Differentiating Amongst Characteristics Associated With Problems of Professional Competence: Perceptions of Graduate Student Peers

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Limited previous literature on peers influenced by students with problems of professional competence has descriptively focused on rates of peer identification and actions in response to identification. Prior research has suggested that students who exhibit diminished functioning due to life stressors or psychological distress may be qualitatively different than students who lack the capacity to ever perform the duties of a competent professional psychologist. Thus, the current study explored peer perceptions of various problems that graduate students in professional psychology might experience. A survey given to a cross-section of clinical psychology doctoral-level students found that (a) awareness of policies regarding identification of problem students is associated with degree of faith in faculty effectiveness in handling student issues, (b) students differently perceived trait problems (e.g., lack of self-awareness, immaturity) from externalizing psychopathology (e.g., drug and alcohol problems) and other indices of psychological distress (e.g., anxiety, depression, financial strain), and (c) peers who are seen as lacking capacity to achieve competence are perceived less sympathetically and are recommended for different remediation strategies compared with students with diminished functioning. Implications for program policies and the function of graduate programs as gatekeepers are discussed.

Keywords: impairment, professional competence, training, student perceptions

Imagine you are a doctoral student in a professional psychology program in the middle of your graduate training. Although you have completed your thesis, have a few presentations, and are gearing up to apply for internship, you have a classmate who has yet to defend her thesis, is unable to collaborate effectively on group projects, repeatedly misinterprets psychological tests, and elicits serious concerns about her judgment with therapy clients. Your peer, considering her developmental status in the program, would likely be deemed a “problem student,” or, to use the terminology recommended by experts in the field, a “trainee with problems of professional competence” (Elman & Forrest, 2007). Such stories are unfortunately all too common; between 4% and 10% of students each year suffer from some sort of problem of professional competence (Brear, Dorrian, & Luscri, 2008; Forrest, Elman, Gizara, & Vacha-Haase, 1999; Huprich & Rudd, 2004). Although increased attention has been paid to the issue of trainees with problems of professional competence, one question that has not been addressed is how perceptions of struggling trainees are affected by attributions of etiology. Namely, as a fellow student, would perceptions of the student described above differ if the

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student’s husband were dying of cancer versus if she were suspected of having narcissistic personality disorder?

As psychology training has shifted to a “culture of competence” (Roberts, Borden, Christiansen, & Lopez, 2005), including competency benchmarks (Fouad et al., 2009) and associated assessment tools (e.g., Kaslow et al., 2009), the identification of problem students now focuses more on behavior and performance than etiology (Forrest et al., 1999). In fact, part of the reason for a shift in terminology from “impairment” to “problems in professional competence” (Forrest et al., 1999; Kaslow et al., 2007; Kutz, 1986; Lamb, 1999; Rosenberg, Getzelman, Arcinie, & Oren, 2005) was to avoid conflating performance deficits with descriptions of reasons for those deficits (Elman & Forrest, 2007). However, despite the advantages, problems of competence can occur for various reasons, and may differentially affect the training environment, including the perceptions of other graduate students.

**Impact on Peers**

It has been established that students with problems of professional competence affect fellow trainees (e.g., Gaubatz & Vera, 2006; Mearns & Allen, 1991; Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004; Rosenberg et al., 2005; Shen-Miller et al., 2011). Peers often recognize problematic behavior before faculty (Forrest et al., 1999; Huprich & Rudd, 2004), with more than 40% of students reporting a peer with competence issues (Mearns & Allen, 1991; Rosenberg et al., 2005; Shen-Miller et al., 2011). These students report resentment and frustration with their problem peers and anger toward faculty for perceived lack of intervention and remediation (Rosenberg et al., 2005).

Students report various problem behaviors in their fellow students, most notably questions of professional behavior (Shen-Miller et al., 2011); interpersonal issues such as narcissism and sexism (Mearns & Allen, 1991); lack of awareness or emotional problems (Rosenberg et al., 2005); and psychopathology such as depression, anxiety, and personality disorders (Oliver et al., 2004). As a result, peers may view these students as “gateslipping,” defined as problem students allowed to continue through the program without remediation. More students believe their peers slip through the gates than do faculty (Gaubatz & Vera, 2006), and faculty often underestimate the emotional impact problem students have on their fellow trainees (Mearns & Allen, 1991). However, students report being “somewhat” confident that faculty would identify and address trainees with competence problems (Shen-Miller et al., 2011).

Although a few previous studies have provided useful initial information on how trainees with problems of professional competence influence peers, these studies were exploratory in nature. The studies cover a heterogeneous group of student trainees, with only a few focused on doctoral students (Mearns & Allen, 1991; Oliver et al., 2004) and others primarily on masters’ level students (Gaubatz & Vera, 2006; Rosenberg et al., 2005) in clinical and counseling psychology. One recent study (Shen-Miller et al., 2011) randomly sampled from clinical, counseling, and school student affiliates of the American Psychological Association (APA) in an attempt to rectify some of the sampling problems in previous studies, such as contacting students via training directors. They found that 44% of the sample had direct experience with a fellow trainee who displayed problems of professional competence, a considerably smaller percentage than prior studies, which found 85% (Rosenberg et al., 2005), 90% (Gaubatz & Vera, 2006), and 95% (Mearns & Allen, 1991). The discrepancy is likely due to a broader sample of individuals rather than surveying students from specific programs, in which high rates may be inflated because of multiple students reporting on the same individual or set of trainees with problems of professional competence.

Much has been learned descriptively about students’ abilities to identify peers with problems of professional competence as well as how students do or do not choose to address the issue within their programs. However, little is known about how perceptions of these struggling students might vary. For example, a qualitative study of internship supervisor’s perceptions of problem students (Gizara & Forrest, 2004) revealed that supervisors spontaneously grouped interns with skill deficits separately from interns who displayed decreased functioning (e.g., due to depression). This study suggests there are differences between types of underperforming students, but to date these differences have not been investigated systematically with a peer sample.

**Diminished Functioning Versus Unsuitability**

There has been a repeated call for research differentiating trainees who lack the capacity for a career in professional psychology from those who are compromised but may be otherwise capable (e.g., Forrest et al., 1999; Gizara & Forrest, 2004; Kutz, 1986; Rosenberg et al., 2005). The latter may have previously operated at a competent level, or are somehow deemed capable of competent professional behavior, but they may be struggling with some type of situational issue that interferes with performance. However, the former group are individuals thought to be at risk for ethical misconduct (Johnson & Campbell, 2004), raise numerous gatekeeping concerns (Gizara & Forrest, 2004), and in general may be unsuitable for a career in professional psychology (Brear, Dorrian, & Luscri, 2008). Students capable of competent professional functioning may be amenable to remediation via individual psychotherapy, a leave of absence, or repeated coursework, whereas students who lack the ability to achieve competent functioning may be candidates for dismissal (Forrest et al., 1999).

It is reasonable to assume that, like supervisors (Gizara & Forrest, 2004), students “feel differently” about peers who may be compromised because of situational stressors. These students are likely to garner sympathy, whereas students deemed unsuitable for graduate school in professional psychology are more likely to evoke concern about client well-being and mistrust in the quality of the profession. Past research has found that students are affected by peers with problems of professional competence, including concerns about the peer conducting clinical work, fears that problem peers will affect the program’s reputation, and concerns about the admission process, as well as diminished faith in the faculty (Rosenberg et al., 2005). However, students have also reported sympathy toward struggling peers, such as those suffering from depression, attention deficit hyperactivity disorder, and so forth (Oliver et al., 2004). It is as of yet unclear what kinds of issues or characteristics are associated with concern, and what characteristics might elicit sympathy.
The Current Study

As stated above, work on graduate student perceptions of trainees with problems of professional competence has primarily focused on rates of identification and behavioral responses to peers who are struggling in their programs. The aims of the current study are to explore peer perceptions of characteristics that may be more associated with diminished functioning versus career unsuitability as well as identification of patterns in peers’ perceptions of problem students1 in a larger sample of students than has been assessed previously. This study also deviates from previous surveys in that we focused on perceptions of characteristics rather than exclusively on direct knowledge of individual students who appear to have problems of professional competence.

We chose to study peer perceptions for several reasons. The Family Educational Rights and Privacy Act (FERPA) limits the degree to which graduate student peers may be informed about problem students. Although faculty may be better able to gauge progress through the program and identify students performing below expectations on measurable outcomes (e.g., competency benchmarks), peers tend to interact with these individuals in multiple, differing contexts. Because peers typically do not provide formal evaluations, students attempting to conceal or downplay their difficulties to faculty may engage in less impression management with peers (Shen-Miller et al., 2011). As such, rates of peer identification of trainees with problems of professional competence are typically higher than faculty identification rates (Gaubatz & Vera, 2006; Oliver et al., 2004), and graduate student peers may possess more first-hand knowledge about situational circumstances than faculty.

We began with four hypotheses. First, we wished to investigate discrepant rates of problem student identification from previous studies (e.g., 85% [Rosenberg et al., 2005] vs. 44% [Shen-Miller et al., 2011]) and gather knowledge of departmental policies regarding problem student identification. Second, we predicted that deficits reflecting psychopathology symptoms (e.g., depression, relationship strife, alcohol abuse) would be more associated with diminished functioning than inability to achieve competence, but that character deficits (e.g., poor communication skills, lack of self-awareness) would be more associated with inability to achieve competence. Third, we predicted that students would be more affected by and less sympathetic toward peers who appear to lack the ability to achieve competence than to peers who exhibit diminished functioning. Fourth, we predicted that students would support more extreme consequences (e.g., dismissal) for students deemed lacking in the ability to achieve competence than students perceived as exhibiting diminished functioning.

Method

The current study was conceived as a project within the Council of University Directors of Clinical Psychology (CUDCP), in which student representatives to the board of CUDCP conduct a yearly survey of clinical psychology doctoral students enrolled in CUDCP member programs. CUDCP programs are all committed to providing students training that is consistent with either the scientist practitioner or clinical scientist training model. Of note, of all of the professional psychology training councils, CUDCP has the largest number of member programs and thus afforded the largest participant sample.

Participants

When data were collected, CUDCP included 169 clinical psychology graduate training programs in the United States and Canada. Of the 169 programs, 153 had student liaisons to disseminate information to students enrolled in their program and who were the conduit through which the current study was conducted. For programs without identified liaisons, the director of clinical training (DCT) served as the contact. E-mails were sent to student liaisons (or DCTs) with a link to the online survey (see below) and liaisons were requested to forward the survey information to all clinical psychology graduate students in their respective programs. All survey responses were collected using SurveyMonkey online survey software (Portland, OR).

Although a total of 765 students consented to participate, 195 had substantial missing data and so were not included. Completers were compared with noncompleters, and we found that a higher percentage of men were in the noncompleters group compared with the completers, $\chi^2 = 6.14, p < .05$. However, no other differences in age, years in the program, or degree type were detected. Therefore, final analyses are based on data from 570 participants. Most participants (82.1%) were women, and the mean age was 27.55 years ($SD = 5.25$, range 21–60). Students self-identified their ethnicity as White (84.7%), Hispanic/Latino/a (3.7%), Asian/Asian American (3.2%), African American (3.4%), biracial (2.8%), and Native American/Hawaiian (2.2%; 1.6% of participants specified “other” ethnicity. The vast majority of participants were seeking a PhD (87.4%) with a few expecting to earn a PsyD (8.6%), a terminal masters (3.3%), or another degree (0.7%). Respondents were distributed relatively equally across year in the program: first-year students (16.7%), second-year students (22.8%), third-year students (16.8%), fourth-year students (18.6%), fifth-year students (14%), and years 6 and above (11.1%). Respondents represented 34 states and two Canadian provinces, with between 2 (Utah) and 52 (Illinois) participants per state.

Of note, we deliberately did not ask students to identify the specific program of enrollment to protect the confidentiality of the participants, a concern highlighted when a program liaison from a small state indicated that students were reluctant to respond because of fear of identification. However, we recognize that the lack of program information produces challenges describing our participant sample and interpretation of overall results. Most significantly, lack of program information prevents us from knowing the representativeness of our respondents in terms of overall CUDCP member programs. We do not know which (if any) liaisons or training directors neglected to forward the survey or if others were more successful in getting students to complete the survey. These issues are not unique to the current study but are worth mentioning as a possible tradeoff to ensuring respondent confidentiality.

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1 We recognize and appreciate the move to using “trainees with problems of professional competence” rather than “impairment.” However, because our study explicitly defined competence and impairment for the participants in our study (see Measures section), we will henceforth use the term “problem students” to refer to students who are underperforming and/or exhibiting problems with graduate-level work in professional psychology.
Measures

The measure was developed by the authors to assess students’ perceptions of peers with problems of professional functioning. This measure was part of a larger study of student attitudes, the remainder of which is outside of the context of the current analysis (VanderVeen, Reddy, Veilleux, & January, 2010). In addition to demographic questions, participants were asked to report how many impaired peers they were aware of in their respective programs, and of these, how many they believed were identified as impaired by the faculty. Participants were also asked about knowledge of departmental policies to identify problem students and their belief in the effectiveness of their faculty at recognizing impaired students.

The remainder of the measure was developed to assess how peers might differentiate characteristics of students with problems of professional competence. We adapted definitions from Kutz (1986) and provided the following definitions to participants on each page of the survey: “Lack of competency is defined as holding insufficient skills to meet the appropriate standards for doing clinical work or research. Impairment has been defined as compromised professional functioning, such that the individual is capable of or has been performing at acceptable standards at one time but is current compromised.” Although we recognize that this language is not entirely consistent with recent recommendations (Elman & Forrest, 2007), our goal was to use definitions from the existing literature in a succinct, clear way.

Sixteen issues generated from prior studies (e.g., Forrest et al., 1999; Rosenberg et al., 2005) reflected the most common intrapersonal and interpersonal issues presented by problem students. For each of the 16 issues, participants were asked if they knew of a student who exhibited that issue (with response options yes, no, or possibly). Then participants were asked to rate the degree to which they believed (1 = strongly disagree to 7 = strongly agree) each issue was associated with (a) clinical impairment and (b) lack of clinical competence. A sample item for impairment was “I believe a student with depression is impaired in his or her ability to do clinical work,” and the corresponding item for lack of competence included “I believe a student with depression lacks competence in his or her ability to do clinical work.” Participants also were asked about the impact of problem students, including how sympathetic the problem student was (1 = very unsympathetic to 7 = very sympathetic) and how much the problem student negatively affected their own emotional state, their ability to function in the faculty, and the perceived value of their degree (each rated on a 1 = strongly disagree to 5 = strongly agree Likert-type scale). Finally, participants indicated the appropriateness of eight interventions to address problems of professional functioning (taken from Forrest et al., 1999) by indicating their level of agreement (1 = strongly disagree to 5 = strongly agree) to each of the following options: being counseled out of the field, given extra coursework, mandating increased supervision, asking the student to take a leave of absence, dismissal from the program, beginning personal psychotherapy, repeating a practicum, and obtaining tutoring.

Results

Of the 501 students who responded to the question “How many students in your program would you identify as impaired?” 56.3% (N = 282) reported one or more impaired peers. Among those who reported knowledge of an impaired peer, the mean number of impaired peers known per student was 2.63 (SD = 2.18) with a median response of 2.

Participants who identified at least one impaired peer also were asked “How many of these impaired students are recognized as impaired by the faculty?” The proportion recognized was calculated by dividing the number perceived to be identified by the faculty by the number identified by the student. Of those identifying a problem student, 54.3%, or slightly more than half, reported they believed faculty were aware of all problem students. At the other extreme, 18.8% of respondents who could identify an impaired peer reported that they believed the faculty knew about none of the problem students. Overall, participants who identified at least one impaired peer believed that 67.66% (SD = 39.81) of students with problems of professional competence were known to the faculty. Students who identified a problem peer were further along in their programs, with mean years in the program of 3.66 (SD = 1.56), compared with 2.80 (SD = 1.69) for participants who did not identify a problem peer, t(499) = –5.87, p < .001.

We also asked participants if their program has policies regarding identification of problem students, and we examined the answers separately for participants who reported knowledge of a problem peer versus those who did not. Of those who knew at least one impaired peer, around one fourth (29.2%) indicated their program does have a policy, 18.1% said they do not, and 52.7% indicated they were unsure of a program policy. Of those who did not know any impaired peers, 21.5% reported their program has a policy, 5.5% said they do not, and 73.1% were unsure. Chi-square analyses indicated the groups differed from each other regarding knowledge of program policies (χ² = 26.83, p < .001). Regardless of problem student identification, we also wondered if first-year students were over-represented in those unsure of program policies because these students had barely completed a full semester at the time of the survey. We found that 21.3% of those unsure of policies were first-year students, which is slightly higher than the distribution of first-year students in the sample (16.7%), but it also suggests that more than 75% of those unsure of policies regarding problems of professional competence are more advanced students who have likely had ample exposure to program policies yet cannot definitively state if their program has a policy regarding problems of professional competence.

When asked how effective faculty are at identifying problem students (1 = ineffective, 5 = extremely effective), we found that overall the mean response was 3.06 (SD = 1.09), suggesting that students do not find faculty particularly effective or ineffective at identifying problem students. To assess whether knowledge of policies and/or knowledge of at least one problem student had an influence on perceptions of faculty effectiveness, we conducted a two-way (knowledge of problem student × knowledge of policies) factorial analysis of variance (ANOVA). It was found that effectiveness perceptions differed by knowledge of policy, F(2, 491) = 36.57, p < .001, ηp² = .13. Post hoc Tukey contrasts revealed that three policy knowledge groups significantly differed from each other: students who were aware of departmental policies rated the faculty as more effective (M = 3.53, SD = 1.06) than students who were unaware of departmental policies (M = 3.08, SD = 1.01), and unaware students believed faculty were more effective than students who believed their department did not have any policy to
identify problem students ($M = 2.15$, $SD = 1.06$). We also found that faculty effectiveness ratings differed by knowledge of a problem peer, $F(1, 491) = 14.53$, $p < .001$, $\eta^2_p = .03$; namely, students who knew of at least one problem peer believed faculty were less effective ($M = 2.80$, $SD = 1.08$) than students who could not identify a problem student ($M = 3.44$, $SD = 1.04$). In addition, there was a policy by peer identification interaction, $F(2, 491) = 3.16$, $p < .05$, $\eta^2_p = .01$. For students who had no knowledge of policies regarding impaired students, there were essentially no differences in faculty effectiveness ratings between participants who could identify a problem peer and those who could not. However, for students who had knowledge of policies and students who were unsure of departmental policies, effectiveness ratings were higher for those who had no knowledge of a problem student.

For the remainder of the analyses, only participants who indicated knowledge of at least one problem student were included. Participants were asked to indicate if they knew of any peers who exhibited 16 different issues (see Table 1). They were given the response options of yes, no, and possibly. Percentages of yes responses are listed in Table 1. The most identified problems were major life changes (marriage, divorce, death of family member, etc.) and anxiety, each at 82.0%, closely followed by financial strain (80.3%). Considering the developmental stage of most graduate students and the financial burden of loans and/or graduate student stipends, the high prevalence of these problems is understandable. Depression (46.3%) and physical illness (46.6%) fell in the middle, and more severe problems, such as ethical violations (24.6%), alcohol abuse (23.5%), drug abuse (9.8%), and anger management (6.0%), were considerably more rare.

One of the central purposes of the study was to assess if graduate students differentiate between peers who they believe exhibit diminished functioning and those who lack the skills to become competent professionals. Each of the 16 items was rated twice: once to assess the degree the participant believed the item reflected impairment (i.e., diminished functioning) and a second time to reflect the degree to which it reflected lack of competence (i.e., inability to achieve a professional level of functioning). Higher scores indicate stronger endorsement that the item reflects a problem of functioning, either impairment or lacking in ability. To assess the extent to which these 16 items grouped together in some way, we conducted two exploratory factor analyses (principal axis factoring using varimax rotation): one for the impairment and the second for the lack-of-competency items.

The two analyses resulted in virtually the same three-factor solution, in which all items loaded strongly (factor loadings above .40) on only one of the factors. For ease of presentation, we discuss only the impairment analysis (see Table 1 for factor loadings for both impairment and lack of competency). For impairment, the three factors accounted for 53.56% of the total variance. The first factor, which we call the “trait characteristic” factor, accounted for 19.80% variance and included six items (immaturity, lack of self-awareness, lack of interpersonal skills, lack of communication skills, lack of intellectual reasoning, and violations of ethical standards). All of these items except “violated ethical standards” are personal characteristics of the student; “violated ethical standards” refers to behavior. However, all items reflect longstanding internal character deficits (Johnson & Campbell, 2004). The second factor accounted for 16.92% of the variance and included six items reflecting general distress (anxiety, physical illness, financial strain, major life changes, depression, and other Axis I issues). The last factor had four items (drug abuse/dependence, alcohol abuse/dependence, personality disorder, and anger management problems), accounting for 16.84% of the variance, and can be summed as a reflection of chronic, externalizing psychopathology. See

Table 1

The 16 Problems Organized by Factors, With Percentage of Students Who Identified a Peer With Each Problem and Factor Loadings of Two Separate Factor Analyses (Principal Axis Factoring With Varimax Rotation) on Ratings of Impairment and Ratings of Lack of Competence (Restricted to Only Students Who Reported Knowledge of at Least One Impaired Peer)

<table>
<thead>
<tr>
<th>Percentage known (N = 183)</th>
<th>Clinical impairment</th>
<th>Lack of clinical competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trait characteristics (Factor 1)</td>
<td>19.80% variance ($\alpha = .86$)</td>
<td>22.05% variance ($\alpha = .88$)</td>
</tr>
<tr>
<td>Lack interpersonal skills</td>
<td>.76</td>
<td>.85</td>
</tr>
<tr>
<td>Poor communication skills</td>
<td>.72</td>
<td>.72</td>
</tr>
<tr>
<td>Ethical violations</td>
<td>.52</td>
<td>.55</td>
</tr>
<tr>
<td>Immaturity</td>
<td>.77</td>
<td>.74</td>
</tr>
<tr>
<td>Lack of self-awareness</td>
<td>.74</td>
<td>.77</td>
</tr>
<tr>
<td>Lack of intellectual reasoning</td>
<td>.65</td>
<td>.68</td>
</tr>
<tr>
<td>General distress (Factor 2)</td>
<td>16.92% variance ($\alpha = .81$)</td>
<td>26.17 % variance ($\alpha = .92$)</td>
</tr>
<tr>
<td>Depression</td>
<td>.63</td>
<td>.82</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.70</td>
<td>.83</td>
</tr>
<tr>
<td>Physical Illness</td>
<td>.70</td>
<td>.89</td>
</tr>
<tr>
<td>Major life changes</td>
<td>.63</td>
<td>.83</td>
</tr>
<tr>
<td>Financial strain</td>
<td>.67</td>
<td>.74</td>
</tr>
<tr>
<td>Other Axis I</td>
<td>.42</td>
<td>.48</td>
</tr>
<tr>
<td>Chronic pathology (Factor 3)</td>
<td>16.84% variance ($\alpha = .85$)</td>
<td>17.85 % variance ($\alpha = .89$)</td>
</tr>
<tr>
<td>Alcohol abuse/dependence</td>
<td>.87</td>
<td>.87</td>
</tr>
<tr>
<td>Drug abuse/dependence</td>
<td>.88</td>
<td>.87</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>.49</td>
<td>.49</td>
</tr>
<tr>
<td>Anger management</td>
<td>.60</td>
<td>.57</td>
</tr>
<tr>
<td>53.56% variance total</td>
<td>66.07% variance total</td>
<td></td>
</tr>
</tbody>
</table>
Table 1 for factor analysis for lack-of-competency items and all factor loadings.

Scale scores were calculated for each factor (Cronbach’s α were > .80 for every scale) separately for clinical impairment and lacking in clinical competence ratings. A fully within-subject 3 (problem scales: trait characteristic, chronic psychopathology, and general distress) × 2 (impairment vs. lack of competence) ANOVA was conducted on the scaled scores to determine if participants differentiated among problem types and if these problem types were differentially associated with impairment or lack of competence. Results revealed a main effect of problem category, F(2, 364) = 407.46, p < .001, \( \eta^2_p = .69 \), such that trait characteristics (M = 5.48) were deemed more problematic than chronic psychopathology (M = 4.75), which was in turn deemed as more problematic than general distress (M = 3.21). There was also a main effect for etiology of the problem, with issues associated with impairment (M = 4.06), F(1, 182) = 145.99, p < .001, \( \eta^2_p = .45 \). These main effects were qualified by a significant interaction, F(2, 364) = 32.81, p < .001, \( \eta^2_p = .15 \). Specifically, although ratings for impairment were higher than lack-of-competence ratings across all problem categories, the magnitude of difference varied across the problem categories. For trait characteristics, the difference between impairment (M = 5.67, SD = .92) and lack of competence (M = 5.29, SD = 1.15) was significant, F(1, 182) = 26.23, p < .001, \( \eta^2_p = .13 \), but smaller in magnitude than the difference between impairment (M = 3.70, SD = 1.02) and lack of competence (M = 2.71, SD = 1.29) for general distress, F(1, 182) = 119.52, p < .001, \( \eta^2_p = .49 \). The largest difference between impairment (M = 5.33, SD = 1.23) and lack of competence (M = 4.17, SD = 1.64) was for the chronic psychopathology factor, F(1, 182) = 121.64, p < .001, \( \eta^2_p = .40 \). In other words, when thinking about students with trait character deficits, participants believed these students were impaired and may lack the ability to achieve competent professional functioning.

Finally, we also wanted to assess how problem students affect their peers. When asked how sympathetic peers are toward student impairment, participants were significantly more sympathetic toward impaired peers than peers lacking competence (see Table 2 for means, SDs, and statistics). For all four questions regarding the effect of problem students on peers, participants indicated that peers who lack competence influence them more than impaired peers. Specifically, the participants believed that students lacking competence contribute to a greater loss of faith in the graduate program faculty, are associated with a stronger sense of diminished value of a doctoral degree, and negatively affect students’ ability to learn as well as create more negative emotion than do peers who exhibit diminished functioning.

We also asked about eight remediation practices for students with problems of professional competence. Significant differences in how to remediate for impaired versus lack-of-competence students were identified for all eight items. However, the direction differed by item. Specifically, participants believed that being counseled out of the field, dismissed from the program, repeating a practicum, receiving increased supervision, receiving tutoring, and assignment of extra coursework was more applicable for students lacking in ability compared with impaired students (see Table 2 for means and Fs). On the other hand, taking a leave of absence and starting personal therapy were endorsed at a stronger level for impaired students. Notably, the highest endorsed remediation strategy was increased supervision, reflecting the perception that students with problems of professional competence require a higher level of monitoring to ensure client protection.

### Discussion

The goal of the current study was to evaluate how clinical psychology graduate students perceive problems of professional functioning in their peers. This study is unique in its attempt to investigate peer perceptions of characteristics associated with diminished functioning versus the lack of ability to achieve competent functioning. We also examined knowledge of problem students and how problem students personally affect peers. Overall, our data have important implications for how issues related to

<table>
<thead>
<tr>
<th>Sympathy</th>
<th>Impairment</th>
<th>Lack of competence</th>
<th>F</th>
<th>( \eta^2_p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>How sympathetic are you?</td>
<td>3.72 (1.03)</td>
<td>2.76 (1.08)</td>
<td>223.25**</td>
<td>.45</td>
</tr>
</tbody>
</table>

| Effect on peers | | |
|------------------|---|---|---|---|
| Negatively affect my emotional state | 2.83 (1.21) | 2.99 (1.27) | 7.74* | .03 |
| Negatively affect my ability to learn | 2.61 (1.15) | 2.78 (1.18) | 10.36* | .04 |
| Loss of faith in the faculty | 3.05 (1.22) | 3.51 (1.19) | 52.26** | .17 |
| Diminish value of doctoral degree in clinical psychology | 3.20 (1.28) | 3.89 (1.11) | 91.56** | .26 |

| Remediation strategies | | |
|------------------------|---|---|---|---|
| Counseled out of the field | 2.57 (1.10) | 3.40 (1.07) | 88.61** | .27 |
| Dismissed from the program | 2.26 (1.00) | 3.14 (1.08) | 125.78** | .34 |
| Take a leave of absence | 3.36 (1.85) | 2.94 (1.06) | 39.25** | .14 |
| Repeat a practicum | 3.54 (.98) | 3.90 (.93) | 34.31** | .13 |
| Start personal therapy | 4.07 (.92) | 3.57 (1.11) | 69.65** | .22 |
| Receive increased supervision | 4.33 (.73) | 4.54 (.65) | 15.40** | .06 |
| Receive tutoring | 3.44 (.96) | 3.68 (.95) | 12.19** | .05 |
| Given extra coursework | 2.42 (1.00) | 3.18 (1.13) | 91.10** | .27 |

* \( p < .01 \). ** \( p < .001 \).
professional functioning are conceptualized in research and in graduate programs and suggest avenues for future research in this area.

Prior studies on peer identification of problem students report widely differing identification rates, from 44% in a recent study (Shen-Miller et al., 2011) to 85% (Rosenberg et al., 2005) or 95% (Mearns & Allen, 1991) in older studies; just over half of our sample reported knowing a problem student. Sampling strategies likely account for some of the discrepancies; Rosenberg et al. (2005) and Mearns and Allen (1991) had considerably smaller samples, with surveys representing a small number of programs, whereas Shen-Miller et al. (2011) sampled from a list of individual students at the national level. A small number of trainees with problems of professional competence within a select few programs may have been described by multiple students from that program, thus inflating rates in the older studies. The current study, with a sampling strategy that obtained respondents via program liaisons and training directors, potentially suffers from the same problem, which we cannot statistically evaluate because of our choice to emphasize confidentiality over collecting program data. However, we sampled from a larger swath of programs than the older studies, we know our data cover 34 U.S. states and 2 Canadian provinces, we sampled scientist-practitioner programs that have lower class sizes than other models (e.g., practitioner-scholar programs), and our sample size is considerably larger than any of the prior studies. Thus, although we do not know the distribution of responding students in terms of program representation, our data were closer to the Shen-Miller and colleagues rate (2011) than the older studies, suggesting that a sufficient variety of programs was sampled.

Of particular concern, almost two thirds of students in the current study were not aware of departmental policies for identifying and handling problem students; this was even higher among those who did not identify a peer with a problem of professional competence. Although students were relatively neutral regarding their belief in the faculty to identify problem students, uncertainty about formal processes and typical courses of action were associated with decreased belief in the administration’s ability to handle these problems. Well-defined policies are particularly important to maintain a balance between confidentiality for a struggling student (Forrest et al., 1999; Oliver et al., 2004) and peer confidence that faculty are actually addressing any problems that arise. These data suggest that making students aware of program policies regarding impairment and remediation, including expectations for competent professional behavior (Bemak, Epp, & Keys, 1999), may help to address concerns that faculty are ignoring blatant student issues. Given that APA/Canadian Psychological Association-accredited programs are required to have written policies available to students, these data also may reflect a tendency for programs to provide this information in a program or departmental handbook rather than ensuring that students learn and understand program policies. Of course, it is possible that the opposite is true: when faculty respond effectively to student problems, peers may be more likely to have knowledge of departmental policies. Essentially, greater attention to policy dissemination and adherence are suggested.

Several interesting findings regarding the perception of problem students emerged from our data. Students discriminated among problems that were associated with trait characteristics, transient problems, and chronic externalizing psychopathology. Despite these distinctions, students believed that all of the problems surveyed were more associated with diminished functioning than an inability to achieve competent functioning. In other words, participants appeared to believe that none of the problems were insurmountable barriers to becoming competent. These results parallel those of Oliver et al. (2004), who suggested other factors may be at play in creating problems in competence, including the programs themselves. However, we also found that for trait characteristics, the discrepancy between ratings of impairment and lack of competence was the smallest. The implication is that at least from the graduate student perspective, immature peers who exhibit lack of self-awareness, limited reasoning, poor communication, and ethical violations may be the least likely to ever achieve competent functioning.

The concept of unsuitability (Brear et al., 2008) suggests that there may be individuals who cannot, or should not, become professional psychologists. Our data suggest that graduate students feel that peers lacking necessary character traits may be of highest gatekeeping concern. In fact, deficits in trait characteristics reflect problems with foundational competencies (Kaslow et al., 2007). Foundational competencies, such as critical thinking, ethical behavior, good communication, self-awareness, and ethical behavior, are the backbone of professionalism and have been described as inherent capacities rather than teachable skills (Elman, Illfelder-Kaye, & Robiner, 2005). Reflecting this notion, a recent study (Kamen, Veilleux, Bangen, VanderVeen, & Klonoff, 2010) found that although later graduate students self-reported higher levels of functional competencies (assessment, intervention, research) compared with early graduate students, there were no differences in trainee characteristics (communication skills, work/life balance, professional dress, emotional awareness, critical thinking, respect for diversity) across graduate student level. These characteristics appear to be necessary, albeit not sufficient, qualities for graduate study in professional psychology, and trait deficits may constitute an assessment target for gatekeepers.

When a student has been identified as having problems of professional competence, gatekeepers must then decide on a remediation plan. Whether a particular student should be asked to repeat coursework, wait another year before applying to internship, take a leave of absence, or be asked to leave the program certainly depends on the context and scope of an individual student’s performance. However, our data suggest that graduate students would support stricter consequences for peers who are deemed as lacking in the ability to achieve competence, including repetition of practicum, increased supervision, tutoring, extra coursework, or dismissal from the program. For peers who are deemed impaired because of transient stress-related issues, our sample was more lenient, prompting opportunities for the peer to gain control over their problems by taking a leave of absence or seeking psychotherapy and then being allowed to return to the program. In general, the graduate student participants in this study would support greater monitoring and control over students who may generally lack the qualities or skills for professional competent functioning.

There are several limitations with these data. Only students in CUDCP programs were surveyed, and even among these, not all CUDCP member programs were represented. Although efforts were made to contact all students from CUDCP programs, we
cannot be sure that liaisons or DCTs forwarded the information to all students. Differences among types of professional psychology programs, including programs of different class sizes and emphases, may influence identification and perceptions of peers with diminished function. Moreover, students from a single program are likely to respond similarly regarding program policies, ratings of faculty, and are likely to identify the same problem students. In short, if our data happened to over-represent a few programs, particularly if those programs had many trainees with problems of professional competence, we may not present a generalizable view of peer perceptions. Modeling program-level data in addition to participant-level data (e.g., using hierarchical linear modeling) would have provided a richer analysis of these issues, which we were unable to conduct because of prioritizing participant anonymity over collecting specific program information. In addition, this study was a self-report measure completed by graduate students, subject to the same flaws as all self-report measures. It is also possible that student perceptions may be very different from faculty, and in the future faculty ratings should also be collected and compared to the responses of students.

This was the first study to attempt discrimination between problems of diminished functioning versus lacking the ability to achieve competent functioning. Notably, one of the central limitations of the current analysis is that of terminology. We recognize that the accepted terminology of “problems of professional competence” was not used in our survey and that we relied on older definitions. However, this decision was purposeful because we attempted to move beyond simply identifying students who are not meeting expected levels of performance to determining the etiology of these deficits. Although there are possible negative consequences of focusing on etiology, including discrimination claims (Elman & Forrest, 2007; Gilfoyle, 2008), we argue that the context of the difficulties is worth exploring. Students with character deficits may have more longstanding problems and not respond as well to initial remediation efforts and are thus more of a gatekeeping concern than individuals who may be operating at a similar diminished competency level but can, with help, achieve a professional level of functioning. Continuing to refine the terminology at the level of competent behaviors (Kaslow et al., 2009) and the qualities needed to perform the job competently should be an important goal for future research.

We also recognize the limitations of assessing peer perceptions. Graduate students have different experiences with trainees of problems of professional competence when compared with faculty, and although trainees report higher rates of identification (Gaubaatz & Vera, 2006; Oliver et al., 2004), over time faculty are likely to see a greater number and wider variety of problem students than peers. Making distinctions between students with diminished functioning and those unsuitable for a career in psychology may ultimately serve a gatekeeping function that lies in the hands of trainers rather than trainees. Future studies may wish to survey training faculty regarding the distinctions found in the current paper. Moreover, future research should focus on validating the effect of perceptions, whether faculty or peer, in relation to actual data on students identified with problems of professional competence. For example, do peer perceptions directly influence a struggling student’s path through the program? Do faculty perceptions guide remediation strategies? Do general perceptions of students with problems of professional competence influence the reputation of the graduate program or negatively impact the field? These are all questions that are difficult to answer, but worthwhile avenues of future research in this area.

Despite these limitations, there are several implications for training in psychology. Graduate students pay close attention to their peers, including who is struggling and who is not, and appropriate and efficient procedures for handling struggling students influence faculty-student relationships and faith in the future of the profession. Graduate programs should continue to develop and improve formal policies for managing impairment, present them clearly to graduate students regularly throughout training, and consistently adhere to policies in place. Moreover, this study suggests that problems of professional competence may reflect differences in attributed etiology that may be associated with different remediation strategies, and further research in this area can elucidate how training faculty might apply these ideas to better assist students with problems of professional competence as well as all graduate students who are affected by struggling peers.

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