). Happy and healthy professional counselors providing treatment to children and families involved in high conflict divorce and custody disputes can significantly improve the emotional toll that these situations have on those involved. Lessening the emotional

toll and reducing the turmoil common in these traumatic relational dynamics on innocent and confused children can dramatically contribute to positive social change (Lebow & Newcomb Rekart, 2006; Levite & Cohen, 2012).

Implications for Practice

The practice of professional counseling and related mental health professions can benefit from the results of the study. Since the study found high levels of professional counselors with low levels of competence, and competence levels significantly lower than licensed psychologists, greater preparation is clearly needed for professional counselors in matters of child custody evaluation and court opinion. As all professional counselors are vulnerable to receiving subpoenas and being mandated to provide testimony in custody matters (Moore et al., 2013), comprehensive changes in the preparation of professionals needs to occur. The potential exists, based on the results of the study, that psychology preparation programs can offer models for preparation in matters of child custody evaluation and court testimony. Additionally, the American Psychological Association's *Guidelines for Child Custody Evaluations in Family Law Proceedings* may also offer a vital resource in need of adoption by the counseling profession.

Previous research and the results of the present study continue to emphasize the need for greater job satisfaction among practicing counselors. Based on the findings, counselor preparation programs, continuing education trainings, and mental health centers and practices employing professional counselors need to place greater priority on the job satisfaction of professionals. In addition to high levels of competency resulting in high levels of job satisfaction, other factors predicting job satisfaction should be prioritized in the practice of professional counseling. Study results indicated that the bias and self-awareness domain and ability to assess domain offered the greatest contribution to job satisfaction. Changes in the practice of

counseling, supervision, or counselor education based on the findings can contribute to improvements in these skill domains. Insight-oriented supervision models, select skill-based trainings, and diversity and sensitivity trainings can possibly assist in these endeavors.

Conclusions

The profession of counseling continues to grow and adapt as it evolves along with a complex and dynamic world. Imperative to the growth of the counseling profession is the need for competent clinicians with high levels of job satisfaction to ethically and professionally assist society in its pursuit toward mental health. An increasingly important area of clinical mental health practice is in the area of conflicted divorce and custody disagreements. Professional counselors are struggling to meet the clinical demands related to this issue. The current study aimed to build upon previous research, as well as develop proprietary inquiry, to further the professional knowledge on professional competency, ethical complaints, and job satisfaction.

As evident in the current study's findings, the counseling profession is in need of greater competence in matters of child custody evaluation and testimony. Better trained and more competent professional counselors, regardless of their educational level, were found to have higher levels of job satisfaction. Although the study results did not find a difference in job satisfaction based on the level of ethical complaints, 12% of the respondents reported receiving at least one ethical complaint, with the majority of the complaints reported (60%) specifically referencing child custody matters. This result is consistent with the growing body of data available in the professional counseling literature.

The field of psychology is a compatible profession with decades more maturation and development. Although licensed psychologists ranked higher on the number of ethical complaints, overall, professional counselors received a higher frequency of complaints. In

addition, licensed psychologists were approximately 20% more competent than professional counselors are in relation to child custody evaluation and testimony. The results indicated that because of the various comparisons between professional counselors and licensed psychologists, counselors must pay greater attention to the psychology profession. Focus must include pedagogy, training, and resources to better prepare counselors for specific areas of professional practice.

Professional counselors face a variety of challenges in the modern world. Healthcare changes and restraints, horrific acts of violence, technology advances, and the increasing dangers and liabilities associated with clinical practice all confront the counseling profession. Regardless of the nature of these perils, healthy, happy, and competent professional counselors with high levels of job satisfaction can, and will, continue to make a difference in the mental health of individuals and families.

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Appendix A: Letters of Cooperation

Thank you for asking about posting your research survey request to CESNET-L listserv. Take a look at the survey recommendations at www.cesnet-l.net for ideas about doing research using CESNET-L. After that, feel free to proceed and post.

With best regards,

Dr. Marty Jencius
Associate Professor of Counseling
Kent State University
Counseling & Human Development Services
Rm 310 - White Hall Bldg
Kent, OH 44242
mjencius@kent.edu
www.jenci.us

Hi Joshua,

Thank you for checking in about the Division 17 listserv policy! Based on your research, I can definitely see how it would be a good fit with the Section of Counseling Psychology. Regarding research requests, we ask that individuals include the commonly required information for informed consent in the email script, including the purpose of the study, who is eligible, what are the expectations (in terms of time and involvement), and note both the voluntary nature and the ability to terminate participation at any time. We also ask that emails include the IRB approval information (so the institution that approved the data collection and the IRB number) as well as the contact information for all investigators (for dissertation work, we usually ask for the student's information and the advisor's information), that way potential participants have lots of ways to ask questions about the study. One more quick note - we generally limit the

number of follow-up requests to one (so the initial email and one follow-up request) since there is a lot of traffic on the Division 17 listserv. I noticed you mentioned two follow-up requests and wanted to be sure the one follow-up would be okay for your protocol. Let me know if you have any questions about anything I mentioned! Once you receive the IRB approval and have the email script, let me know and I would be glad to work with you to forward the request to the Division 17 listserv.

Thanks!

Allie

Yes, that's fine. Presumably you will indicate that your measure is "based on" the earlier one.

I'm attaching some more recent material in case parts might be useful to colleagues or yourself.

Best wishes, Peter Warr

Appendix B: Invitation to Participate

Dear Potential Participant:

Hello - I know your time is precious and I appreciate your consideration! My name is Joshua Francis I am a doctoral candidate in Counselor Education and Supervision at Walden University. I am conducting a quantitative dissertation study entitled: "Effects of Professional Competency and Ethical Complaints on Licensed Counselors in Court Testimony". The purpose of this study is to investigate the training and professional competencies of professional counselors and licensed psychologists and understand its effect on ethical complaints and job satisfaction. In an increasingly litigious and aggressive domestic court system, mental health professionals are risking high liability and ethical/legal vulnerabilities when working with these clinical cases. I would be honored to have you participate in this study if you are eligible. Participating in this research study is completely voluntary.

Briefly, to be eligible for this study you:

- Must be licensed as a professional counselor or psychologist;
- Have at least one year of professional experience;
- Must have **any** clinical experience working with clinical cases involving divorce, child-custody disputes, or domestic litigation with children, families, or adults (custody work or evaluations does not have to be a primary part of your practice/experience)

If you decide to participate, you will complete an online survey instrument including a short demographic questionnaire at a convenient time and place for you. The completion time for should only take approximately 10-15 minutes. The research instrument is designed to gather information about the competency of mental health professionals related to court testimony, the presence of ethical complaints, and it potential impact on job satisfaction.

You are a volunteer and are under no obligation to participate. If you do participate, your responses will be completely anonymous and confidential. The questionnaires are coded such that participant identities are never identified. You may choose to terminate participation should you experience emotional discomfort while completing the materials. No adverse actions will be taken against you for opting out. All data collected will be stored in a secure place. Only my dissertation committee and I will have access to it.

To access the study's website, please click on the following link:

(http://www.surveygizmo.com/s3/1765076/Professional-Competency-Standards-Instrument)

You will be directed to the informed consent form and simple instructions to complete the survey. If at any point during this study you decide you would like to opt out, simply exit the survey by closing your web browser's window. There will be no adverse action taken against you for opting out of this study.

This study has been approved by Walden University's IRB **(# 10-14-14-0236877)** and expires on **October 13, 2015.** Participating in the study involves only minor risks of discomfort or stress related to the recollection of stressful clinical cases or ethical complaints. Your participation may contribute to the improvement in the training of mental health professionals, and more competent and satisfied clinicians treating clients involved in divorce and custody disputes.

Any information about your participation, including your identity, will be kept strictly confidential. If you have any questions about the study, please contact me at joshua.francis@waldenu.edu or 937-467-8484 , or you may contact my dissertation chair, Dr. Shelley Jackson at shelley.jackson@waldenu.edu or 817-798-9161.

Thank you so much for your time:

Joshua D. Francis

Appendix C: Informed Consent Form

CONSENT FORM

You are invited to take part in a research study on mental health professional's competency when providing court testimony or opinion in custody-related disputes and its effects on job satisfaction. I am inviting licensed counselors and psychologists with a minimum of one year of independent experience who have some clinical experience working with clients involved in divorce or custody disputes to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

My name is Joshua Francis and I am a doctoral student at Walden University completing the final requirements for my degree.

Background Information:
Currently, professional counselors are sometimes asked to fulfill the role of expert witness and provide clinical opinions in court testimony, especially involving domestic custody disputes. For this study, competence in court testimony and child custody matters refers to professionals possessing the education, training, and experience to adequately meet the demands of these roles in an ethical manner. The requirements are becoming increasingly problematic for everyone involved; therefore, the purpose of this study is to understand any relationship between a professional counselor's competencies and their level of job satisfaction.

Procedures:
If you agree to be in this study, you will be asked to:

- Answer survey-type questions through an online questionnaire.
- Spend approximately 10-15 minutes to complete the survey.
- Understand that the survey is only available for a one time participation.

Here are some sample questions:

1. To what extent did your education and/or experience teach you to understand parents' concerns about the welfare of a child?
2. To what extent do you seek peer consultation in the face of loss of impartiality?
3. I enjoy collaborating with my peers or other mental health professionals.

Voluntary Nature of the Study:
You participation is voluntary meaning that everyone will respect your decision of whether or not you choose to be in the study. No one at any institution will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life; however, there are no anticipated risks involved in taking part in the online study. Being in this study would not pose risk to your safety or wellbeing.

Benefits of this study include providing a better understanding of the required pedagogy to improve professional competencies when providing court opinion in child custody cases, reduce ethical complaints, and improve job satisfaction.

Payment:
Although there is no monetary compensation for participating in this important study, I remain highly grateful for your commitment to improving the profession by participating in the short study.

Privacy:

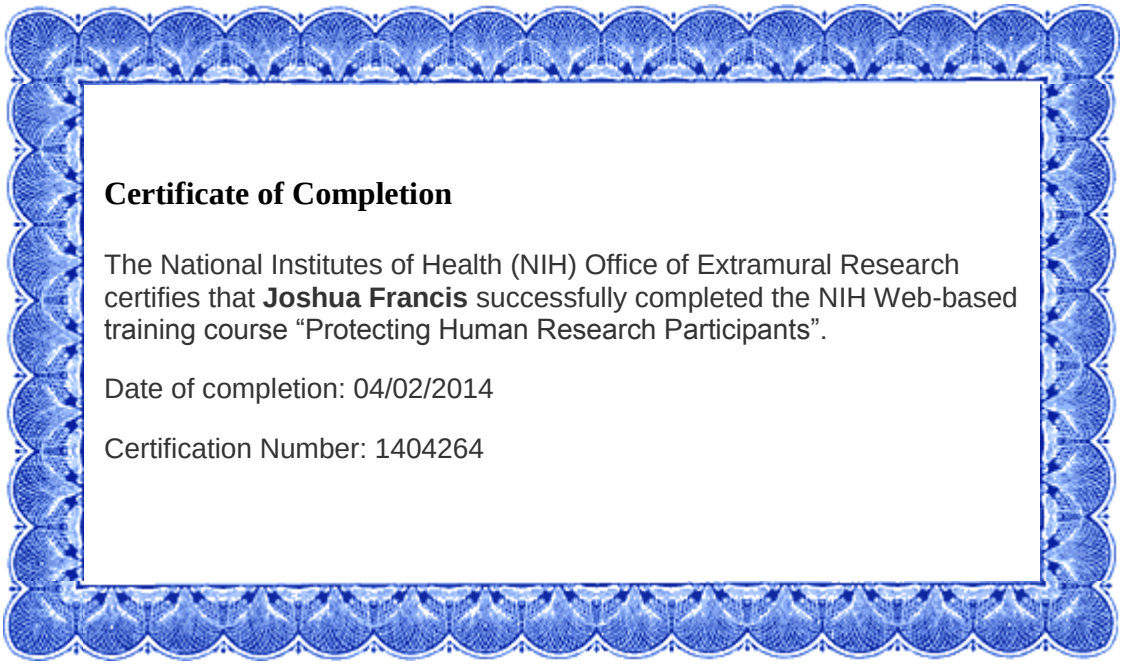
Any information you provide will be kept anonymous. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by encryption and password protected storage in the privacy of my home. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the me via email (joshua.francis@waldenu.edu). If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is **10-14-14-0236877** and it expires on **October 13, 2015.**
Please print or save this consent form for your records.

Statement of Consent:
I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By clicking yes below I understand that I am agreeing to the terms described above.

Yes, I agree to the terms described above ☐ No, I do not agree to the terms above ☐

Appendix D: NIH Human Participants Training Certificate



Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Joshua Francis** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 04/02/2014

Certification Number: 1404264

Appendix E: Participation Reminder Posts

Dear Potential Participant:

Hello - I know your time is precious and I appreciate your consideration! I am still in need of additional participants to meet my sample size. My name is Joshua Francis I am a doctoral candidate in Counselor Education and Supervision at Walden University. I am conducting a quantitative dissertation study entitled: "Effects of Professional Competency and Ethical Complaints on Licensed Counselors in Court Testimony". The purpose of this study is to investigate the training and professional competencies of professional counselors and licensed psychologists and understand its effect on ethical complaints and job satisfaction. In an increasingly litigious and aggressive domestic court system, mental health professionals are risking high liability and ethical/legal vulnerabilities when working with these clinical cases. I would be honored to have you participate in this study if you are eligible. Participating in this research study is completely voluntary.

Briefly, to be eligible for this study you:

- Must be licensed as a professional counselor or psychologist;
- Have at least one year of professional experience;
- Must have **any** clinical experience working with clinical cases involving divorce, child-custody disputes, or domestic litigation with children, families, or adults (custody work or evaluations does not have to be a primary part of your practice/experience)

If you decide to participate, you will complete an online survey instrument including a short demographic questionnaire at a convenient time and place for you. The completion time for should only take approximately 10 minutes. The research instrument is designed to gather information about the competency of mental health professionals related to court testimony, the presence of ethical complaints, and it potential impact on job satisfaction.

You are a volunteer and are under no obligation to participate. If you do participate, your responses will be completely anonymous and confidential. The questionnaires are coded such that participant identities are never identified. You may choose to terminate participation should you experience emotional discomfort while completing the materials. No adverse actions will be taken against you for opting out. All data collected will be stored in a secure place. Only my dissertation committee and I will have access to it.

To access the study's website, please click on the following link:

http://www.surveygizmo.com/s3/1765076/Professional-Competency-Standards-Instrument

You will be directed to the informed consent form and simple instructions to complete the survey. If at any point during this study you decide you would like to opt out, simply exit the survey by closing your web browser's window. There will be no adverse action taken against you for opting out of this study.

This study has been approved by Walden University's IRB (# 10-14-14-0236877) and expires on October 13, 2015. Participating in the study involves only minor risks of discomfort or stress related to the recollection of stressful clinical cases or ethical complaints. Your participation may contribute to the improvement in the training of mental health professionals, and more competent and satisfied clinicians treating clients involved in divorce and custody disputes.

Any information about your participation, including your identity, will be kept strictly confidential. If you have any questions about the study, please contact me at joshua.francis@waldenu.edu or 937-467-8484 , or you may contact my dissertation chair, Dr. Shelley Jackson at shelley.jackson@waldenu.edu or 817-798-9161.

Thank you so much for you time:
Joshua Francis

Dear Potential Participant:

Hello - I appreciate everyone who has assisted with my research - thanks! I am getting close, but I am still in need of additional participants to meet my sample size. This is my final request for assistance - so I will stop bothering you all! My name is Joshua Francis I am a doctoral candidate in Counselor Education and Supervision at Walden University. I am conducting a quantitative dissertation study entitled: "Effects of Professional Competency and Ethical Complaints on Licensed Counselors in Court Testimony". The purpose of this study is to investigate the training and professional competencies of professional counselors and licensed psychologists and understand its effect on ethical complaints and job satisfaction. In an increasingly litigious and aggressive domestic court system, mental health professionals are risking high liability and ethical/legal vulnerabilities when working with these clinical cases. I would be honored to have you participate in this study if you are eligible. Participating in this research study is completely voluntary.

Briefly, to be eligible for this study you:

- Must be licensed as a professional counselor or psychologist;
- Have at least one year of professional experience;

- Must have **any** clinical experience working with clinical cases involving divorce, child-custody disputes, or domestic litigation with children, families, or adults (custody work or evaluations does not have to be a primary part of your practice/experience)

If you decide to participate, you will complete an online survey instrument including a short demographic questionnaire at a convenient time and place for you. The completion time for should only take approximately 10 minutes. The research instrument is designed to gather information about the competency of mental health professionals related to court testimony, the presence of ethical complaints, and it potential impact on job satisfaction.

You are a volunteer and are under no obligation to participate. If you do participate, your responses will be completely anonymous and confidential. The questionnaires are coded such that participant identities are never identified. You may choose to terminate participation should you experience emotional discomfort while completing the materials. No adverse actions will be taken against you for opting out. All data collected will be stored in a secure place. Only my dissertation committee and I will have access to it.

To access the study's website, please click on the following link:

http://www.surveygizmo.com/s3/1765076/Professional-Competency-Standards-Instrument

You will be directed to the informed consent form and simple instructions to complete the survey. If at any point during this study you decide you would like to opt out, simply exit the survey by closing your web browser's window. There will be no adverse action taken against you for opting out of this study.

This study has been approved by Walden University's IRB (# 10-14-14-0236877) and expires on October 13, 2015. Participating in the study involves only minor risks of discomfort or stress related to the recollection of stressful clinical cases or ethical complaints. Your participation may contribute to the improvement in the training of mental health professionals, and more competent and satisfied clinicians treating clients involved in divorce and custody disputes.

Any information about your participation, including your identity, will be kept strictly confidential. If you have any questions about the study, please contact me at joshua.francis@waldenu.edu or 937-467-8484 , or you may contact my dissertation chair, Dr. Shelley Jackson at shelley.jackson@waldenu.edu or 817-798-9161.

Thank you so much for you time:
Joshua Francis

Appendix F: Professional Assessment Standards Instrument

Professional Competence Standards Instrument
Joshua D. Francis

Please respond to the following questions using the scale provided below.

1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐
Strongly Disagree						Strongly Agree

Questions	Scale
Knowledge	
1. To what extent do you agree that your education taught you to investigate a substantial array of conditions, statuses, and capacities when forming opinions about child custody? (Prep)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
2. To what extent do you weigh and incorporate such overlapping factors as family dynamics and interactions; cultural and environmental variables; relevant challenges and aptitudes for all examined parties; and the child's educational, physical, and psychological needs? (App)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
3. To what extent did your education and/or experience teach you to understand parents' concerns about the welfare of a child? (Prep)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
4. To what extent do you focus on the child's needs by identifying and stating appropriate boundaries and priorities at the outset of the treat with the potential for child-custody related issues? (App)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
5. To what extent do you provide a court with information specifically relevant to its role in assigning decision-making, caretaking, and access to a child? (App)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
6. To what extent do you perform psychological testing, clinical interviews, and behavioral observations during a custody-related case? (App)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
7. To what extent did your education and/or experience teach you about data integrity and validity controls when preparing for custody-related cases? (Prep)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
8. To what extent did your education and/or experience teach you that not every child-custody related case will result in recommendations because any recommendation provided cannot be supported? (Prep)	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐

		1	2	3	4	5	6	7
9.	To what extent do you report any behavior of persons from whom data are collected in custody disputes that may affect or change the true nature of test results? (App)	☐	☐	☐	☐	☐	☐	☐
	Ability (Assessment/Testing)							
1.	To what extent do you seek to obtain consultation and supervision necessary to address complex issues that are outside your scope of expertise? (App)	☐	☐	☐	☐	☐	☐	☐
2.	To what extent did your education and/or experience teach you to specify the desired parameters of an evaluation and to ensure that an evaluation/assessment is appropriately designed? (Prep)	☐	☐	☐	☐	☐	☐	☐
3.	To what extent do you determine whether you are potentially able to provide opinions or recommendations before agreeing to provide a clinical opinion on a child-custody matter? (App)	☐	☐	☐	☐	☐	☐	☐
4.	To what extent did your education and/or experience teach you to utilize multiple methods of data gathering that provides unique as well as overlapping aspects of various measures that contribute to a fuller picture of an evaluation or opinion? (Prep)	☐	☐	☐	☐	☐	☐	☐
5.	To what extent did your education teach you to recognize and interpret validity of scales that demonstrate behavior elevations in child custody matters?	☐	☐	☐	☐	☐	☐	☐
6.	To what extent did your education teach you to apply the results of statistical test to support clinical assessments in child custody matters?	☐	☐	☐	☐	☐	☐	☐
	Legal/Ethical Requirements							
1.	To what extent did your education and/or experience teach you to reflect a clinically astute and scientifically sound approach to legally relevant issues? (Prep)	☐	☐	☐	☐	☐	☐	☐
2.	To what extent did your education and/or experience teach you to inform yourself about changes in laws and to utilize new techniques when preparing for child custody related cases? (Prep)	☐	☐	☐	☐	☐	☐	☐
3.	To what extent do you remain familiar with applicable legal and regulatory standards, including laws governing child custody adjudication in the relevant state or other jurisdiction of your practice? (App)	☐	☐	☐	☐	☐	☐	☐
4.	To what extent did your education and/or experience teach you to recognize and avoid conflicts of interest when forming child custody opinions? (Prep)	☐	☐	☐	☐	☐	☐	☐
5.	To what extent do you provide the effects of limited opinions to the court because all relevant parties necessary to participate in a custody evaluation cannot be arranged? (App)	☐	☐	☐	☐	☐	☐	☐
	Bias/Self-Awareness							
1.	To what extent did your education and/or experience teach you to remain as free as possible of unwarranted bias or partiality? (Prep)	☐	☐	☐	☐	☐	☐	☐
2.	To what extent do you seek peer consultation in the face of loss of impartiality? (App)	☐	☐	☐	☐	☐	☐	☐

		1	2	3	4	5	6	7
3.	To what extent did your education and/or experience teach you to remain aware of your own biases such as age, gender, gender identity, race, ethnicity, national origin, religion, sexual orientation, disability, language, culture, and socioeconomic status when forming child custody opinions? (Prep)	☐	☐	☐	☐	☐	☐	☐

Please respond to the following questions using the scale provided below.

1 ☐ **Strongly Disagree** **2** ☐ **3** ☐ **4** ☐ **5** ☐ **Strongly Agree**

Job Satisfaction

		1	2	3	4	5
1.	I love my office and work conditions	☐	☐	☐	☐	☐
2.	I enjoy the freedom to choose my own method of working with clients	☐	☐	☐	☐	☐
3.	I enjoy collaborating with my peers or other mental health professionals	☐	☐	☐	☐	☐
4.	I enjoy receiving recognition for good work in my industry by my peers/clients/others.	☐	☐	☐	☐	☐
5.	I enjoy the amount of responsibility I take on in my job	☐	☐	☐	☐	☐
6.	I believe my rate of pay is equal to the responsibility I take on in my job.	☐	☐	☐	☐	☐
7.	My job provides me with opportunities to use most of my skills	☐	☐	☐	☐	☐
8.	I enjoy when my recommendations are implemented by clients/courts/others.	☐	☐	☐	☐	☐
9.	I enjoy the amount of hours I work in my field	☐	☐	☐	☐	☐
10.	Working in my field provides me with high job security	☐	☐	☐	☐	☐

Demographic Questions		
1.	Gender	Male ☐ Female ☐

2. Years of professional experience	LPC ☐ Lic. Psych. ☐ Both ☐
3. What is your professional licensure: Licensed Professional Counselor, Licensed Psychologist?	Master's Only ☐ Doctorate ☐
4. Education level (masters/doctorate)/Highest degree earned	Complaints (Does not mean a conviction)
5. How many ethical complaints have been filed against you in your professional career to either a state licensing board and/or professional organization?	Directly Related
6. Of any ethical complaints filed, how many are related to a custody-dispute or court testimony case.	