Wright State University

CORE Scholar

2011

A Positive Psychological Approach to Student Impairment: A Model for Schools

Jessica M. Kajfasz
Wright State University

Follow this and additional works at: https://corescholar.libraries.wright.edu/etd_all

Part of the Psychology Commons

A POSITIVE PSYCHOLOGICAL APPROACH TO STUDENT IMPAIRMENT: A MODEL FOR SCHOOLS

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY

BY

JESSICA M. KAJFASZ, B.A.

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY

Dayton, Ohio   September, 2012

COMMITTEE CHAIR: Leon VandeCreek, Ph.D., ABPP

Committee Member: John Rudisill, Ph.D., ABPP

Committee Member: Paul Hershberger, Ph.D.

WRIGHT STATE UNIVERSITY

SCHOOL OF PROFESSIONAL PSYCHOLOGY

July 15, 2011

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **JESSICA M. KAJFASZ** ENTITLED **A POSITIVE PSYCHOLOGICAL APPROACH TO STUDENT IMPAIRMENT: A MODEL FOR SCHOOLS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

_____
Leon VandeCreek, Ph.D., ABPP
Dissertation Director

_____
Eve M. Wolf, Ph.D.
Associate Dean for Academic Affairs

ABSTRACT

Despite increasing interest in the issue of clinician impairment over the past 25 years, relatively little research has been conducted regarding the occurrence and management of impairment during the predoctoral and trainee stages of clinical psychology education. This is a particularly notable gap in the literature, given the unique stressors associated with that stage of professional development that may make students and trainees especially vulnerable to impairment. Failing to properly address this issue at an institutional level can present training programs with a variety of potential problems, including legal repercussions, resource drain, impact upon the overall student body, and possible harm to the impaired student. Most recommendations for programs to date have focused upon containment and problem-focused methods for addressing impairment; virtually no resources are available for programs wishing to take a more positive and growth-oriented stance. The goal of this project is to begin to fill some of the existing gaps in the knowledge base by using the theoretical principles of positive psychology to design a sample institutional plan for addressing student impairment in a supportive, strengths-based manner. Institutional optimizations, administrative procedures, and organizational climate are discussed, as well as directions for future research.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

The issue of clinician impairment has been a growing focus of attention and

concern within the helping professions over the past 25 years. Impairment, most

commonly defined as an interference in previously acceptable levels of professional

functioning, may involve an inability to perform according to professional standards, to

acquire needed skills, or to control personal issues (Lamb et al., 1987). It is a separate

matter from deliberately unethical behavior, disability, or inadequate opportunity for

education, although any of these may lead to actual impairment over time. "Problematic

behaviors," those that may require remediation but are not unusual given an individual's

phase of professional development, also do not fall under the umbrella of impairment.

Despite this, there is often still confusion in firmly defining or describing impairment;

many programs and academic studies continue to include issues of ethics or disability in

their impairment criteria (Forrest et al., 1999; Laliotis & Grayson, 1985). This lack of

clarity in defining the scope of impairment as an issue of concern or topic of research has

made it difficult to gather firm statistical information regarding impairment (Bradley et

al., 1991). While various studies have been completed addressing impairment, it is likely

that the available body of research does not accurately describe its true prevalence and

impact within the helping professions. For the purposes of this project, the discussion

focuses primarily on the issue of impairment within the field of clinical psychology,

particularly at the graduate educational and training level, although some examples are

drawn from the other related helping professions.

Studies have indicated that members of the helping professions are more susceptible to impairment, likely because of the unique stressors and high emotional content of the chosen lines of work and common misconceptions clinicians hold regarding others' expectations of them (Boxley et al., 1986; Russell & Peterson, 2003). Many of these studies have focused upon licensed and practicing clinicians, although a growing body of work has begun to explore the impact of impairment earlier in the professional development process, namely during the predoctoral and trainee stages of education. An early study of internship programs revealed an annual impairment rate of 4.6% among clinical psychology interns, with the majority of sites experiencing some issue of trainee impairment in the five years prior to the study (Boxley et al., 1986). The matter has only compounded since then, as a recent study of student attitudes toward impairment revealed that roughly 12% of students in any given graduate clinical program were perceived as impaired by their peers (Oliver et al., 2004). Properly addressing the issue of impairment appears to be necessary to protect not only the clinicians and their programs but the general public they serve. It seems to be especially vital to address the issue at the student level, given many programs' perceived gatekeeping duties to the profession, as well as the higher incidence of stress and change experienced by individuals during that stage of their professional development.

Unfortunately, despite the increasing numbers of reported impairment cases, there are as yet few standard approaches for handling impairment as it arises within graduate clinical programs. The professional organizations on the whole offer little more advice or recommendation regarding the matter than that appropriate administrative procedures should be in place, with no elaboration on the nature of these procedures (Wilkerson,

2006). Much of the dilemma of properly addressing student impairment is left in the hand of individual programs, and the routes chosen to accomplish this end vary widely. Traditionally, programs have relied upon some form of informal evaluation to identify impaired students, and a combination of intervention, remediation, or outright termination once such students have been discovered (Bemak et al., 1999; Bradley & Post, 1991; Oliver et al., 2004; Russell & Peterson, 2003). There is little consistency in the use of these elements among programs, and their implementation is often punitive in nature. There is also the additional concern of the due process of the impaired student; many programs surveyed in the existing literature reported inadequate due process guidelines and procedures to protect the rights of the student (Boxley et al., 1987). This has not gone unnoticed by enrolled students, as research studies on student perceptions of peer impairment indicate. Results drawn from these studies indicate a need for better development of the concept of student impairment; improved methods for assuring the confidentiality and due process of students; increased sensitivity toward the concerns of impaired students, particularly in the area of the descriptive language used; improved means of addressing student impairment, with an emphasis on support and encouragement; and development of a standard set of expectations of clinically relevant behavior, particularly in the nebulous area of interpersonal behaviors (Mearns & Allen, 1991; Oliver et al., 2004).

Positive psychology may hold the answer to these identified shortcomings. Positive psychology, originated as a formal psychological movement in 1998 by then-APA President Martin E. P. Seligman, harkens back to the pre-World War II missions of psychology to cure mental illness, to help all people to lead more productive and

fulfilling lives, and to identify and nurture talent (Joseph & Linley, 2006). Positive

psychology is a strengths-based approach, and holds that the definition of mental health

should include more than the mere absence of psychopathology (Seligman &

Csikszentmihalyi, 2000). Perhaps the simplest definition of positive psychology states

that the movement is "the scientific study of ordinary human strengths and virtues …

with an interest to finding out what works, what is right, and what is improving"

(Sheldon & King, 2001). This study and focus may be restricted to the development and

furtherance of individuals, or to the optimization of group health and functioning. The

role of the positive psychologist is not to simply alleviate negative symptoms, but to

facilitate well-being, using prevention and enhancement as well as intervention to achieve

a holistic approach that places an equal emphasis on both the positive and negative

aspects of a situation (Joseph & Linley, 2006). Positive psychology places a strong

emphasis on the scientific method and solid research, such that evidence-based practices

are widely used in positive psychology programs and treatment (Clark, 2008). The

movement's focus on the parity of positive and negative, places it in a unique position to

counter the largely punitive and negative stance contained in current approaches toward

student impairment. Additionally, positive psychology's focus on prevention and

enhancement lends itself well to the development of protocols to reduce the incidence of

impairment at all.

Aim and Purpose

Current institutional means of handling student impairment are grossly lacking,

and present programs with a host of potential problems. These may include legal

repercussions for the programs, a drain on available resources, negative emotional and

systemic impact upon the peers of impaired students, and the possible aggravation of the existing impairment of the affected student. There are no uniform recommendations for programs in such a situation, and no guidance for schools wishing to take a more positive stance toward addressing impairment. Some useful theoretical ideas have been advanced to remedy the situation, but no firm suggestions for implementation. This is unfortunate and a disservice to programs and students alike.

Positive psychology holds the answer to this dilemma. Its stance is one of parity of the positive and negative, wherein impairment can be seen as an undesirable and difficult situation that nevertheless contains the opportunity for a positive developmental experience for the affected individual. The aim is a more holistic experience that does not just alleviate the stress of the impaired person, but also facilitates his or her well-being. Because of positive psychology's emphasis upon science and evidence-based practices, there are a wide variety of validated theoretical concepts and practical applications to draw from in reevaluating how we look at the issue of student impairment and how we choose to manage it. There is also the potential to look beyond the affected individual and enhance the system of the surrounding program, to prevent future incidents of impairment in the person or in peers.

The goal of this project is to use the theoretical principles of positive psychology to design a sample institutional plan for addressing student impairment in a supportive, strengths-based fashion. Because there is no firm research or standard protocol currently in place for handling student impairment, and such methods are highly idiosyncratic to individual programs, it is highly difficult to expand or improve upon an existing model. As such, the best approach for the circumstance is to design an entirely new method of

institutional approach to student impairment, founded in the principles and research of the positive psychology movement. This will provide a long-absent blueprint for how such a model could work for individual schools, and provide a foundation for interested programs to tailor to their own unique needs. The primary goals of this institutional plan will be to help programs: establish a culture of self-care, support, and student growth; implement fair and uniform administrative procedures that afford students due process and confidentiality while still allowing recognition of the individuality of each student's case; and create a climate of open communication, sensitivity, and appreciation of individual diversity. The purpose of these specific areas of change is to allow for the impairment of an individual student to be transformed into a learning experience of the professional development process as opposed to a punitive event, while creating a healthy environment within the program that minimizes the impact of the impairment upon the program community and lessens the potential for future student impairment. This project will be laid out in more depth over the subsequent chapters.

Chapter 2 discusses the issue of clinician impairment in greater depth, with a particular focus upon the impairment of graduate students. The prevalence of impairment, current attitudes toward the issue, assessment, administrative approaches, and commonly used interventions will be addressed. Various shortcomings within the literature and body of practical applications will also be discussed.

Chapter 3 introduces the theoretical orientation of positive psychology. Among the topics discussed are the development and history of the movement, common misconceptions about positive psychology, fundamental hypotheses and theoretical concepts, key research within the movement, and practical applications of the orientation.

Chapter 4 begins the discussion of the new proposed model, and outlines possible means and alterations by which graduate programs can create a supportive culture of growth. Points discussed include the existing concept of the "professional greenhouse," the importance and promotion of self-care, implementing preventive measures, and the use of a strengths-based approach to education.

Chapter 5 continues discussion of the proposed model with the topic of administrative procedures. This chapter will explore the feasibility of a "continuum of care," sensitive identification of impaired students, fair student assessment, remediation and intervention, concerns of due process and confidentiality, and the dilemma of termination or dismissal of impaired students as seen from a positive psychology perspective.

Chapter 6 completes the main body of the proposed model, and discusses the implementation of a program culture of sensitivity, communication, and appreciation of diversity. Topics include transparency in the administrative process, reduction of negative labeling, increasing awareness and appreciation of diversity, open communication between students and faculty over multiple avenues, and the importance of supporting a dialogue regarding student impairment.

Chapter 7 discusses possible weaknesses and problems inherent in the proposed model, and provides recommendations for further development and study.

CHAPTER 2: IMPAIRMENT

For the past 25 years, health professionals have steadily recognized the ongoing issue of identifying and ameliorating issues contributing to the impairment of fellow clinicians. This attention has been vital both in establishing accountability to the general public, and in maintaining professional standards (Laliotis & Grayson, 1985). More recent research in the field has highlighted the increasingly reported issue of impairment earlier in the professional process, including during the predoctoral or trainee stage of education (Bemak, Epp, & Keys, 1999; Boxley, Drew, & Rangel, 1986; Bradley & Post, 1991; Lamb et al., 1991; Lamb et al., 1987; Oliver et al., 2004; Russell & Peterson, 2003; Wilkerson, 2006). Despite the attention given, however, little consensus has been reached regarding the issue. In order to better evaluate the ways in which student impairment can be addressed from within the framework of a positive psychology orientation, it is necessary to explore the existing literature on the topic, particularly existing attitudes and interventions targeted at affected individuals.

Defining Impairment

Across the available literature, definitions of what precisely constitutes impairment vary widely. Within the medical profession, impairment has traditionally referred to alcoholism, drug, abuse, and mental illness (Lamb, 1987). Within the psychological and counseling professions, interference with professional functioning has been regarded as a prerequisite for impairment, although the exact nature of the interfering condition has varied widely. Conditions identified as responsible for

impairment have included chemical dependency or abuse (Boxley et al., 1986; Laliotis &
Grayson, 1985; Nathan et al., 1981); mental illness including depression, psychosis,
personality disorders, or suicidality (Bradley & Post, 1991; Laliotis & Grayson, 1985;
Nathan et al., 1981); emotional and marital problems (Boxley et al., 1986); physical
illness (Boxley et al., 1986); academic deficiency (Boxley et al., 1986; Bradley & Post,
1991); deficiency or ineptitude in primary areas of competence (Russell & Peterson,
2003); and ethical violations such as sexual intimacy with clients or students (Bradley &
Post, 1991; Nathan et al,, 1981). In developing their 1985 definition of impairment,
Laliotis and Grayson (1985) pointed to issues of professional conduct that were most
commonly cited as grounds for revocation of licensure, including drug abuse, sexual
intimacy with clients, felony conviction, negligent or otherwise unethical conduct,
practice outside of areas of competency, and overall professional competence. The
authors suggested that such behaviors could likewise be included in a definition of
impairment. A more recent definition by Forrest et al. (1999) used the term "impairment"
to encompass any difficulties or interference in professional functioning attributable to
"personal distress, burnout, or substance abuse," as well as to disabilities recognized by
the Americans with Disabilities Act of 1990. The most commonly cited definition of
impairment within the current literature is that drafted by Lamb et al. in 1987:

> An interference in professional functioning that is reflected in one or more of the
> following ways:
>
> 1) An inability and/or unwillingness to acquire and integrate professional
>   standards into one's repertoire of professional behavior*;*

2) An inability to acquire professional skills in order to reach an acceptable level of competency;

3) An inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning. (p. 598)

This definition addresses what are believed to be the three major components of impairment as identified by Boxley et al. (1986): standards, skills, and professional functioning. It further excludes disability as an automatic indicator of impairment until such time as said disability may result in one of the three outlined manifestations of impairment (Wilkerson, 2006). It also attempts to differentiate between impairment and what may be identified as "problematic behaviors" – behaviors, attitudes, or characteristics that may require remediation but are not unusual or excessive for an individual's current phase of professional development (Lamb et al., 1991). A particular weakness of the definition is its underlying assumption that unethical behavior and impairment are coinciding concepts in which all unethical behaviors are a reflection of impairment (Lamb et al., 1991; Lamb et al., 1987). Although the authors do indicate that not all matters of professional impairment may result in unethical behaviors, the combination of these two terms has made complicated the gathering of statistical data on the issue of impairment by complicating the criteria used to define the state of impairment (Bradley et al., 1991). One point of agreement within the literature is the differentiation between inadequate performance due to lack of education regarding necessary skills and inadequate performance due to interference of personal matters into the professional process. While the former scenario can still prove problematic for

10

students and programs, and may require remediation, it is not generally considered impairment. Impairment, as evidenced by the latter description, suggests that while the clinician at one time performed adequately for his or her level of professional development, something later occurred within the clinician's life to lead to his or her current deteriorated performance.

Prevalence of Impairment

Although it is difficult to state firm numbers regarding prevalence of impairment and impairment-related issues because of the previously mentioned confusion regarding a definition of the term, multiple attempts have been made to gather statistical data. Each set of results indicates the very real need for the development of measures targeted to address the issue of impairment within members of the helping professions. A 1990 study by White and Franzoni indicated that counselors in training had higher levels of psychological disturbance than members of the general population. Additionally, 62% of 425 psychologist respondents in a 2002 study conducted by Gilroy reported clinically significant symptoms of depression. A landmark survey of internship programs regarding instances of impairment among their students indicated a 4.6% annual impairment rate among clinical psychology interns, and 66% of sites surveyed had experienced issues of trainee impairment within the previous five years (Boxley et al., 1986). There are also data to suggest that impairment may be even more prevalent among predoctoral populations than the faculty or staff of programs witness. A 2004 study of student attitudes toward peer impairment revealed that an estimated 12% of students in a given program was perceived as impaired or significantly disabled by their peer colleagues, a figure lower than the reported annual impairment rate (Oliver et al., 2004). The same

students surveyed within the Oliver study also indicated that while some of their peers'
impairments were addressed, others appeared to remain unrecognized.

Precursors to Impairment

In addition to statistical information, current literature on impairment has sought
to address reasons why issues of impairment may arise at all. It has been recognized that
regardless of personal predisposition to mental health, most clinicians will encounter
periods at some point during their professional careers in which available support or other
protective factors are overwhelmed by high levels of stress and demands upon their
energy and time. During these periods, symptoms of impairment are not uncommon, and
may even be expected (Russell & Peterson, 2003). When these periods occur, however,
clinicians are, in some ways paradoxically, less likely to seek appropriate assistance or
services than members of the normal population. This is attributed to a lingering idea
among professionals that therapists should themselves be the embodiment of mental
health and functionality (Gilroy, Carroll, & Murra, 2002). In addition, many professionals
may be hesitant to seek therapy because of professional complications, including
confidentiality, questions regarding competence, and loss of professional respect
(Deutsch, 1985). As professionals experiencing such issues fail to receive proper
treatment, the chances that such issues will escalate to an impairment-causing level rise in
turn. Predoctoral students of both the internship and practicum phases of study are
equally susceptible to these influences and pressures, as well as to other factors that are
unique to their stage of professional development. Lamb et al. (1987) identified multiple
additional reasons why impairment may occur even earlier in the professional process
than independent practice. Clinical students are subject to developmental stressors

inherent in the transition to graduate school, and later to an internship setting. Related

situational changes in their lifestyle or living arrangements may render them particularly

vulnerable to stress. Additionally, such students are often exposed for the first time to

clinical practice and the stressors and responsibilities attached to it; high levels of

supervision associated with the process may also create increased levels of stress in the

adjusting student. Specific for interns, internship provides the last major training

experience prior to independent practice, and may subject the student to an even higher

level of evaluation and scrutiny regarding fitness to practice in the field. Any of these

may lead a student to develop issues of an impairing nature, or may exacerbate already

present symptoms or conditions.

The Impact of Impairment

Another common theme in the existing literature on impairment concerns the far-

reaching impact upon other people within the impaired clinician's context. Most of this

literature has focused upon the impact of the impaired student within an educational

setting, although many of the related influences can be extrapolated to the broader

professional context. At the administrative or program level, the identification of an

impaired student raises several unique dilemmas. Several of these are of a legal or ethical

nature. Programs working with impaired students frequently report the difficult situation

of needing to balance the rights of the impaired student with their gatekeeping

responsibility to the overall clinical profession and the general public (Lamb et al., 1987).

Many programs in fact have reported a measure of reluctance to screen out or target a

student solely on the basis of mental health problems (Bradley & Post, 1991), and likely

not without merit, as litigation remains a decided possibility in such matters (Lamb et al.,

13

1987). It should be noted that in such situations, the courts have typically sided with the academic institutions, provided that adequate procedures are in place to protect the students' right of due process (Miller & Rickard, 1983). However, this does require the program to have adequately addressed these due process issues prior to contact with an impaired student, something that has been lacking for many institutions. As a result, there have been instances when impaired students have been permitted to complete their programs of study due to lack of formal policies, or a desire to avoid the associated costs and demands required by litigation (Bemak et al., 1999). This in turn raises issues about the responsibility of the institution to the clients with whom the impaired student has clinical contact. It has been demonstrated that high levels of therapist distress or disturbance, such as those involved in clinician impairment, not only may prevent the therapeutic growth of the client, but in some cases induce negative change (Russell & Peterson, 2003). Balancing the care of the client with the care of the impaired clinician can be a precarious task.

Issues of individual impairment can also create a large drain upon the time and resources of the program and associated persons. Faculty time devoted to addressing a student's impairment can be considerable, limiting the amount of time available to complete other necessary tasks or engage with other students (Russell & Peterson, 2003). It is the other students, in particular, who may be especially vulnerable to the effects of a peer's impairment (Lamb et al., 1991). A 1991 study by Mearns and Allen addressing student and faculty perspectives on trainee impairment and ethical transgressions found that students viewed faculty as being significantly less active in addressing student impairment than the faculty viewed themselves. This created student feelings of

disenfranchisement and disconnection with their programs. A later study with another student sample confirmed these findings, and indicated a general sense of resentment and confusion on the part of students regarding their experiences with impaired peers; this resentment was directed toward both the impaired students and the faculty, who were seen as "ignoring" or "putting off" addressing the issue. Feelings of frustration, ambivalence, and helplessness were also noted (Oliver et al., 2004). These reactions are likely to influence the dynamics of a cohort within an academic program, as well as the interactions between faculty and students, and can be seen as having a negative impact upon all involved parties. These reactions are also notable in their consistency with results of previous studies regarding licensed professionals' reactions to colleagues experiencing impairment (Gilroy et al., 2002; Oliver et al, 2004). Finally, clinician impairment has been noted as detrimental to the impaired clinician beyond the negative emotions and experiences directly stemming from the issues causing impairment. In particular, three types of negative consequences have been identified for impaired individuals: feelings of withdrawal and isolation; reduced contact with colleagues; and a sense of lowered respect for other colleagues who minimized their own mental health concerns and were resistant to considering personal therapy (Gilroy et al., 2002).

Professional Organizations and Impairment

It is clear that impairment is a significant issue within the helping professions, and at all stages of the professional development process. However, relatively little mention of the issue has been made by professional organizations. As early as 1981, the American Psychological Association (APA) affirmed a sense of responsibility to assist professionals experiencing personal conflicts that interfered with their effective

professional functioning. The American Counseling Association similarly noted that counselors under its purview are to "refrain from offering… professional services when their physical, mental, or emotional problems are likely to harm a client" (1995). Little information, however, is provided as to how such situations are to be identified and addressed within the profession. Issues of student impairment within the helping professions are treated similarly. The APA, in its accreditation guidelines, indicates that faculty should continually assess the progress of each student, and have appropriate policies and procedures in place to administratively deal with any personal and/or interpersonal problems students may experience. However, there are no included guidelines to help programs in their identification of and response to such issues. In earlier versions of the guidelines, the only noted alternatives to dealing with student impairment included counseling, increasing awareness of alternative careers, and program termination (Lamb et al., 1991; Lamb et al., 1987); the current formulation of the guidelines does not even provide those recommendations (APA, 2007). The APA's Ethical Standards (2002) only notes that evaluation of students should be fair and consistent, and that impaired professionals should take steps to seek assistance; the specific dilemma of affected academic programs is unaddressed. The American Counseling Association (ACA), in its own Ethical Standards, similarly states that faculty must be aware of students' personal limitations and appropriately address any identified, but limits mention of specific guidelines for doing such to securing remediation for the student or screening such impaired individuals from the program outright (ACA, 2005). This is unchanged from older versions of the ethical guidelines in place during the ACA's previous incarnation as the American Association for Counseling and Development

(AACD) (Bradley & Post, 1991). Similar nonspecificity occurs in the codes of conduct for other professional organizations across the helping professions, including counseling, psychology, and social work (Wilkerson, 2006). The American Medical Association (AMA), under whose guidelines psychiatry students and professionals are additionally bound, is perhaps the most progressive in its stance toward clinician impairment. The AMA's Code of Medical Ethics (2008) highlights the importance of promoting health and wellness among medical professionals via multiple avenues, the necessity of prompt intervention paired with encouragement and support for the impaired individual, and fair and confidential administrative procedures when other methods fail to remediate areas of concern. While the AMA's standards provide a more empathetic approach to the issue of impaired clinicians, they are unusual in their relatively large scope, and still fail to provide more specific details as to how such guidelines are to be met. This places much of the responsibility for development of procedures for addressing impairment in the hands of the individual programs and institutions.

A positive shift in this area involves the growing emphasis upon the development of colleague assistance programs to aid in the identification, support, and restoration of impaired clinicians. In 2006, the American Psychological Association released a monograph discussing the issue of clinician impairment and providing examples of models and strategies that state licensure boards and professional organizations could use to develop appropriate levels of assistance for impaired colleagues (APA, 2006). A simple web search reveals that many states have put at least some of these principles into practice. One example, the Ohio Psychological Association's assistance program, appears typical, with an emphasis upon self-care, prevention, and early intervention. Common

activities include "education, prevention activities, resources and referrals," including an available list of panel providers who are willing to provide two free sessions upon request to licensed psychologists (Ohio Psychological Association, 2011).

Institutional Approaches to Impairment

　　　Identification. In order to address issues of impairment in students, impairment itself must first be identified. Traditionally, programs have relied upon preliminary screening procedures at the time of the interview and admission process to identify students with possible impairing issues, reducing incidence of impairment within the final student pool through selective admission (Bradley & Post, 1991). However, the screening tools, such as interviews, standardized testing, and prior academic performance, typically used in such efforts have little evidence to support their use as predictors of future competency or mental health (Bradley & Post, 1991; Wilkerson, 2006). Further, instituting the use of more potent evaluative measures to assess personality or cognitive functioning presents a host of associated ethical and legal issues, making it a less-than-ideal step (Wilkerson, 2006). Following the initial admissions process, programs appear to use a combination of formal and informal procedures to screen for student impairment, where such procedures exist at all; only 65% of counselor education programs surveyed in one study indicated the use of ongoing screening procedures (Bradley & Post, 1991). Formal procedures typically included grievance procedures with formal hearings and scheduled departmental meetings for the review of student progress, primarily academic (Bemak et al., 1999; Bradley & Post, 1991). Informal screening procedures most commonly involved recognition of academic difficulties; other measures involved counseling or advising, and performance on practicum/internship or in clinical

18

comprehensive exams (Bradley & Post, 1991; Lamb et al., 1991). Impaired students most often came to the attention of school administration via observation by on-campus faculty, feedback from off-campus supervisors, classroom performance, and concern expressed by fellow students (Russell & Peterson, 2003); multiple programs expect that issues will be recognized and attended to by the student's advisor and/or site supervisor (Bemak et al., 1999). Identified issues may or may not be handled internally; 39% of programs surveyed in one study indicated that issues of impairment were never taken beyond the relevant program or department, while 50% indicated that issues were taken outside of the program and into an external environment (such as the overall university or legal channels) approximately one-quarter of the time (Russell & Peterson, 2003).

Due process. It has been widely recognized that many programs are poorly equipped to respond comprehensively and appropriately to the needs of students when problems arise during the professional development process (Bradley & Post, 1991; Gaubatz & Vera, 2002; Lamb et al., 1991; Wilkerson, 2006). This has especially been the case with matters of due process for affected students. Due process as set forth by the ethical guidelines of the major professional organizations for the health professions requires that specific evaluative procedures be identified and applied to all students or trainees; these procedures must not be discriminatory, arbitrary, or capricious in nature (Lamb et al. 1987). In the landmark student impairment study by Boxley et al., however, two-thirds of programs surveyed reported inadequate due process guidelines and procedures (1986). There have been no published findings or other literature since this study to indicate this has or has not changed.

Intervention. There is further little consistency of procedures used across programs. The most popular remediation methods cited in cases of identified student impairment included referral to therapy, increased supervision, leave of absence, increased contact with a faculty advisor, and repetition of academic coursework (Bradley & Post, 1991; Lamb et al., 1991; Lamb et al., 1987; Russell & Peterson, 2003). Less frequently cited methods included tutoring, special seminars or extra coursework, peer support groups, special assignments, regular faculty meetings with students, signed letters of remediation, "shadowing" a peer mentor, cotherapy, referral to an ombudsperson, and a "counseling out" process that typically led to student withdrawal from their program of study (Bemak et al., 1999; Oliver et al., 2004; Russell & Peterson, 2003). When impairment was of a major quality, or insufficient time was available for resolving the impairment situation, more dramatic interventions were used. These interventions often included implementing a student leave of absence or removal from an existing practicum placement (Lamb et al., 1987). Leave of absence was rarely reported in the literature as an intervention used with students coping with psychiatric issues; its use primarily occurred with students coping with other, more transient life issues (Russell & Peterson, 2003). The reasoning behind this differential use of leaves of absence was not clear within the available research. For particularly severe cases, conditional dismissals were sometimes used as an intermediary step before a full termination from the clinical program. These conditional dismissals involved temporarily barring students from coursework pending their meeting specific requests made by their department; most programs used achievement of higher grades and counseling as criteria for readmission (Bradley & Post, 1991).

Dismissal or termination. Dismissal or termination from the academic program has also received a large amount of attention within the available literature as a possible means of intervention with impaired students. In the 1986 study by Boxley et al., internship programs surveyed reported that 12% of interns identified as impaired were ultimately removed from their programs. Another early study of masters' programs indicated that 75% of those programs surveyed had attempted to dismiss one or more impaired students during the history of the program. Among the most common reasons cited for dismissal of impaired students were academic difficulties (77%), emotional or psychological reasons (73%), and ethical violations (24%). Only 30% of those programs indicated that they had a specific set of procedures in place to follow for the purpose of student dismissal, and the types of procedures established were much less specific than the screening procedures used to identify impaired students (Bradley & Post, 1991). This study indicated that impaired students were being identified much more readily than schools were prepared to work with them, especially in cases where termination was determined necessary. Current belief regarding the matter of termination of impaired students suggests that such extreme actions should not take place until a battery of other interventions has been attempted and found to be unsuccessful in rectifying the impairment, particularly if the student appears unable or unwilling to make necessary changes in behavior (Lamb et al., 1991; Wilkerson, 2006).

Student Perceptions of Impairment

Of the research to date evaluating student impairment, the majority of studies have explored related thoughts or attitudes of clinical directors, faculty, or supervisors as to what problems have occurred, how impaired students are identified and remediated,

and frequency of program dismissal. Few studies have been conducted to explore the viewpoints of students regarding peer impairment and its focus within their academic programs. Until recently, the only known information regarding student attitudes was a general belief in lack of faculty attention and effort in locating and addressing student impairment (Mearns & Allen, 1991). A 2004 study by Oliver et al. attempted to fill in the gaps in the literature by surveying a broad sampling of students from clinical and counseling psychology doctoral programs regarding their experiences with student impairment, whether their own or a peer's. The preliminary data gathered by this study indicated that current efforts by administrations to address student impairment are viewed as summarily inadequate and insensitive by the population directly affected. Of the students surveyed in the Oliver et al. study, 53% were unaware of their program's specific protocols and procedures for identification of student impairment. Beyond this, most students were unaware of any "appropriateness" criteria being used to identify their performance as adequate or impaired, and were unable to identify specific measures used to support identified impaired students. Many felt that the topic of student impairment was met with confusion and awkwardness by faculty and students alike. Most students believed that better supports for struggling students were required, as well as more explication of the gatekeeping procedures in place, if any. The students surveyed in the study were also acutely aware of a lack of perceived sensitivity and sympathy toward their impaired peers, and noted a need for such students to be "supported" rather than merely "dealt with." Students also expressed concern that in cases where student impairment was accurately identified by school administration, confidentiality of the impaired student was not adequately observed. Implications of this study include the need

to better develop the concept of student impairment to more readily distinguish it from matters of incompetence, unethical behavior, or discrimination; improving methods of maintaining student confidentiality without giving the impression of negligence or dismissal of student impairment; increasing sensitivity toward the concerns of impaired students, including modifications to the descriptive language used; and developing a standard set of expectations of clinically relevant behavior, particularly for those interpersonal behaviors deemed to be of particular importance.

Proposed Remedies

In light of the findings of previous literature regarding the shortcomings of program approaches to addressing clinician impairment, several suggestions have been proposed as possible remedies. Two models, by Wilkerson (2006) and Bemak et al. (1999), attempt to outline a specific process model to structure a protocol of identification and remediation of the impaired student. Both place a heavy emphasis upon informed consent of the student and consensual agreement of interventions and measures to be taken, and are believed to provide necessary ongoing feedback to the student, while increasing communication among instrumental faculty members and protecting due process rights. Wilkerson's model in particular seeks to structure an intervention process for impairment around a basic therapeutic process model with which most clinicians should already be familiar from their clinical practice. Five commonly used components of the therapeutic process – informed consent, intake and assessment, evaluation, treatment planning and follow-up, and termination – are adapted for an impairment remediation plan. Particular points of the model include the requirement that informed consent for graduate training include a clear definition of behaviors that would be

grounds for administrative concern, the use of outcome goals to inform "treatment" or

remediation plans, and use of both formative and summative evaluation. Under the

Wilkerson model, summative evaluation (the form used most often by graduate programs

currently) requires post hoc review of student information and performance to determine

problems or readiness, and constitutes a backward-looking measure. Formative

evaluation, by contrast, is forward-looking and provides students with ongoing feedback

that allows them to adjust their behaviors for optimal performance as they progress

through their program. By using both forms of evaluation, an element of preventive care

for students is built into the identification and remediation process that has heretofore

been missing. Because this is a newly developed model, however, there is no existing

literature to support the proposed model as written; this is equally true of the Bemak

formulation.

In a similar vein to Wilkerson's concept of formative evaluation (2006), many

authors addressing the issue of policies regarding distressed and impaired clinicians

speak to the need for prevention-focused efforts. There is widespread recognition that

current policies are not only inconsistent and incomplete, but tend to focus on rote code

enforcement as opposed to prevention and assistance (Bemak et al., 1999; Gilroy et al.,

2002; Lamb et al., 1987; O'Connor, 2001; Russell & Peterson, 2003). This has also been

noted as particularly important for students in the helping professions, as the significant

developmental transitions that occur during the educational process frequently warrant

the implementation of special types of assistance (Kaslow & Rice, 1985; Lamb et al.,

1987). Several authors speak to the idea of basing a training program on the supposition

that students will grow and change, rather than upon a fixed and authoritarian viewpoint,

and implementing the preventive procedures proactively, before student impairment is encountered (Bemak et al., 1999; Lamb et al., 1987). Instruction in and promotion of self-care within programs is highlighted as particularly important for preventing or halting the progression of impairment-inducing issues (Gilroy et al., 2002; Russell & Peterson, 2003). This preventive measure, if implemented as a matter of course during the predoctoral coursework, may actually assist clinicians throughout their careers, as it has been demonstrated that those who are introduced to self-care and personal therapy early in their professional development are more likely to access such services regularly during their ensuing careers (Gilroy et al., 2002). Skovholt (2001) in particular speaks to the concept of cultivating a "professional greenhouse" in which clinicians are provided the spiritual food needed to grow and develop healthily in their professional endeavors. Elements of the professional greenhouse model include leadership that promotes a healthy balance of other-care and self-care, adequate social support from peers, available opportunities to provide and receive mentoring, and opportunities for playfulness and fun both in and out of the professional context. The conceptualization of impairment issues as falling on a continuum of care has also been suggested as helpful in working with impaired individuals within an academic setting. Under this conceptualization, most students will display needs primarily at the prevention level of the continuum, while recognizing that other students, through personal and external mitigating factors, may have needs that exist at other points on the continuum. All students on the continuum would be viewed as worthy of care and assistance; it is merely the nature of that care and assistance that may change (Wilkerson, 2006).

International Students and Impairment

Despite recent strides in the literature to more adequately address the issues of impairment and distress in students and practicing clinicians alike, there are still multiple concerns that remain largely unaddressed. One of these concerns is the near-complete lack of information regarding matters of impairment in international student populations. A review of the international literature on impaired graduate students revealed only one journal article published outside of the United States, and the results of that study were also based heavily upon a U.S. graduate student population (Bemak et al., 1999). While it is possible that the statistics cited in studies based upon such populations include international students, as many graduate programs admit students from outside the U.S., no information is provided regarding the extent of their representation, or even confirming their representation at all. As such, it is not possible to estimate the number or percentage of international students identified as impaired. It is critical that issues of potential impairment in graduate students studying in a non-native country be addressed from a sensitive and knowledgeable cultural framework; methods of doing such have yet to be addressed within the literature.

Further Areas of Concern

An additional area of concern is the language used in the literature to describe impaired clinicians. Many articles describe students and professionals experiencing such intense issues as "inadequate," "unsatisfactory," "problem students," or "deficient" (Gaubatz & Vera, 2002; Oliver et al., 2004; Wilkerson, 2006). Other areas of the available literature speak to impaired individuals' "refusal to change" (Lamb et al., 1991) or the need to "deal with" such persons (Oliver et al., 2004). Such language can be

termed as insensitive and unsympathetic to the situation of the impaired individual, and lends itself to the idea that impairment is a personal flaw or failing, and not a workable situation that has the potential for improvement or change. Similarly, there is little delineation between the ideas of impairment, disability, and unethical behavior. Further, as in the guidelines set forth by the major professional organizations, the available literature also inadequately addresses issues of specific means of integrating concepts of prevention and forward-thinking into current practices for addressing issues of impairment. Such concepts are often endorsed, but strategies currently implemented frequently fall short of achieving such goals. Finally, a concern that has been highlighted but only minimally addressed is the difficult tightrope act that institutions face in balancing very real legal and ethical concerns regarding impairment with adequate and compassionate care for impaired individuals. No method has as yet been developed for ensuring proper documentation of impairment concerns while maintaining the confidentiality of the impaired person, all while creating a sympathetic and open atmosphere regarding such issues with the rest of a program's population. This in particular is something that will need to be addressed in short order, as more discussion is made of preventive and supportive care within such settings.

CHAPTER 3: POSITIVE PSYCHOLOGY

As noted in the previous chapter, many of the current means and methods for addressing impairment in populations of psychology graduate students have a deficits-based focus. Under such a focus, the student's difficulty is viewed as an urgent problem in need of a swift fix, and the fixes may often be punitive in nature. This deficits-oriented stance toward student impairment can lend itself to the interpretation that impairment is an indication of personal flaws or failures. While impairment is a difficult situation for both the affected student and the graduate program, it does not have to be a negative experience. Studies of graduate students cited in the previous chapter indicated a perceived need for impaired students to be handled sensitively and supported, rather than merely "dealt with." By taking such a stance and accentuating the potential of the impairment situation instead of merely the perceived negatives, it may be possible to transform the impairment remediation process into a strengths-based experience that will ultimately enhance the affected student's professional development. The rising movement of positive psychology, with its emphasis upon strengths and growth, provides an excellent theoretical orientation for thinking about impairment in these more positive or developmental terms.

Historical Influences

While the formal positive psychology movement as known by modern psychology has only come into clear focus during the past decade, ideas and theories of a positive-oriented psychology are not entirely new to the field. Research on topics related

to a positive psychology has gone on for decades, even back to the beginnings of psychology itself. Leading functionalist psychology theorist William James wrote extensively on the concept of "healthy mindedness" in 1902, and prior to the onset of World War II, psychology as a field of scientific study operated according to three identified missions – curing mental illness, helping all people to lead more productive and fulfilling lives, and identifying and nurturing high talent (Joseph & Linley, 2006).

The advent of the Veterans Administration (VA) and the National Institute of Mental Health (NIMH) largely transformed psychology from its original foundation into a healing discipline based on a disease model with an illness ideology (Joseph & Linley, 2006). Despite this shift, some theorists and practitioners continued to recognize the need for attention to the positive end of the spectrum and the accompanying areas of human strength, virtue, and fulfillment. The rise of the humanistic movement in the 1950s lent further weight to this perceived need for a positive orientation to psychological practice; indeed, positive psychology and humanistic psychology can in multiple ways be said to share a common heritage. Abraham Maslow, one of the identified founders of humanistic psychology described a "positive psychology" at length in his theoretical writings, as he called for greater attention to be paid to both the positive and negative aspects of human experience (Joseph & Linley, 2006). In his 1954 book *Motivation and Personality*, Maslow stated:

> The science of psychology has been far more successful on the negative than on the positive side. It has revealed to us much about man's shortcomings, his illness, his sins, but little about his potentialities, his virtues, his achievable aspirations, or

his full psychological height. It is as if psychology has voluntarily restricted itself

to only half its rightful jurisdiction, than the darker, meaner half. (p. 354)

This desire for an increased focus upon the positive aspects of the human experience can

be noted in Maslow's best-known work on the hierarchy of needs. The later levels of the

hierarchy, focusing upon needs for connection, belonging, and self-actualization, are

mirrored in many of modern positive psychology's concepts and theories. Shlien called

further attention to this positive angle in 1956, when he wrote supporting Maslow's

position decrying psychology's increased emphasis upon the negative and suggested that

mental health practice required a change in its very descriptions of positive change in

treatment. Shlien pointed out that even when success was achieved in psychological

treatment, such success was frequently described in terms of an *absence* of pathology. He

thus suggested that psychology should instead describe improvement in terms of a

person's increased ability or facility as health is achieved; the focus would then be placed

upon the individual's enhanced functioning (and as such, his or her strengths), as opposed

to the absence of an illness, which carried a negative connotation (Joseph & Linley,

2006). These ideas, combined with the client-oriented approach to psychology espoused

by Carl Rogers and a large emphasis upon happiness and fulfillment, situated humanistic

psychology as the most positively-oriented of the psychological schools of thought,

although a positive approach to psychology never constituted the primary focus of the

movement.

Development of Modern Positive Psychology

Instead, positive psychology as it is known today can be traced to 1998, when

Martin E. P. Seligman, now considered the father of the modern positive psychology

movement, chose it as the theme for his term as president of the American Psychological Association. During his Presidential Address in that year, Seligman echoed the assessment of Maslow, commenting that for the latter half of the century psychology had been "consumed by a single topic only – mental illness" (Fowler, Seligman, & Koocher, 1999). Seligman felt that psychology had veered too far from its original path and neglected the latter two of its pre-WWII missions: helping all people to lead more productive and fulfilling lives, and identifying and nurturing high talent. He urged psychologists to continue these earlier missions, and in doing so to expand the definition of positive mental health to include more than simply the absence of psychopathology (Seligman & Csikszentmihalyi, 2000).

Following Seligman's appeal, the level of attention paid to matters of positive psychology rose dramatically, and has continued to climb. In 1999, the first positive psychology summit took place, followed by a special issue of the *American Psychologist* devoted to positive psychology in January 2000. Since then, three major handbooks on positive psychology have been published, as well as four introductory textbooks, and a number of edited volumes addressing a variety of positive psychology topics. More than 15 journal special issues or editions have been devoted to the field, and a dedicated journal, *The Journal of Positive Psychology*, has been established. Conferences and summits continue to occur and thrive, both within the United States and on an international level, including annual events such as International Positive Psychology Summit in Washington, D.C., the International Conference on Positive Psychology, and the World Congress on Positive Psychology. In addition, the European Network for Positive Psychology organizes biennial conferences, and multiple domestic and

international conferences not explicitly affiliated with positive psychology host frequent conference themes and sections dedicated to the topic (Joseph & Linley, 2006). It seems to be fairly safe to say that positive psychology has not only established itself as an independent movement within the overall field of psychology, but is also a movement which will likely field continued interest and growth for some time.

Defining Positive Psychology

Although identified positive psychology has received much attention since its inception, the fact still remains that it has only been established as a significant movement within modern psychology for little more than a decade. For this reason, while many may have heard of the movement, or known it on the level of something to be recognized when seen, negotiating a clear description is often a more difficult matter. Even among the predominant researchers of the movement, descriptions of positive psychology and its goals vary. Although many professionals use slightly different interpretations of the definition of positive psychology in their own work, most appear to be based on two primary definitions formulated by vanguard work in the field, that of Seligman and Csikszentmihalyi, and Sheldon and King.

Sheldon and King. The first definition, provided by Sheldon and King (2001), is the simpler of the two in its phrasing and explanation: "What is positive psychology? It is nothing more than the scientific study of ordinary human strengths and virtues. Positive psychology revisits 'the average person,' with an interest in finding out what works, what is right, and what is improving." Positive psychology under this description, a fairly popular one within textbooks and academic literature devoted to the subject, is thus the study of optimal human functioning, with a particular eye to those conditions and

processes that contribute to flourishing of individuals, groups, and institutions (Clark, 2008; Joseph & Linley, 2006).

Seligman and Csikszentmihalyi. The second, more scientific description of psychology can be found in Seligman and Csikszentmihalyi's groundbreaking publications on the topic. This definition attempts to elucidate the goal and purpose of positive psychology among multiple levels of research, intervention, and human function:

> The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. (p. 5)

Under this definition, positive psychology is concerned not only with the development and furtherance of the individual, but with similar optimization of the features and attributes of groups, such that the group (as well as the members forming it) achieves maximum health and functioning. This is accomplished through a focus on three perceived stages of life: the past, the present, and the future.

Similar to Sheldon and King's definition, Seligman and Csikszentmihalyi's view of positive psychology places an emphasis upon positive experiences and virtues, owing to concern with the pervasive use of the illness-based medical model within modern

psychological practice (Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001). As such, the aim of positive psychology is to provide a counter to these perceived negative focuses within the psychological tradition, through promotion of a more holistic approach to psychology that recognizes positive experiences as well as negative ones and places an equal emphasis upon both (Joseph & Linley, 2006). If the positive psychology movement is successful in this regard, the focus of psychology as a whole will shift away from a preoccupation with solely repairing life's problems in lieu of additionally building positive qualities. Ultimately, the qualifying term "positive" will no longer be required, as the discipline of psychology as a whole will have returned to a focus upon the entire experience of life and mental health, instead of strictly one end or the other of the positive/negative spectrum (Joseph & Linley, 2006; Seligman & Csikszentmihalyi, 2000). Under this system of positive psychology, the role of the individual psychologist is not simply to alleviate or relieve distress but to help facilitate well-being, placing a stronger emphasis upon modes of prevention as a means of reducing the need for later intervention (Joseph & Linley, 2006).

Common Misconceptions

The pursuit and study of happiness is a central facet of the modern positive psychology. A common misunderstanding and criticism regarding the movement is rooted in the erroneous idea that positive psychology overly emphasizes the positive at the expense of any attention to the negative (Joseph & Linley, 2006). This is not the case; although the premise of positive psychology holds that it is important to gain a greater understanding of the human capacity for life enjoyment, the ability to understand how individuals cope with a negative life event is equally vital (Clark, 2008). Similarly,

another common misconception of positive psychology as existing separately from scientific inquiry is also inaccurate. As noted by Seligman et al. (2005), the goal of positive psychology is a *complete* practice of the field; through the knowledge gained by a combined focus on understanding the negative and positive aspects of life in equal parts, validated interventions will be better able to bridge the gap between current psychological practices of relieving distress and increasing or promoting happiness. As such, the positive psychology movement places great emphasis upon the scientific method and solid research, and findings from such inquiries have in turn influenced the development of even more evidence-based practices (Clark, 2008).

Theoretical Concepts of Positive Psychology

Much of the current research base on positive psychology can be delineated into one of three overlapping areas: the Pleasant Life, the Good Life, and the Meaningful Life. Inquiry into the Pleasant Life, or the "life of enjoyment," investigates how people optimally experience, forecast, and savor the positive feelings and emotions that are part of a normal, healthy life. Matters of relationships, hobbies, interests, and entertainment, among others, are often subsumed under this category of research. Examination of the Good Life, or the "life of engagement," addresses the beneficial aspects of immersion, absorption, and flow that people feel when they are fully engaged with their primary activities; these states of being are typically accomplished when individuals feel confident that they can accomplish the tasks set before them. Research regarding the Meaningful Life, or the "life of affiliation," looks into the reasons and ways that people derive a positive sense of well-being, belonging, meaning, and purpose from involvement and contribution to an entity beyond themselves. This external entity is generally of a

larger and more permanent nature, and may be as varied as an organization, a movement, a belief system, or nature itself (Seligman, 2002). Through research into these varied aspects of life, ranging from the personal to the communal, a significant number of empirically validated theories and hypotheses have emerged that form a cohesive theoretical groundwork for positive psychology. As such, the more prevalent of these theoretical concepts merit a more in-depth discussion.

Subjective well-being. *Subjective well-being*, or *subjective happiness*, is the idiosyncratic definition of what constitutes "the good life." Inquiry into this area focuses on how individuals perceive and evaluate the immediate and ongoing circumstances of their life (Clark, 2008; Diener & Lucas, 2000). Subjective well-being is a three-part construct, formed by the interplay of positive emotionality, negative emotionality, and life satisfaction. It has been speculated that people with high levels of subjective well-being are more likely to experience life events in positive ways, report more positive social interactions, and endorse less overall psychological distress (Clark, 2008). Similarly, high levels of subjective well-being may influence or predispose individuals to engage in more social and exploratory behaviors, demonstrate higher curiosity, and exhibit better coping (Suldo & Huebner, 2006). This area of research is closely linked with Fredrickson's Broaden-and-Build theory.

Broaden-and-Build theory. Fredrickson's Broaden-and-Build Theory of Positive Emotions (2001) suggests that positive emotions momentarily broaden attention and thinking, enabling people to draw on a wider range of ideas, and encouraging greater novelty and variety in thoughts and actions. Over time, a behavioral repertoire broadened in this way is thought to lead to improved skills and personal resources, as people

discover the extent of their own capabilities (Fredrickson, 2003). (Resources, in this case, are defined as those internal or external factors upon which individuals can draw to make progress toward goals; people with greater assets are believed to be better able to fulfill their needs relative to those with lower assets (Clark, 2008).) Negative emotions, by contrast, are believed to prompt narrow survival-oriented behaviors that deplete health and personal resources if experienced over excessive periods of time (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). Simply stated, the Broaden-and-Build theory states that positive emotions widen people's outlooks in ways that gradually reshape who they are. It is supported by findings from randomized controlled lab studies in which participants exposed to films inducing positive emotions displayed higher levels of creativity, inventiveness, and "big picture" perceptual focus than those participants shown films involving the use of negative emotions. Additionally, longitudinal intervention studies reflect a significant correlation between positive emotions and the development of long-term resources such as psychological resilience and flourishing (Fredrickson, 2003). The associated idea that people can become inured or accustomed to an emotional state, whether positive or negative, is supported by observation of the *hedonic treadmill effect*, which assures that as the novelty of an experience subsides, emotions will revert to a trait-like baseline state (Diener, Lucas, & Scollon, 2006). This not only emphasizes the importance of avoiding exposure to solely negative conditions but also carries implications for the infusion of positive experiences; it supports the idea that negative experiences are as necessary as positive ones for personal growth and development, when handled appropriately. A further corollary to the Broaden-and-Build theory is the *"undo effect,"* which is the hypothesis that positive emotions have the capability to undo the

cardiovascular effects created by stress and other negative emotions; research indicates that positive emotions do assist previously-stressed people to relax back to a healthy baseline state (Fredrickson, Mancuso, Branigan, & Tugade, 2000).

Positive experiences. Of the identified elements leading to a sense of positive emotion and high subjective well-being, some may be classified as "positive experiences," or states of being that are conducive to improved performance, satisfaction, and overall health. The three most prominent such positive experiences are *mindfulness*, *flow*, and *spirituality*.

Mindfulness. Mindfulness, as described by Bishop et al. (2004), is "a kind of nonelaborative, nonjudgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is" (p. 232). The operational definition of mindfulness involves two components. The first component involves maintaining the attention on the immediate experience of the individual, allowing for greater recognition of mental events as they occur in the present moment. The second component requires considering these immediate experiences with a stance of curiosity, openness, and acceptance (Snyder & Lopez, 2007). Empirical research on the subject of mindfulness supports the use of a number of promising mindfulness-based therapies for a wide variety of medical and psychiatric conditions, including chronic pain, stress, depression, substance abuse, and recurrent suicidal behavior (Bishop et al., 2004).

Flow. Flow is defined as an intrinsically rewarding state of utter absorption in one's work, characterized by intense concentration, a loss of self-awareness, a feeling of personal control, and a sense of swift passage of time (Csikszentmihalyi, 1990). As

elucidated by Csikszentmihalyi, there are nine factors associated with flow, although not all are required to constitute a flow experience: clear goals with high levels of challenge and skill; concentration and focus; loss of self-consciousness; distorted sense of time; direct and immediate feedback; good balance between ability and challenge levels; feelings of personal control over the situation/activity; intrinsic rewards; and the merging of actions and awareness (Csikszentmihalyi, 1990). Although some research has been conducted on the cultivation of flow experiences in group settings, such as the concept of overlearning in the classroom, most practitioners involved in the modern positive psychology movement focus on intrinsic applications of the concept (such as in the arenas of performance improvement, self-help, and spirituality).

Spirituality. Spirituality, the last of the major "positive experiences," constitutes the search for "the sacred," where "the sacred" is broadly defined as that which is apart from the ordinary and worthy of veneration. Spirituality as a positive experience can be sought through traditional organized religions, or through other means, such as philosophical or theological movements. An essential component of spirituality is a sense of connection to a reality beyond the physical world and the individual as a solitary person, sometimes associated with an emotional experience of awe and reverence. Research on the area of spirituality in the context of psychology has linked endorsed spirituality with improved mental health, managed substance abuse, healthy marital functioning, effective parenting, and good coping (Snyder & Lopez, 2007).

Positive futures. Whereas the previous three concepts address positive experiences to be had in a person's present context, the element of the future is also important to the consideration and practice of positive psychology. As such, there are

several similarly prominent theories and areas of research that fall under the common classification of "positive futures." These future-oriented positive elements include *self-efficacy*, *learned optimism*, and *hope*.

   Self-efficacy. Self-efficacy, a concept introduced into the positive psychology lexicon by Albert Bandura (1997), is an individual's belief in his or her ability to succeed in specific situations. The concept lies at the center of Bandura's social cognitive theory, which emphasizes the role that observational learning and social experience play in the development of personality. According to Bandura's model for the development of self-efficacy, an individual can learn efficacy beliefs through four means: the actual performance of accomplishments in a problematic area (experience); modeling another person who is behaving effectively in a similar situation (vicarious experience); verbal persuasion by a helping entity (encouragements and discouragements); and learning to control negative cognitive processes by implementing positive moods (perceptions and attributions) (Snyder & Lopez, 2007). Distinct from self-esteem, self-efficacy pertains to a person's perception of ability to reach a goal via his or her own efforts, and can play a major role in how that person approaches goals, tasks, and challenges. Individuals with high self-efficacy are more likely to view difficult tasks as something to be mastered, rather than something to be avoided, and thus to make more of an effort, and to persist longer toward completion. By contrast, low-self efficacy can lead people to believe that tasks are harder than they truly are, leading to poor task planning and increased stress (Bandura, 1997). Self-efficacy also affects responses to failure. People with high self-efficacy are generally of the opinion that they are in control of their own lives, and have the power to change their situations through their actions and decisions. People with low

self-efficacy, on the other hand, may see their lives as somewhat out of their hands, and attribute their failures to low ability (Snyder & Lopez, 2007). Psychological research has demonstrated that degree of self-efficacy is directly related to individuals' efforts to change risky behaviors, as well as their persistence to continue working toward goals despite the onset of barriers and setbacks that undermine motivation (Bandura, 1997). Self-efficacy not only influences the challenges that people assume, but how high they set their goals in general; the higher the self-efficacy, typically, the loftier the determined goals. It is important to note, however, that a lower self-efficacy may actually be beneficial in a learning environment, as it can provide an incentive to learn more about a subject. Individuals with a high self-efficacy regarding a given task may not prepare sufficiently, leading to poorer relative performance (Bandura, 1997; Joseph & Linley, 2006). As such, the "optimum" level of self-efficacy required for well-being may be considered to be a little above an individual's actual ability, encouraging people to take on more difficult tasks and gain experience while still recognizing the inherent challenge to their abilities (Csikszentmihalyi, 1990).

Learned optimism. Learned optimism, originated by Seligman (1990), is defined as the habit of attributing one's failures to causes that are external (not personal), variable (not permanent), and specific (not diffuse). Therapeutic interventions based upon the idea of learned optimism focus upon four elements: the adversity experienced by an individual; the individual's attributions regarding the reasons for the negative event; the emotional consequence to the individual; and the individual's learning to dispute the counterproductive attributions with accurate and compelling evidence to the contrary (Seligman, 2002). This explanatory style has been associated with better performance,

greater satisfaction in interpersonal relationships, better coping, less vulnerability to depression, and better physical health (Snyder & Lopez, 2007).

Hope. Hope, the final positive future element to be addressed here, constitutes a learned style of goal-directed thinking in which a person utilizes both *pathways* and *agency* thinking in achievement of their goals (Snyder & Lopez, 2007). Pathway thinking, or waypower, is an individual's perceived capacity to find multiple routes to the desired goals. Agency, or willpower thinking, is the perceived capability to sustain motivation and use the discovered routes. Neither form of thinking alone is sufficient for the existence of hope; the two must be present in tandem (Buchanan, 2007). While hope exercises a method of thinking, it is ultimately associated with an emotional state, differentiating it from the previously discussed optimism, which relies upon conclusions reached through deliberate thought patterns to cultivate positive attitudes. Similarly, hope and optimism alike are distinguishable from simple positive thinking, as the latter refers to a specific and systematic therapeutic process used for the intentional reversal of pessimism (Snyder & Lopez, 2007). Multiple empirical studies have validated the existence of hope as a positive element, as evident by repeated significant differences found in the outcomes and overall characteristics of low- and high-hope individuals. High hope has been associated with greater well-being, coping, and regulation of emotional distress. It is positively linked with perceived competence and self-esteem and negatively linked with depression. Additionally, high-hope individuals have been shown to have greater reported scholastic and social competence (Buchanan, 2007).

Applicability Across Cultures

In evaluating any of the above-discussed elements of modern positive psychology theory, or any others not explicitly addressed here, it is vital to note that while many features of positive psychology theory have been demonstrated to have some degree of universal applicability, cultural factors still have a strong influence upon perceptions of well-being by virtue of variable social and cultural experiences. Subjective well-being is true to its name and at heart an idiosyncratic matter. Life satisfaction judgments, no matter how universal the root concepts involved, are related to an individual's salient value orientations. Although multiple cultures may agree on the importance of various facets of happiness, the relative importance of each facet for happiness within each culture may differ significantly (Clark, 2008).

Contrasting Positive Psychology with Traditional Approaches

Reduction in negative labeling. Although positive psychology places an emphasis upon the use of empirically-validated concepts and treatments, it does differ in several significant forms from traditional post-WWII psychological practices that have a similar emphasis. Inherent in the movement's increased attention to the positive aspects of human functioning alongside the negative is the goal to reduce the use of negative labeling or deficits-based behavioral description in psychological treatment. Positive psychologists point to the tendency with which clinician attention is more easily captured by abnormal behavior, and with which attributions of that behavior overemphasize a person's internal characteristics with inadequate attention to their external circumstances. This is explained by the social psychology concept of the *fundamental attribution error*, in which people are prone to ignore situational or environmental factors of the behavior

of others in lieu of blaming the individuals' internal – and more enduring – characteristics. Just as psychologists themselves are not exempt from this theory of social psychology, neither are they free from the influence of the *fundamental negative bias*. When an unusual behavior occurs in a vague context, the primary factor influencing its perception is whether said behavior is typically viewed negatively. It is largely for this reason that a very salient concern within the positive psychology movement is the use of labeling, particularly when said labeling is negative. It has been demonstrated to varying degrees that negative labeling can create stereotypical expectations of individuals that can influence how mental health professionals conceptualize and interact with them. In addition to the potential impact upon the behavior of the professional, these negative labels can similarly influence how the labeled individuals think about themselves. Given the emphasis that positive psychology's theoretical framework has placed upon self-perception and self-efficacy, this is a significant concern and vital consideration of positive psychology practice (Snyder & Lopez, 2007).

Emphasis upon diversity. A further concern of the positive psychology movement is the ways in which the medical model commonly espoused within psychology impacts the perception and handling of individual and cultural differences. The notion that what is deemed true for one group may be considered true for other people regardless of cultural differences, the *universality assumption,* has widely been rejected as false within the movement (Snyder & Lopez, 2007). It has been noted that behavior is not necessarily abnormal or deviant because it violates a rule, but because of the negative reaction of one or more people. In this way, cultural values and mores provide the context in which behaviors, thoughts, and feelings are determined normal or

abnormal according to different cultures. Because no two cultures have the same value sets, different behaviors will receive different value judgments regarding their abnormality. As such, it is disingenuous to make assumptions regarding the universality of a given value-based assessment (Clark, 2008; Snyder & Lopez, 2007). The danger in assuming universality lies in the resulting minimization of uniqueness and difference. Once a diagnostic label is applied, it has the effect of highlighting differences between such groups at the expense of appreciation of differences within a single given diagnostic group. In other words, it becomes harder to see the individual for the label and resultant group affiliation placed upon them (Snyder & Lopez, 2007). When this label is of a negative nature, the focus is shifted in the direction of individual deficits rather than strengths, reducing overall interest in unique features about a person's context and decreasing accuracy and comprehensiveness in psychological conceptualization of his or her situation.

Use of enhancement and prevention. Positive psychology additionally differs from other areas of modern psychological scholarship in its use of both enhancements and preventions as means of improving mental health, instead of the classical interventions. Both preventions and enhancements may be classified as primary or secondary in nature. Most people with a rudimentary understanding of psychology are familiar with the concept of primary preventions, which lessen or eliminate physical or psychological problems before they appear, and are the form of prevention most easily seen in communities or organizations. Secondary preventions, on the other hand, are more in line with traditionally-defined interventions, in that they lessen or eliminate problems after their appearance (Snyder & Lopez, 2007). Regardless of the form of

prevention utilized, the end goal is a positive action – an act of hope – that reflects a "positive, empowered view of one's ability to act so as to attain better tomorrows" (Snyder, Ilardi, Cheavens, Michael, Yamhure, & Sympson, 2000). Where preventions are intended to ameliorate or repair problems, enhancements support growth and expansion. Primary enhancements establish optimal functioning and satisfaction; secondary enhancements take that growth one step further to build upon already-optimal functioning with the aim of achieving peak experiences. If primary enhancements are designed to make things good, then secondary enhancements make things the very best that they can be (Snyder & Lopez, 2007).

Practical Applications of Positive Psychology

As demonstrated, there has been a boom in the amount of research and philosophizing done within and regarding the positive psychology movement. While a strong theoretical framework is still being established and negotiated, the movement has also directed a healthy amount of attention toward the use of these concepts in practical applications for ready use within the field, in an area of interest known as applied positive psychology. Applied positive psychology involves "the application of positive psychology research to the facilitation of optimal functioning" (Joseph & Linley, 2006). Applied positive psychology takes the theories and hypotheses being validated and translates them from academia into the real world. To date, many positive psychological constructs have been operationalized and more closely examined. The impact of these constructs and the enhancement of the positive in people have been demonstrated to have both psychological and physiological benefits (Buchanan, 2007, Joseph & Linley, 2006). Some of these projects will be discussed below.

Values in Action Classification. One of the largest such research projects at present attempted to operationalize and classify human strengths and virtues into an easily understood and utilized format. The Values in Action (VIA) Classification, published as the Character Strengths and Virtues (CSV) Handbook, was developed in 2004 by Peterson and Seligman as a means of classifying common human virtues for use both as a basis for future empirical study and as a foundation for the creation of practical applications for character development. Review of more than 200 religious and philosophical texts yielded a set of six common virtues, composed of 24 separate and measurable character strengths. The development of each strength increases the corresponding virtue, as well as overall well-being and happiness (Peterson & Seligman, 2004). The six virtues and their associated strengths can be found in Table 1 below:

Table 1

The Six Virtues of Positive Psychology and Their Associated Strengths

Common Virtue	Behavioral Definition	Related Strengths
Wisdom and Knowledge	Acquiring and using knowledge	Creativity, curiosity, open-mindedness, love of learning, perspective
Courage	Accomplishing goals in the face of opposition	Bravery, persistence, integrity, vitality
Humanity	Tending and befriending others	Love, kindness, social intelligence
Justice	Building a healthy community	Citizenship, fairness, leadership
Temperance	Protecting against excess	Forgiveness and mercy, humility, prudence, self-control
Transcendence	Forging connections to the larger universe, providing meaning	Appreciation of beauty and excellence, gratitude, hope, humor, spirituality

Empirical study suggests that the six identified common virtues are more than a western cultural phenomenon, and that there are high rates of agreement about the existence, desirability, and development of these strengths of character across cultures. This

indicates that research, interventions, and applications based upon the VIA/CSV

taxonomy are likely to have widespread appeal and utility (Biswas-Diener, 2006;

Peterson & Seligman, 2004).

Organizational change and optimization. Applied positive psychology has also

occupied a niche in the field of organizational optimization and change, particularly in

the organizational worlds of education and the workplace. While change typically occurs

slowly, as would be the case with other forms of psychological guidance, organizational

shifts may occur along two possible routes. "Top down" change may occur when

enlightened leaders develop a new vision for the future of their organization and transmit

this vision to the subordinate or constituent members, along with information regarding

any changes that will ensue. "Bottom up" change, by contrast, occurs as the outlooks and

aspirations of subordinate or constituent members evolve, triggering a groundswell

change in the agenda of the organization at large (Joseph & Linley, 2006). Either route of

organizational shift is equally valid with regards to achieving change, and can be

supported by cultivating an organizational culture that accepts and embraces the

differences and strengths of its members. A "healthy organization" is determined to be

one in which "an obvious effort is made to get people with different backgrounds, skills,

and abilities to work together toward the goals or purpose of the organization" (Snyder &

Lopez, 2007). Likewise, there is a strong relationship between the health of

organizational members and the health of the overall organization; while it is unclear in

which direction the relationship is the strongest, the existing correlation suggests that

attention to the constituent parts of the organization is as important as business practices

or mission statements for effective functioning.

Top-down methods of change. Research in this area has suggested that the health

impairment process is initiated by the demands of a job or role upon physical or

psychological functioning (Hakanen, Schaufeli, & Ahola, 2008). The most prominent

work in this domain pertains to the Job-Demands Resources model advanced by Hakanen

(Schaufeli & Bakker, 2004). Empirical data obtained suggests that due to the systemic

nature of such demands, change is best served by a top-down model. Under such models,

organizational and workplace factors are the focus, rather than the present or absent traits

of individuals within the organization. Programs utilizing a top-down focus aim at

increasing resources and supports for members, while decreasing the overall demands

placed. It is notable that in strongly hierarchical settings, such as academia, overall

change of an organization is far more likely to occur from a top-down direction, via

changes in administrative policy (Hakanen et al., 2008).

Bottom-up methods of change. Other applied positive psychology theories in the

workplace have devoted more attention to bottom-up methods of change, focusing upon

strengths-based and goal-setting aspects of individual improvement within organizations.

The strengths-based approach to work suggests that employees be utilized within an

organization according to their specific talents, rather than being "fixed" so that all share

the same basic level of skills (Snyder & Lopez, 2007). This approach to gainful

employment and organizational health takes place over three stages: identification of the

employee's talents, increasing awareness of his or her own natural or learned abilities;

integration of the talents into the employee's self-image, during which the employee

learns to define himself or herself according to these recognized abilities; and actual

behavioral change, wherein the employee learns to attribute successes on the job to these

unique tale. The work of Luthans and Jensen utilizes principles of hope theory to support

the contention that it is most adaptive in work settings to ensure that goals are clear and

broken down into manageable subgoals, and that alternative routes to goal achievement

are possible. Such procedures make it significantly easier for employees to successfully

accomplish their jobs, lowering stress and increasing employees' senses of self-efficacy

on the job (Snyder & Lopez, 2007). In a later project, Luthans et al. (2004) determined

that four well-known variables of positive psychology played a significant role in the

development of positive psychological capital among an organization's members. These

variables included Bandura's self-efficacy, wherein individuals possess the confidence in

their abilities to reach desired goals; Snyder's hope, or the capacity to find pathways to

goals combined with the motivation to use those pathways; Seligman's optimism, or the

ability to attribute good outcomes to internal, stable, and pervasive causes; and Masten's

resiliency, which includes the capacity to endure and succeed in periods of adversity

(Luthans et al., 2004; Snyder & Lopez, 2007).

  Mental health care applications. Outside of the world of business, mental health

clinics, hospitals, and schools have all also incorporated interventions based upon the

principles of positive psychology, with the intention of enhancing positive constructs and

individual lives (Snyder & Lopez, 2007). Within the mental health care setting, aside

from augmenting the positive-oriented approaches to individual therapy already in place

thanks to the longstanding tradition of the humanistic movement, positive psychology

techniques have been used to particular effect in group therapy. Group therapy focused

on goal setting and on increasing the production of pathways and agency has provided

empirically-verified benefits to distressed adults ranging from college-age into the older

years; these benefits specifically took the form of reduction of depressive and anxious symptoms, as well as increasing levels of hope (Buchanan, 2007).

Educational applications. Education has also increasingly focused on the importance of identifying and capitalizing on the strengths and capabilities of students, both in regular and special education classrooms. This strengths-based approach has been used successfully within independent living and self-advocacy initiatives, as well as programs intended to enhance capability of self-determination (Buchanan, 2007). One specific approach, *positive schooling*, consists of establishing a foundation of care, trust, and respect for diversity. Within this positive-oriented environment, teachers develop tailored goals for each student to engender an interest in learning, and then work with students to help them develop the plans and motivation necessary to reach their personalized goals. This simultaneously builds both hope and self-efficacy, as students learn to envision and implement routes to goal achievement via the modeling behavior and consistent encouragement of their teacher. The care and positive emotions provided by the teacher provide a secure base from which the students are able to explore and determine the best routes for achieving their own important goals (Snyder & Lopez, 2007). This cultivates an environment of trust and respect, in which students are able to take risks and feel some sense of input or control regarding the conduct of their educations, two elements of personal growth and self-efficacy that are extremely important (Buchanan, 2007).

StrengthsQuest. At the university level, the strengths-based approach of Donald Clifton's StrengthsQuest program has effectively formed a prototype for the potential that an applied positive psychology program possesses. The program, developed after Clifton

51

posed the question, "What would result if we studied what is right rather than wrong with people?", is designed to reach a large group of people on an individual level simultaneously. It is based on positive psychology research findings that indicate that the best achievers and students not only recognize and develop their talents, but apply them in areas that form good matches for their personal inclinations, and continually seek out new ways to use their strengths in the pursuit of desired goals. Students complete three distinct stages of growth within the program. First, students complete the Clifton StrengthsFinder, an online, computerized assessment that attempts to isolate the source of students' greatest natural talents. The 180 items cover 34 possible talent themes, and pinpoint the five areas most salient to a given individual's ability. In this first phase, students are thus able to identify their talents, whether or not they immediately believe the veracity of the assessment. During the second and third phases of the program, students complete a specialized workbook, and sign onto the StrengthsQuest website for more in-depth training. It is at this point that students begin to have revelations about ways in which their identified strengths can be incorporated into their self-conceptualizations, and then begin making behavioral changes to reflect their new self-efficacies (Snyder & Lopez, 2007). An empirical study indicated significant reported increases in altruism, confidence, efficacy, and hope among 212 UCLA students enrolled in the StrengthsQuest program, suggesting a high degree of promise for future iterations of the program (Snyder & Lopez, 2007).

Conclusions

Despite its relatively new entrée as a formal movement within the psychological field, positive psychology has grown to become a driving force in both research and

practice in the decade since its formalization. A strong theoretical foundation has been established, drawing from pre-WWII psychological ethics and the person-centered focus of humanistic psychology. In addition to the vast variety of theoretical research and hypothesis, the school of thought has expanded beyond the walls of academia with development and research intended to bring the strengths-based focus of positive psychology to bear in ways that will more immediately benefit the wider organizational and social settings. Publications and conferences on positive psychology thrive within the United States, and have progressively spread to the wider international psychological community. The ultimate goal of positive psychology as currently formulated is to bring the overall psychological community into a greater parity of focus regarding the positive aspects of mental health. While it remains to be seen whether this goal will be fully achieved, it is clear by the amount of progress that has already been made to this effect that a clear understanding of and appreciation for the principles of positive psychology are likely to be a wise idea. Such understanding is likely to become even more important in the years ahead if the movement continues as the juggernaut it currently is. Positive psychology may not become the defining force within psychological practice, but is a strong force within its own right, and has much to offer both in inventiveness and perspective to the field, regardless of individual practitioners' preferred orientations. To this end, given the supportive research validating positive psychology-based treatments and approaches, further design of additional programs, preventions, and enhancements would likely be of great benefit to both the profession and the general public it serves.

CHAPTER 4: INSTITUTIONAL OPTIMIZATIONS

The first area of concern commonly expressed regarding current institutional methods of addressing student impairment deals with issues of the institutional culture. As previously noted, surveys of graduate students in clinical psychology programs have frequently yielded results that suggest that students feel unsupported by their programs, under undue pressure, or in some cases, set up to fail (Fuselier, 2004). This has significant implications for both the likely occurrence as well as the identification and successful remediation of student impairment. If students feel unsupported or overly strained by their programs, the quality of their personal outlook is likely to suffer, increasing the chances of development of burnout or mental disorder. If students feel that their movements are scrutinized for faults as opposed to opportunities, they may be reluctant to seek help of their own accord, whether or not impairment has already occurred, due to fears of the possible impact upon their standing in the program or perceived competence. This does a great disservice to the students, their clients, and the programs who oversee both.

Despite the historical institutional shortcomings in addressing this area, however, there are happily alternatives that programs may pursue to alleviate potential difficulties in this area, and create a warmer, more supportive environment for students. Attention to this area of institutional functioning has the added advantage of benefiting other students in the program who are not suffering from particular issues of impairment. If a graduate program shifts increasing focus onto the development and improvement of its students, as

opposed to monitoring for possible failings, all students receive the opportunity to work within a more comfortable environment, broaden their skill sets, and find personal satisfaction in their chosen field. Areas of positive psychological theory and research that are especially pertinent to this area of program alterations or optimizations include the professional greenhouse, the promotion of self-care, elements of positive schooling and student mentoring, and the strengths-based approach to work.

The "Professional Greenhouse"

In his work on resilience and burnout prevention in mental health practitioners, Skovholt (2001) references the concept of the "professional greenhouse." The professional greenhouse is a deliberately cultivated work environment containing ingredients ideal for personal and professional growth – akin to a horticultural greenhouse that provides plants with the ideal food, light, and temperature necessary to facilitate their optimal growth cycle. The overall "greenhouse effect" is created by four primary ingredients: the active efforts of leadership to promote a healthy balance of self-care and other-care (e.g., clients and external responsibilities); adequate support from peers and mentors; the opportunity to mentor others; and the presence of fun and enjoyment in the workplace. Individuals can make strides toward developing this sort of environment for themselves, and to do so is encouraged, particularly if organizations are unwilling to contribute or assist. That said, organizational support and investment in the creation of this valuable resource can immensely speed the process (Skovholt, 2001). Of the various ingredients that compose the professional greenhouse, mentor and peer support are suggested to be critical over the course of the professional lifespan, from trainee levels into expert practice (Mullenbach & Skovholt, 2000).

Mentoring

A broad definition of the traditional form of mentoring is delineated by Johnson:

"Mentoring is a personal relationship in which a more experienced (usually older) faculty

member or professional acts as a guide, role model, teacher, and sponsor of a less

experienced (usually younger) graduate student or junior professional. A mentor provides

the protégé with knowledge, advice, challenge, counsel, and support in the protégé's

pursuit of becoming a full member of a particular profession" (Johnson, 2002, p. 88).

Many other conceptualizations include both career-related and psychosocial functions,

including coaching, professional visibility, networking support, dissertation assistance,

role modeling, counseling, and even friendship (Campbell & Anderson, 2010). Benefits

of mentoring to students include improved networking, academic success, increased

publication submissions, and marked improvements in professional skill development

and overall confidence (Johnson & Huwe, 2003). Specific to psychology graduate

programs, students expressed greater satisfaction with their chosen doctoral program

when they received mentoring (Clark, Hardin, & Johnson, 2000). Mentors also receive

benefits from their efforts, including better relationships with students and greater

productivity of research and publications.

Mentoring trends by program type. Despite these benefits on both sides of the

fence, only half to two-thirds of clinical psychology students receive mentoring, with

such relationships more common in Ph.D. than Psy.D. programs. This may be a feature of

the smaller size of many Ph.D. programs, and the resulting higher faculty-student ratios.

When mentoring does occur, it is typically initiated by students (Campbell, 2007). There

are also unique hurdles in both types of programs that can prevent the development of

solid mentoring relationships. Traditional Ph.D. scientist-practitioner programs often place a greater emphasis on research than on clinical supervision or professional development of students. While Psy.D. professional programs have a more intensive focus on practice and client involvement, students there deal with unique economic pressures that can interfere with faculty relationship development, including high tuitions and student loan burden, as well as the frequent necessity of maintaining outside employment during academic enrollment (Himelein & Putnam, 2001). The respective program types also differ in the typical focus of a mentoring relationship, with scientist-practitioner models placing greater emphasis upon mentoring of research aspirations, and professional programs emphasizing interpersonal functioning and critical thinking in professional settings (Elman, Illfeder-Kaye, & Robiner, 2005).

Intentional mentoring. One of the best identified practices in faculty-student mentoring is the intentional structuring of such relationships. A good match between mentor and student is vital for healthy interactions and optimal benefits to both parties (Campbell, 2007). The need for a good fit between personality variables and personal interests is just as in any other interpersonal relationship. Race and gender have also been demonstrated to play a significant role, with matches made on the basis of similarity of race, gender, and cultural identity yielding better outcomes with all other elements equal (Fassinger & Hensler-McGinnis, 2005).

Mentoring and advising. It should be noted that mentoring differs from role modeling and even advising, although mentoring frequently involves elements of the latter two relationship forms. Mentoring may be said to exist on a continuum of faculty roles that are organized by the faculty member's degree of intent to shape or develop a

57

student (Mertz, 2004). Most students are able to identify one or more role models among their faculty. These individuals display skills, techniques, or other professional behavior that the student desires to emulate, but no particular relationship is required. The faculty member may be entirely unaware that a student views her or him in that fashion (Gibson, 2004). Advising, by contrast, is a structured and assigned role that exists in some form in nearly every academic institution. An advisor offers technical guidance and assists a student's academic progress through a graduate program. The advisor also frequently serves as a primary contact point between a student and the faculty at large (Johnson, 2006). Advising requires intent to interact with the student as well as some attentiveness to student needs (Mertz, 2004). Most student-faculty relationships can be characterized as advising relationships, with not all such relationships evolving into mentoring relationships with time (Schlosser & Gelso, 2001). Mentoring, by contrast, constitutes a deliberately positive relationship centered on faculty members' commitment to their student's overall development and success. Mentoring relationships are dynamic, reciprocal, and personal, marked by give-and-take between mentor and protégé (Johnson, 2002).

Best practices for mentoring relationships. An effective mentoring relationship outlines several distinct expectations at the beginning of the connection. These include the anticipated duration of the relationship, the intended frequency of contact, short- and long-term goals to be accomplished, role expectations of both mentor and protégé, and issues of confidentiality (Johnson & Huwe, 2003). Means of evaluating the success of the relationship should also be discussed. Many students may be unaware of how to best access and utilize a mentoring relationship, or may feel uncomfortable with the altered

faculty-student boundaries that can result. This may mean that faculty mentors will need to take the reins for much of these negotiations, and guide their prospective protégé through the process. In this way, mentoring can occur even before the crystallization of an agreed-upon mentoring relationship. Even if negotiations are unsuccessful, the student has been effectively coached on how such proceedings are likely to occur in the future.

Best practices for mentoring relationships indicate that formal, structured, and intentional mentoring programs provide the best results for students and programs alike. Such programs are best designed to meet institutional goals, while affording students clear access to such a resource. While some students will always benefit from informally arranged mentoring relationships, more students will receive assistance through a clearly and deliberately designed program. Such a program also permits assessment and evaluation to assist in alterations and improvements down the line. At the same time, while a sponsored program with some structure is helpful and valued, the relationships themselves should not be overly structured, to best permit faculty and students to enter into genuine relationships without feeling forced. For example, if a program matches faculty and students with the intent of facilitating the development of a mentoring relationship, the structure of the mentoring program should also include protocol for reassigning the individuals involved should the match not be accurate or acceptable to either party.

Optimal selection of mentors. Faculty mentors should be selected based on their qualities of warmth, empathy, self-awareness, integrity, and honesty. Narcissism, detachment, avoidance, or racist and sexist attitudes are all counter-indicative of a beneficial mentoring relationship, and may be harmful to the student over time (Johnson

& Huwe, 2003). While mentoring and role modeling are different enterprises, mentor selection should be based at least partly on modeling capability. Faculty members who are strong role models have the potential to become excellent mentors. A faculty member's ability to model appropriate professional skills, including interpersonal behavior, professional conduct, self-care, academic acumen, and productivity may serve as good indicators of potential mentoring capability when screening prospective mentors for a formal program (Campbell, 2007). Training then can and should be offered to selected faculty to prepare them for their roles as mentors. Such training may come through formal workshops, reading, listserve discussions, or small groups. It should include information regarding the nature of mentoring, as well as its benefits, requirements, and key boundaries. Once relationships have been developed, meetings between mentors and students should be scheduled at regular intervals, to provide structure, predictability, and support. In this way, the mentor becomes a reliable part of a student's support network, and may become the first line of intervention during more troubled periods in a student's career.

Promotion of Self-Care

Another vital element of an institutional environment that promotes student growth and development is the active demonstration and promotion of self-care. An important consideration for professionals at all levels of development, efforts at maintaining self-care have been demonstrated to buffer against the development of burnout, as well as increasing overall effectiveness with and compassion toward clients (Skovholt, 2001). For graduate students in particular, self-care may present an even more fundamental necessity. As has been noted, graduate students often confront a much

higher level of stress and intensity during their training than do licensed professionals practicing in their chosen fields. This is attributable to the need to balance an often-brutal academic schedule containing coursework and dissertation development with practica and internships that require comparable levels of competence, ethical behavior, and professional conduct as a licensed practitioner (DeAngelis, 2002). Such an environment is inherently stressful in its own right, and does not account for personal or familial issues that may arise during the course of training, which would only augment the already-high demand upon the student. Even with a powerful institutional concept such as the professional greenhouse in force, students will experience strain and suffer without adequate time and effort devoted to their own care as well as to their academic responsibilities. For many students, however, it is all too easy to fall into the trap of feeling guilt for time spent on self-care activities. When time is considered a valuable commodity, electing to spend some of that precious resource on non-academic ventures may not seem possible, particularly if the students in question already feel that they are struggling or falling behind on their requirements. Ironically, it is precisely those students who may be in most need of regular self-care, as they are at highest risk of burnout or eventual impairment via depression or anxiety, along with students who exhibit especially high levels of caring and compassion (Skovholt et al., 2001). To combat this tendency, and to support the continued mental health and resilience of students, graduate programs are strongly encouraged to facilitate and emphasize the importance of regular self-care. Ignoring such may result in notable consequences of student wellness and mental health, while supporting such measures may mediate against them. It is notable

that self-care has been demonstrated to have a moderating effect on the experienced

stress and toll of graduate psychological study (Fuselier, 2004).

The ethics of self-care. In addition to supporting students and affording them

greater mental wellbeing while completing their graduate studies, the development and

maintenance of positive organizational attitudes toward self-care may be viewed as an

ethical mandate. Therapist self-care has been identified as a vital component of overall

practitioner competency (APA, 2007). If part of the responsibility of a graduate

psychology program is to act as a gatekeeper for the profession, ensuring that those who

pass into independent practice are qualified and competent to do so, then lessons

regarding self-care may be considered just as vital or fundamental as theory or case

management skills (Barland Edmondson, 2009).

Definition and modalities. The World Health Organization (WHO) defines self-

care as "behaviour where individuals, families, neighborhoods and communities

undertake promotive, preventive, curative and rehabilitative action to enhance their

health" (WHO, 2009, p. 36). Self-care practices serve multiple purposes, including ones

of a regulatory, preventive, reactive, and restorative nature (Becker, Gates, & Newsom,

2004). When self-care practices are addressed in training programs, they are used

particularly in a reactive format, with little more than lip service paid to preventive or

restorative efforts (Barland Edmondson, 2009). There are several modalities by which

self-care can be addressed and supported in a graduate training program, including

coursework, advisor contact, required therapy, or health-oriented programs addressing

exercise habits and weight loss among other topics.

Mandated therapy. Much of the existing literature has addressed the particular

benefits of mandated personal therapy for students (Norcross & Guy, 2007). Some of

those benefits are academic, giving the trainee additional opportunity to learn therapeutic

skills via experiential modeling. Others are more personal, such as allowing students to

work through personal issues that arise during their training in a timely fashion

(Norcross, 1990). As a method of self-care, this does hold promise. Involvement in

therapy can serve as a preemptive measure for helping students deal with the stress and

pressure associated with the graduate work, while fixing one element of a support

network in place in the event that more intensive assistance is required later in the

student's career. In this way, required therapy for students could result in good preventive

care. Therapy has historically been considered one of the available options for

intervention when dealing with an actively impaired student (Redwood & Pollak, 2007);

one of the difficulties of this particular intervention approach after the fact is the

stigmatization often perceived by the affected student as well as by others involved in the

process. Issues of privacy and dual-relationship must also be considered, as

administrators may feel that they are overstepping their boundaries with a student to

make such suggestions. If therapy was a mandated element for all students entering a

graduate program, it could prevent some of these dilemmas. At the same time, the

concept has its flaws, including the need to ensure that such treatment was readily

available to students, and at affordable levels. Mandating therapy as a method of self-care

offers little benefit if it is accompanied by additional stress regarding inadequate finances

or an inability to pay for the required appointments. Graduate programs will need to

consider whether such treatment can be arranged with community practitioners for

reduced fees, whether subsidization is available, or whether a comprehensive medical insurance can be arranged to help cover costs. These administrative hurdles may appear more hassle than the possible benefits are perceived to be.

   Self-care as learned behavior. Another means of implementing self-care awareness into a graduate program involves actively teaching the associated concepts. Self-care has been identified as a learned behavior, impacted by group affiliation and culture, that develops and progresses over an individual's life span (Barland Edmondson, 2007). As such, it may be taught and indoctrinated to others, meaning that the best possible way for a program to ensure that students learn the valuable skills of self-care may just be for the program to include them in the general curriculum. While most programs advise students to take steps to practice good self-care, students often disregard these recommendations due to lack of structure and space to experiment with them. Including self-care as a recognized curriculum element may combat this tendency. If self-care is taught alongside statistics or psychopharmacology, it gains a greater air of legitimacy as a vital component of practice. By inclusion in the curriculum, it becomes simpler to justify time taken for its practice by building that time directly into a schedule, rather than attempting to funnel time away from established courses. This curriculum inclusion may take several forms. One of the most direct approaches to including self-care into the curriculum would be the development and inclusion of a course devoted specifically to the topic. While an increasing number of schools incorporate some form of seminar or professional conduct course into the curriculum, that does incorporate elements of self-care education, that topic is often shared with other important elements of professional management, and is all too often given short shrift or ignored entirely in

lieu of other "more important" topics. Even if the allocated time within such a combination seminar could be guaranteed, the topic of self-care is central enough to professional conduct, professional wellbeing, and client care to warrant a greater amount of attention. A full seminar devoted to the topic is most appropriate.

   Mindfulness-based training and mind-body skills. Preliminary research indicates that mindfulness-based training offers promising results in advancing the self-care goals of graduate students. A pilot program featuring an experiential Mind-Body Skills course for first year medical students demonstrated gains in self-care, academic achievement, and stress reduction (Saunders, Tractenberg, Chaterji, Amri, Harazduk, Gordon, Lumpkin, & Haramati, 2007). The 11-week course, designed for the Georgetown University School of Medicine, addressed a variety of specific mind-body skills including relaxation techniques, deep breathing, autogenic training, biofeedback, guided imagery, several forms of meditation, and other exercises intended to increase self-awareness and self-expression. Similar programs yielded a number of observed outcomes including decreases in depression and anxiety, increased spirituality and empathy, improved knowledge of alternative therapies, greater use of positive coping skills, and enhanced ability to resolve role conflicts (Shapiro, Shapiro, & Schwartz, 2000).

   Student-led programs. For schools reluctant to devote curriculum space to a full self-care seminar, a promising program at the Oklahoma State University Center for Health Sciences offers another possible alternative. The student-led Stress Management Program was designed as a 7-week, voluntary program for first-year medical students that blended the new students with two advanced students who served as group leaders (Redwood & Pollak, 2007). The group objectives included facilitating adjustment of the

new students, developing personal stress management skills, enhancing a peer support system, identifying useful internal and external resources for students, and offering a confidential forum for the expression of student concerns. Student group leaders were carefully selected, trained, and supervised by experienced faculty to ensure the integrity of material shared and disseminated, but enrollment and leadership positions were wholly voluntary. Although the results of the evaluation study were skewed due to the voluntary participation of all group members, the majority of participating members felt the group had been beneficial to them and would recommend it as a required part of the curriculum. A notable element of the Oklahoma State program is the inclusion of modules on study and test-taking skills, as well as other academically-oriented topics that are useful to new students but only tangentially related to self-care. Caution is advised if adopting a similar system to ensure that these other topics do not overshadow the time and energy devoted to mindfulness and other self-care topics.

Integration into the standard curriculum. Introducing mindfulness training is not the only way to encourage and promote self-care within the students of a graduate program. Other useful work can be done by encouraging faculty to incorporate key psychological principles into coursework and activities to enhance students' ability to achieve self-care and enhancement while completing core course objectives. For instance, flexibility in assignments or allowing students to tailor activities to their strengths and interests may encourage the acquisition of the subjective state of experience known as "flow" (Csikszentmihalyi, 2000). Individuals in a flow state develop such intense and focused concentration upon their present task that action and awareness are merged, self-consciousness fades, and the very experience of the activity is intrinsically rewarding

66

(Nakamura & Csikszentmihalyi, 2002). Helping students to attain that state in the course of their regular studies may engender greater interest and dedication in the required work, such that completing course objectives and enjoying the experience of learning may become its own form of self-care, as opposed to a chore to be suffered through in the name of criticism or evaluation.

Learned optimism. Similarly, helping students to use the principle of learned optimism in their personal explanations of the negative events that will inevitably occur during the rigorous demands of a graduate program can help to buffer the stress and strain that such events can cultivate, thereby increasing student resilience. Learned optimism, developed by Seligman (1991), involves the use of adaptive causal attributions to explain negative experiences or events. Under this view, the optimist learns to make external, variable, and specific attributions for poor outcomes. Students using learned optimism may explain a poor grade on an exam by stating that the exam was worded confusingly (for example), recognizing that the incident of poor performance is not a consistent pattern for them, and acknowledging the areas of their life in which they are performing strongly at that time (Snyder & Lopez, 2007). Pessimistically inclined students, on the other hand, are more likely to deride themselves for the poor performance, view the failure as part of an ongoing pattern of incompetence, and recognize little good in their development in other areas of their life. The use of learned optimism does not preclude the recognition of flaws or mistakes to be learned from and corrected in the future; rather, it helps distance individuals adequately from the negative event to allow for careful consideration of future plans and investment of self-efficacy into their accomplishment. Effective use of learned optimism has been associated with

better academic and athletic performances, more productive work histories, greater interpersonal satisfaction, better coping skills, less vulnerability to depression, and better overall physical health (Snyder & Lopez, 2007). Cultivation of this skill may be encouraged by individual faculty members in their communications with students, but may be best served by introduction and use within a healthy mentoring relationship, to be discussed below as another element of an institutional culture of student growth and development.

Importance of institutional support. Whatever method of self-care education is chosen, it is vital that programs continue to promote and support use of self-care techniques among students independent of a course or academic setting. Although hectic schedules and rigorous academic requirements are a time-honored tradition in most graduate programs, it is to the benefit of students and their programs alike to ensure that students are placed in a minimum of situations in which they are forced to choose between their academic commitments and necessary self-care. While a common perception exists in the field that such difficult decisions prepare students for professional life, it is generally acknowledged that professional practice following graduation is notably less strenuous than the demands placed upon predoctoral graduate students, if only for the lack of coursework to balance amidst professional and personal commitments. Placing that level of added strain upon graduate students does not reasonably prepare them for life as a professional; instead, it prevents them from utilizing the resources and coping skills they possess to ensure that they are best able to navigate their programs to make it to that eventual professional life. How, in that case, can

programs best provide their students with the opportunity to use the encouraged self-care skills?

Curricular reorganization. A certain method, albeit a more labor-intensive one, may involve reevaluating course syllabi and curricula to ensure that requirements made of students are absolutely necessary for cultivating a clear understanding of subject matter and course materials. Trim "busy work" assignments that have minimal educational value from course schedules. Doing so will not only afford students more time to focus on the more important assignments, but also to more regularly practice their chosen self-care techniques. This method provides an added bonus to faculty as well, by sparing them from the time and energy drain of fielding the submission and grading of those unnecessary assignments, giving them more opportunity to devote to their preferred projects, student contacts, or their own (equally important) self-care.

Modeling of skills. Another method is encouraging discussion of plans for self-care following stressful situations. For instance, in debriefing a difficult client contact, a supervisor may engage the trainee in discussion regarding how the trainee might decompress and take time for self-care following that incident. Faculty members might plan time into their lecture order to briefly address topics that students may find lighter or more intriguing following quizzes or exams, and take care to mention to the students that the small bit of downtime was done in the interest of self-care. Modeling remains one of the strongest means of learning even out of childhood and adolescence, and many students may be more likely to engage in such behaviors or thought processes themselves if they see faculty members taking pains to make the same sort of effort.

Encouragement of open communication. A final method is simply being open to student communications regarding the need for self-care. Despite the best of intentions, most students will at one time or another experience difficulty arranging their schedules or time, particularly if matters of personal life intrude. In the interest of completing their workload in a timely manner, many students will forgo matters of self-care, including physical maintenance, emotional attention, or simple relaxation and regeneration time. Additionally, many students will not communicate with administration or faculty about their present struggle for fear that they will not be seen as competent or capable, or that academic sanctions may result. Although accommodation for students may not always be possible, a policy of openness to discussion of such possibilities accompanied by accommodation in those instances where it is feasible may go a long way toward encouraging student self-care. Similarly, administrative policies should be revisited to ensure that on those occasions that students desire to address self-care deficits by altering their course of study in some fashion, such alterations can be made with a minimum of stress and difficulty for all involved. If student requests for leaves of absence or curriculum changes (as two examples of possible requests) require an unwieldy amount of administrative red tape, both students and program officials will be negatively impacted. Students may be less likely to follow through with their requests, placing them in greater danger of impairment or in need of even more intensive intervention down the line, while faculty may respond to student communication of this sort with impatience or frustration at the impending increase in workload. Streamlining the process as much as possible will ensure that more energy and time are available to focus on possible solutions to the student's situation, as opposed to working through red tape.

Positive Schooling

      Positive schooling is an approach to education based upon a foundation of trust, care, and respect for diversity. While the efficacy of this approach at the graduate level has not yet been studied, the concepts therein may hold some value for instructors and administrators working with that population. In the positive schooling approach, teachers develop tailored goals for each student to cultivate and enhance learning, and then work with the student to develop the plans and motivation to achieve those goals (Lopez, Janowski, & Wells, 2005). The fundamental element of a positive schooling approach is responsive and available teachers. Teacher care and positive emotions enable students to explore and discover pathways for achieving their own academic and life goals. In short, such teachers inspire hope (Shorey, Snyder, Yang, & Lewin, 2003).

      Trust. Trust is another important element, with evidence demonstrating that its existence leads to benefits of both a performance and psychological nature for students (Bryk & Schneider, 2002; Collins, 2001). This sense of trust can be cultivated by avoidance of cynical attitudes about students, and development of respect for their abilities. Positive teachers seek ways to make their students look good. Often, students would rather remain silent and shirk their own education than risk making mistakes or seeming foolish before their peers. Despite the advanced age and supposed maturity level of students pursuing graduate degrees, this temptation may be especially strong at that level of academic development, given the heavy influence that performance or perceived competence at that level can have upon an individual's future career. Encouraging student participation and contribution by carefully listening to and honoring student

views may do more to combat this tendency than any manualized response could offer (Watson & Ecken, 2003).

Dedication of time. It is time, however, that may represent the largest part of demonstrating caring for students. Polls of undergraduates repeatedly indicate the students' belief that a teacher's willingness to spend time with them was the most important characteristic of a quality professor, above research, lectures, or other associated tasks (Bjornesen, 2000). Making time to spend with students demonstrates not only caring, but also a measure of respect by sacrificing part of a busy day to devote to the student's concerns. This additionally cultivates respect and a sense of connection on the part of the student, and helps to build a sense of community and interaction between students and the administrative structure of their graduate program as a whole.

Diversity. The positive schooling approach also places heavy emphasis upon the importance of diversity of backgrounds and opinions within the organization (Snyder & Lopez, 2007). The particular vitality of this element will be discussed in more depth in Chapter 6, but will be covered briefly here for its relevance to the topic at hand. Organizations utilizing a positive schooling approach can cultivate this particular attitude and related skills by encouraging students to become more sensitive to the ideas of people from backgrounds dissimilar to their own. This is accomplished in part by ascertaining that the views of all representative diversity factors are given voices and opportunity for expression within the organization. This should not only be carried out in the classroom in a formalized environment, but also modeled by administrators and faculty members in their dealings with students.

The WE/ME perspective. The ultimate goal should be a WE/ME perspective, in which persons learn to attend to both the individualized needs of their person as well as the collectivist needs of the group as a whole (Snyder & Lopez, 2007). Several studies have demonstrated the link between this balanced viewpoint and the perspectives of high-hope individuals regarding their lives and interactions. High-hope individuals, it has been shown, typically have a strong capability to recognize the importance of other people and their perspectives that they are then able to employ in developing solid and useful goals for themselves. The end result is a higher return of successful performances and greater overall life satisfaction (Snyder 2000).

The "jigsaw classroom." One way to develop a WE/ME perspective within an organization is a modification of the "jigsaw classroom" approach. Under this teaching approach, students and teachers work toward group-based goals from teams composed of individuals from a variety of backgrounds. Within each team, students with their individual experiences carry vital information for the group's success; for the team to succeed, each individual's experiences and contributions must be elicited and considered. The approach is meant to encourage cooperation over competition, and stifle "grade predation," in which students strive to get ahead at the expense of peers (Aronson, 2000). Although much of the research concerning the jigsaw classroom has been conducted in primary and secondary education, the approach offers many good insights for the postsecondary educational organization. Lessons to be carried away from the concept include the importance of diversity within groups, and the particular necessity of consideration and utilization of that diversity for the best possible outcomes. These concepts may be put into use by arranging group-oriented coursework that emphasizes

these factors, developing and requiring diversity education curricula, or by ensuring that committees and panels contain a wide array of viewpoints and perspectives, with all given equal time and consideration.

Goals/content. The second tier of the positive schooling approach is the component of goals, or content. Goals serve to target students' efforts at learning, and are particularly helpful if agreed upon by the teachers and the students (Dweck, 1999). It is vital that students feel that they have had some input in the conduct and requirements of classes. While instructors are the final arbiter of their classroom structure and curriculum organization, it is beneficial for all involved that they consider the feedback provided by students, past and current. Inclusion of real-life experiences and tailoring to relevant goals increases the likelihood that students will become invested in the process and achieve class goals more successfully (Dweck, 1999; Snyder & Shorey, 2002). Goals should be understandable and concrete. Where possible, allowing students to develop their own goals for the course, by inclusion of self-led projects or open-ended assignments, will increase their ownership of their work and increase their sense of mastery and self-efficacy with successful completion. Related to the previously noted topic of emphasis upon diversity, goal setting is similarly facilitated when part of students' grades is determined by group activities emphasizing cooperation and communication (Snyder & Lopez, 2007).

Accountability. Accountability provides strong motivation for students to perform at their highest capabilities, and is firmly entrenched in most graduate programs by means of course requirements and major progress deadlines (Halperin & Desrochers, 2005). This particular goal is not contrary to the purpose of a positive schooling

environment, or an institutional atmosphere encouraging student growth and development. Students can and should be held accountable for their progress in a given program. Accountability, however, is often erroneously equated with hard line stances, inflexibility, and potential punishment. It appears to work best when firmly linked with the final component of a positive schooling environment: praise (Snyder & Lopez, 2007). Negative reinforcement alone – by which students learn to fulfill their requirements to avoid punishment or embarrassment – is not sufficient. Deadlines, requirements, and expectations are vital to the integrity of a program's administrative structure; there must be some hard limits of what is expected of students, or the tasks of monitoring and promotion become excessively complicated. However, effort should be made to ensure that students recognize such deadlines and requirements as useful to them and their own goals in some way, rather than constituting useless administrative red tape. Acknowledgement of students' completion of requirements also serves to build upon the positive emotions attained through accomplishment and solidify the sense of self-efficacy and agency that the student feels about their ability to achieve within the program. This leads to increased hope on the part of students, in which their learning and work serves to empower them and bolster them for future efforts (Burkist, Benson, & Sikorski, 2005).

Modes of implementation. It should be noted that while many of the elements of strengths-based education are readily implemented in a classroom environment, and indeed used to their fullest potential in that setting, some programs may find the approach difficult to use without changes to the overall curriculum. In other programs, there may be resistance to use of this approach at an administrative level, posing difficulties for its implementation throughout the entire organization. Many of these concepts, however, can

be used independent of overall organizational change. The most feasible setting for their incorporation is within an established mentoring relationship, as the ones previously addressed. While many efforts to create a strengths-based, growth-oriented institutional climate are most effectively enforced from a top-down direction, incorporation of these strategies on an individual level can help to create some measure of bottom-up change in the absence of such overall administrative support.

Strengths-Based Approach to Work

A similar approach to strengths-based education is the strengths-based approach to work spearheaded by the Gallup Organization (Hodges & Clifton, 2004). The underlying premise of the approach is straightforward. Rather than working to alter organization members so that each has the same skill set and level, each individual's talents should be discovered and used. This may entail assigning the person to tasks that utilize those talents, or shaping assigned activities around the individual's particular skill set. There are three disparate stages in the approach. In the first stage, the individual's talents are identified, including measures to increase persons' awareness of their own natural or learned talents. In the second stage, the individual learns to integrate those talents into his or her self-concept. In the third stage, individuals learn to attribute successes to their own unique talents; this accentuation of strengths increases overall satisfaction and productivity through an increase of perceived agency. The approach has been proven successful for over two-thirds of the people who have tried it (Hodges, 2003). When used in work settings, it increased overall employee engagement (Clifton & Harter, 2003). Education regarding the approach itself increased students' self-confidence and belief in positive future outcomes (Rath, 2002).

76

Relationship to positive schooling. In practice, adaptation of this approach to an academic environment shares many qualities with the positive schooling approach. The primary difference between the two is the decreased emphasis upon group effort and the culture of the overall classroom. In terms of their respective focus on identification of strengths, reinforcement of those qualities, and capitalization upon them, the two approaches are very similar. Because of the greater individual focus exercised by the strengths-based approach to work, some organizations may find its concepts easier to include and implement. Means of using this approach include allowing greater latitude in course requirements to enable students to complete assignments or projects in ways that allow them to use their strengths, or helping students locate additional activities or opportunities that highlight that particular area. Fundamental to using this approach, however, is assisting the students in the identification of those strengths. This may be done through personalized, private feedback from professors or administrators when strengths are noted, by intentional discussion and contemplation with trusted advisors and mentors as discussed above, or by the use of objective assessments.

Conclusions

An important aspect of a positive psychological institutional approach to student impairment is the cultivation of an organizational atmosphere that is dedicated to student growth and development. Student growth and development moves beyond acquisition of academic knowledge and involves important life and professional skills, such as self-care, ethical conduct, resilience, and work enjoyment. These skills are not outside the domain of graduate programs, and can be purposefully taught to students. Several concepts may aid in the optimization of a graduate program to emphasize and encourage

the development of these skills. These include the professional greenhouse, positive schooling, and the strengths-based approach to work. Specific tasks that can be utilized in this effort include mentoring, curricular reorganization, and the development of coursework regarding self-care and mind-body skills. By use of these concepts and techniques, programs can present themselves and be recognized for their dedication to the whole-person development of their students, by becoming places in which students are provided with the materials and environment necessary to flourish.

CHAPTER 5: ADMINISTRATIVE PROCEDURES

Despite the increasing numbers of reported impairment cases among graduate students, there are as yet few standard approaches for handling impairment as it arises within graduate clinical programs. The routes chosen to accomplish this particular goal are left in the hands of individual programs, and vary widely. Programs have historically been reliant upon informal evaluation to identify impaired students, as well as a combination of intervention, remediation, or outright termination once such students are discovered (Oliver, Bernstein, Anderson, Blashfield, & Roberts, 2004; Russell & Peterson, 2003). There is often little consistency in the policies and procedures developed, and their implementation is often punitive in nature toward the student. Inadequate due process guidelines have also been an increasing concern in the age of frequent litigation (Boxley, Drew, & Rangel,1987). Students have recognized this, and have voiced their perceptions of the need for better institutional policies and procedures in this area. Particular shortcomings include underdevelopment of the concept of student impairment in institutional guidelines, means of assuring student due process and confidentiality, the need for a standard set of expectations of clinically relevant behavior, and lack of supportive interventions for impaired students (Mearns & Allen, 1991; Oliver et al., 2004). These questions are vital, as programs are increasingly considered to hold responsibility for gatekeeping duties in the profession, particularly in the face of increased recommendations for the licensure of students directly following completion of internship requirements. It is less and less possible for programs to believe that impaired

students will be noticed and assisted by another individual or organization before entering the professional sphere (McCutcheon, 2008). Properly addressing the issue of impairment appears to be necessary to protect not only the students and their programs, but the general public they serve. Current institutional means are grossly lacking, and present programs with a variety of potential problems, including possible legal repercussions, problematic allocation of available resources, negative emotional and systemic impact upon both impaired and unimpaired students like, and potential aggravation of the existing impairment of an affected student. There is no consistent and comprehensive guidance available for schools desiring to take a more positive stance toward addressing the issue of student impairment. A supportive, strengths-based procedural framework is both necessary and timely.

Administrative Policies as a Continuum of Care

In formulating alternatives to current common administrative procedures for addressing student impairment, it may be useful to think of a program's methods as falling on a continuum of care. The continuum of care is a concept involving an integrated system of care that guides and tracks an individual through a comprehensive array of related services spanning multiple levels of intensity of care (Evashwick, 1989). Originally conceived as a means to facilitate tracking of medical patients through integrated healthcare systems, the concept has applicability and benefit when translated to an academic setting. Under the academic continuum of care, all students would be recognized as requiring services and care of some kind, from a supportive learning culture focused on their development to an accepting organizational climate marked by open communication. The institutional elements discussed elsewhere in this survey form

the groundwork for the student continuum of care; all students benefit from their use, and all should be afforded their use. The particular value of the concept of an academic continuum of care can then be seen when we consider the situation of the impaired student.

While all students enrolled in a graduate program would be viewed as receiving services along the continuum of care, most would need only preventive or enhancement measures as discussed in other chapters of this work. Those students who reach the point of clinical impairment, however, can be viewed as requiring a somewhat more intensive standard of care, with the specific level dependent upon the nature of the student's impairment. The implication of the academic continuum of care is that while clinically impaired students may require a higher degree of intervention than their peers, the intervention supplied should flow naturally along the continuum. If supportive and enhancing methods form the framework of the "unimpaired" end of the continuum, methods for working with impaired students should be similarly supportive and enhancing, even as they may be more involved or extensive. As a point of example, all students can be viewed as benefiting from mentoring, regardless of their impairment level, and may be afforded such services. Students identified as clinically impaired, by virtue of their need for additional support and intervention, may be slated for an increased amount of mentor contacts as part of their care package. Such natural and organic progressions of student care would help eliminate the punitive aspect of many current institutional approaches to student impairment. Rather than punishing the student for having difficulties, the student would simply receive a more intensive degree of care. This is an important concept for programs to consider in designing and implementing

their policies and procedures for addressing student impairment and the needs of general student care and development.

Organizational Definitions of Impairment

If impaired students are to be relocated at varying points on the continuum of care to receive adequate and supportive services, the next necessary step is for programs to determine what precisely constitutes an impaired student. It is strongly encouraged that programs avoid definitions that include ethical violations, poor or inadequate levels of training, or issues of student misconduct that do not appear related to acute personal concerns. Definitions should also exclude disability as an automatic indicator of impairment, unless said disability has resulted in a separate impairment. The most commonly cited definition of impairment within the current literature is that created by Lamb et al. in 1987:

> An interference in professional functioning that is reflected in one or more of the following ways:
>
> 1) An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
>
> 2) An inability to acquire professional skills in order to reach an acceptable level of competency;
>
> 3) An inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning. (p. 598)

This definition is perhaps the clearest within the literature, with its excision of elements unrelated to impairment, such as "problematic behaviors" that are not unusual for a given

professional development level and preexisting disability. Despite its relative clarity and popularity within the literature, however, a significant shortcoming of the definition is the underlying assumption that unethical behavior and impairment are coinciding concepts, with all unethical behaviors reflecting the existence of impairment (Lamb, Cochran, & Jackson, 1991; Lamb, Presser, Pfost, Baum, Jackson, & Jarvis, 1987). While matters of professional impairment may result in unethical behaviors on the part of the student, the two are not guaranteed to be linked. Inclusion of unethical behaviors in the definition of impairment only serves to complicate the identification of impaired individuals and the gathering of statistical data on issues of impairment. It is important, however, as noted in the Lamb et al. definition, to differentiate between inadequate performance due to lack of education and inadequate performance due to interference of personal matters.

Impairment as a term suggests that while the clinician at one time performed adequately for the professional development level, something later occurred to detract the clinician from his or her previous path and lead to the current deteriorated level of performance. As such, a more appropriate definition of impairment may be: *an interference in personal functioning that is reflected by an acute inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning, such that the individual is temporarily unable to acquire or reliably execute professional skills in order to reach an acceptable level of competency.* This definition recognizes impairment as a temporary condition, eligible for and potentially responsive to remediation, that is caused by the interference of personal issues into the professional domain such that the affected individual is unable to attain the same level of competency that he or she once enjoyed. It avoids the consideration of the

impaired individual as a flawed or unethical individual, and opens the door for a more positive approach to remediating and addressing the impairment.

Sensitive Identification of Impaired Students

After development of an organizational definition of student impairment, programs need to develop means of identifying impairment in their students. Ideally, students would recognize signs of impairment in themselves and take appropriate steps with an advisor, mentor, or other faculty member to begin to address the issue. It is also to be hoped that students who recognize the onset of impairment in peers would gain greater comfort in voicing concerns about their colleagues' well-being, and so begin the process in that way. Many times, however, impaired students will come to the attention of their programs via faculty assessments of student progress.

Monitoring student progress. There are four primary reasons typically recognized in the literature for regular oversight of student progress in a graduate psychology program: ethical reasons regarding care of the students' clients, the potential impact of the psychologist upon the clients' ongoing mental health, general responsibility of educators to serve as professional gatekeepers, and the programs' vulnerability to malpractice charges (Baldo & Softas-Nall, 1997). In the context of a graduate program dedicated to student growth and development, a key missing element is that of the importance of monitoring to the educational opportunities of the student. When monitoring is combined with regular communication and feedback to students, it improves overall performance and enables students to formulate appropriate goals based on the information they receive (Kataoka, Cole, & Flint, 2006). The motivation for student monitoring should not be simply from an organizational desire to cover all bases

for purposes of liability, but to ensure that the student receives fair treatment, with the full opportunity to engage with and achieve in the program (Lamb et al., 1987).

Due process. Due process is a vital consideration in the development of any institutional protocol regarding student monitoring processes, but has long been a shortcoming of graduate programs. A 1994 survey of APA-accredited doctoral-level clinical and counseling psychology programs revealed that nearly 30% of all programs did not have a due process procedure available in any form. While current accreditation guidelines require the implementation of such procedures, the historical lack of diligence in this area as documented in the 1994 survey flags this as a potential area of continued concern. Of those programs that did have such procedures developed in the 1994 study, 43.2% of program directors did not routinely provide written copies of those procedures to students, unless students were identified with impairment or other issues or specifically requested a copy for review. These findings were replicated in later studies, suggesting that the mere presence of procedure is not adequate to ensure its appropriate use (Swann, 2003). The issue of due process is further muddied by different legal guidelines depending on the nature of the proceedings involving the student. While disciplinary issues, such as those surrounding concerns of inadequate professional skills, require oral or written notice of the concerns regarding and evidence against the student, academic issues do not require a hearing or other comparably formal proceedings (Kerl, Garcia, McCullough, & Maxwell, 2002). It is recommended, however, that formal procedures be followed regardless of the nature of potential disciplinary or remedial involvement, to ensure perceptions of fairness within the system.

Under the guidelines of the Americans with Disabilities Act, a disability and an impairment may be considered synonymous, despite literature suggesting that the two are by no means inextricably linked. As such, programs need to carefully consider the legal implications of developed due process procedures, to ensure that substantive and procedural due process are afforded (Frame & Stevens-Smith, 1995). Identification of impaired students, or indeed the monitoring of any student, cannot appear arbitrary or prejudicial, and must afford students particular rights. Students should be informed of the nature of faculty feedback regarding them in a timely manner, and be given the right to respond to those claims. The presence of a student advocate is recommended, although the student typically has no right to an attorney during the formal hearing process unless criminal charges are pending against him or her. While students are able to retain attorneys to assist in crafting responses or similar tasks, the incorporation of an outside individual may complicate the resolution process or even create a more adversarial tone. The use of a dedicated and trained ombudsperson or faculty advocate may allow for competent support of the student while allowing institutional concerns to be addressed in a reasonable amount of time. Administrative decisions must be based on facts and supportable by evidence, as apparent by careful and thorough documentation. Intervention should be commensurate with the seriousness of the situation, and schools must be consistent in the application of their guidelines and procedures (La Roche, 2005). This is consistent with research indicating that three criteria are required for performance appraisals to be perceived as fair: adequate notice with continuous feedback, a fair hearing, and judgment that is based on solid available evidence (Kataoka et al., 2006).

Frame and Stevens-Smith model. Frame and Stevens-Smith (1995) suggest a model for student monitoring that is intended to allow fair evaluation while protecting student rights of due process. For the purposes of their model, the researchers developed an evaluative form that established nine characteristics believed to be essential functions of personal characteristics in clinician development, including openness, flexibility, positiveness, cooperativeness, willingness to use and accept feedback, awareness of impact on others, the ability to deal with conflict, the ability to accept personal responsibility, and the ability to express feelings effectively and appropriately. The form, the Personal Characteristics Evaluation Form (PCEF), applied a 5-point Likert scale to each of the nine characteristics, to enable easy rating by faculty.

Under the model, faculty completed student evaluations using the designed form on all enrolled students at designated points of the academic year, primarily the midterm period and the end of the semester. If students received low PCEF ratings from one professor, they were reviewed for possible remediation. Receipt of more than one low PCEF rating during any one semester, or low PCEF forms from two professors over the course of two semesters, triggered a mandatory student-advisor meeting to determine remediation steps. If three or more low PCEF ratings were received in one semester, students were automatically required to meet with a committee consisting of the advisor and two other faculty members to discuss further options and possible lack of continuation in the program. Policies regarding this process were made available in the student handbook, with summaries included in the syllabi of all required coursework. The student handbook was made available to all students prior to admission to the program,

and students were additionally required to sign forms indicating receipt and perusal of the policies.

The Frame-Stevens model contains strong elements of due process in the form of open communication of policies and the use of consistent evaluation procedures. It also allows for increased student confidentiality by reducing the number of administrators and faculty that are involved in the identification and remediation process, with the degree of involvement increased according to the severity of the situation. It additionally makes use of the student's advisor or mentor, playing upon increased trust and other available benefits accrued in that relationship. Weaknesses include the subjective nature of the rating form, and the lack of clear delineation of the nature of the specific criteria used for student evaluation. While nine "essential functions" are singled out and reviewed, there is no mention of the criteria that must be met to achieve a particular rating on the provided Likert scale. This limits the usefulness of the feedback offered to students, as students are less likely to divine useful information from the simple ratings given.

University of Northern Colorado Division of Professional Psychology model. The Frame-Stevens model raised concerns among some administrators regarding the possibility for reprisal against faculty by angry students. Specifically, programs feared that students would blame individual faculty members' negative evaluations for their poor performance in their programs, rather than take the feedback as intended. As such, alternative due process procedures were suggested that encouraged the use of a faculty review committee in conjunction with review from the entire faculty of the program (Baldo & Softas-Nall, 1997). One of these procedures originated at the University of

88

Northern Colorado Division of Professional Psychology (UNCDPP). The procedure makes heavy use of full faculty involvement and documentation.

The UNCDPP model requires the assignment of a faculty committee to students who are identified as struggling with impairment. This committee may be unique to the student or a standing committee. The student and the committee remain in continual communication, and are consistently informed of evaluative notes taken by other faculty regarding identified problem areas and the selected modes of remediation. All feedback given to the student is thoroughly documented, and students are required to sign statements indicating that the feedback has been received and reviewed. Remediation plans developed with the committee are forwarded to the full program faculty for review, and the student is given a written copy. The remediation plan and official program policy contain clear and detailed steps to follow regarding probationary periods, remediation, voluntary resignation of students, and outright dismissal from the program. Questions of dismissal are based on the professional judgment of the whole faculty, to limit the possibility of unfair or biased behavior by individual faculty members (Baldo & Softas-Nall, 1997).

The UNCDPP model is extremely thorough in its coverage of due process guidelines. Students are afforded regular communication and the opportunity for self-defense, while additional steps are taken to maximize the fairness of proceedings by accounting for the possibility of biased or unfair behavior on the part of individual faculty. The model also provides a greater measure of protection for faculty members, by distributing the responsibility for sanctions or negative determinations among the faculty as a whole, rather than singling out individual faculty members. At the same time, the

model has the potential to become extremely adversarial. As written, the procedures to be followed read more similarly to criminal court proceedings than the remediation of a previously capable student. It also reduces the possibility for open dialogue and useful communication of feedback, as faculty evaluations lose their specificity and inherent usefulness when watered down through committees and panels. There is also the concern of potential impact upon modeling and communication. If individual faculty members do not own their evaluation and offer the opportunity for discussion of application, students will incorporate that observance into their own models of professional conduct. The overall quality of student-faculty communication will also suffer as the lines of contact are increasingly barricaded.

Positive development model. The student evaluation policies and procedures that are most beneficial to both students and program are likely to be those that combine clear substantive and procedural due process with the opportunity for growth and development. After a careful review of the existing literature on student impairment and positive psychology as delineated in the previous chapters of this work, the following recommendations are offered for the drafting of student evaluation policies that focus on positive student development:

- Policies and procedures, including clear delineation of the specific criteria used in evaluation, should be fully published in a clearly-written student handbook and publicized at every appropriate opportunity. Students should be encouraged to direct questions about the policies to administrators and faculty, and the program should maintain transparency regarding the purpose and extent of evaluation.

- Evaluation should occur on multiple levels, with individual classrooms or faculty contacts serving as the first line of evaluation. As faculty note difficulties or concerns in students, they should address those issues with the student in a direct and timely manner, to maximize the opportunity for remediation and allow for the incorporation of the feedback into the student's academic planning. If the faculty member prefers for reasons of comfort, such feedback may be formalized via placing it in writing and submitting copies to both the student and the relevant administrator (i.e., a student advocate or pertinent program director). Formalization of feedback in this manner is not a substitute for direct dialogue regarding the feedback, and should be considered a supplementary measure.

- In addition to direct faculty-student feedback regarding immediate course performance, formal evaluation should be conducted by means of the creation and use of a professional skills review tool. This tool should contain ratings of the student's relative performance on identified essential elements of professional conduct, as well as substantive subjective feedback providing evidence for the specific ratings. Space should be provided for the recognition of strengths in the areas of professional conduct, as well as domains requiring additional attention or remediation. Suggestions for bolstering or enhancing these areas should also be offered. Copies of these formal evaluations should be given to the student in writing and placed in the student's academic file.

- Poor evaluations trigger a meeting with relevant parties based upon the level of severity of impairment. Difficulty in a single course that does not constitute a serious infraction of program expectations may be addressed by a meeting with the involved professor and a possible remediation plan. More serious instances of impairment may warrant an additional meeting or series of meetings with the student's advisor or mentor, or even referral to a designated impairment support committee.

- For cases in which the involvement of a committee of faculty is necessary, whether for purposes of due process or additional opportunity for monitoring, a designated committee should be organized that deals specifically with issues of student impairment and remediation of such. Participation on the committee should be voluntary to help preserve the committee aim of support and curiosity regarding the student's situation, by minimizing the influence of negative or impatient attitudes. Faculty forming the committee should receive training in impairment and remediation issues, and be well-versed in strengths-based approaches as well as due process. This training should additionally be available to all interested faculty, regardless of present interest in involvement with the impairment and remediation committee. The goal in forming a designated committee is to increase faculty competence in dealing with issues of student impairment, as well as to centralize knowledge of available options and possible remediation that can be used with students. A ranking administrative member should be assigned to the committee as a means of

oversight and to ensure the interests of the program are adequately represented.

- Situations in which students are nonresponsive to remediation and demonstrate no progress may warrant consideration of leaves of absence or outright termination. Negotiation of leaves of absence may be conducted with the remediation committee, as can initial discussion of possible resignation or termination. After preliminary conferencing with the committee, however, all issues of possible termination should be referred to the full faculty for review and final determination. Remediation and skill-building should always be the first recourse; termination should be the absolute last resort.

- When students are required to meet with the impairment and remediation committee or the full faculty, they should be provided the opportunity to have a student advocate present. This should be an individual with no conflicting role in the process. While the student's advisor or mentor can and should fill some advocacy roles on behalf of the student, the role of the dedicated student advocate is to assist the student in navigating administrative processes and ensure that the best interests of the student are fulfilled. This will reduce the potential for faculty bias or negative attribution, while still protecting the confidentiality of the student by allowing for more work to be done within committee as opposed to before the full assembled faculty.

- A clear and easily-activated appeals process should be developed and enacted. Information regarding the process should be made available to students as part of the student handbook, even before impairment occurs. It should then be reiterated at each stage of the impairment remediation protocol. Available appeals should include the right to appeal decisions made by the committee or full faculty, as well as the right to appeal the composition of the remediation committee for the student's individual case. In such instances, it may be acceptable to use an alternate grouping of faculty members as the committee, even if not as fully trained as the dedicated committee. Substitutions of this nature should be thoroughly documented, and the student should be made aware of all possible repercussions of such a request, to enable the practice of informed consent.

- From the formal evaluation process onward, all plans, agreements, feedback, and other pertinent information to the student's case should be placed in writing and distributed to the student and the student's advisor or mentor. Rather than placing such communications directly into the student file, it may be advisable to create a separate remediation file for the student, and place such material there. The remediation file should only be accessible to members of the remediation committee and the overseeing administrator.

- Ethical violations, disability concerns, or issues of student misconduct that do not appear to be unduly influencing student competence and

functioning, or related to an active impairment, should be referred to the

appropriate channels for handling such issues. These channels may or may

not operate in a similar procedure or capacity to the impairment protocol

covered above.

The ultimate goal in the development of such a policy system is to protect the

rights of the student and program while continuing to facilitate organizational goals of

open communication and student growth. Programs can and should implement minor

variations on this model as befit their institutional needs. The concepts underlying the

specific suggestions of policy and operation are the key issues. If those concepts are

considered and incorporated, a plan will be developmentally, positively oriented

regardless of specific implementation of a committee or standardized evaluation form. It

should also be noted that while the evaluation of student performance may require an

understanding of the student's past training, experience, and expectations in order to

establish reasonable expectations for their performance, some behaviors are notably

problematic regardless of when they occur or the reasons behind them. These behaviors,

such as unethical conduct and criminal misbehavior, can and should be addressed through

the codes of conduct of a given institution (Pavela, 2006; Tribbensee, 2003)

Remediation and Interventions

Once impaired students are identified and channeled to the appropriate portion of

the developed protocol for addressing such concerns, the central question becomes the

care of the student. Typical efforts at addressing student impairment have encompassed

remediation, required leaves of absence, backtracking of the curriculum, and termination.

Deficits-based approaches have formed the majority of the available literature despite

evidence of their inconsistent success. Incorporation of strengths-based, developmental approaches to remediating and intervening with impaired students presents a greater array of opportunities for the growth and eventual success of the student.

Deficit-remediation approaches. The goals of traditional approaches to the remediation of impaired students were to "fix" them by focusing on their deficits and attempting to remove perceived problems (Clifton & Anderson, 2002). These deficit-remediation approaches typically assess the student with the purpose of identifying needs, defects, deficits, and/or problems in the individual. After such shortcomings are identified, the student is summarily referred to a program of remedial courses, programs, workshops, or other relearning opportunities to improve the areas of identified weakness. Some deficit-remediation approaches take the stance of a simple need to stop undesirable behaviors, with mandates that the student should outright cease conducting herself or himself in a particular manner. Much of the literature available on impairment remediation to date deals with such deficit-model programs (Milligan, 2007), despite evidence that these are not sufficient interventions for facilitating student success (Schreiner & Anderson, 2005). Programs with this focus ultimately fail to address the most basic challenge of remediating student impairment – incorporation of the student in his or her own learning process (Milligan, 2007).

Strengths-based approaches. Strengths-based approaches to remediation of impairment are founded on the idea that "promoting competence… is more than fixing what is wrong about [students]. It is about identifying and nurturing their strongest qualities, what they own and are best at, and helping them find niches in which they can best live out these strengths" (Seligman & Csikszentmihalyi, 2000, p.6). Strengths-based

approaches are intended to build student confidence, while encouraging them to obtain

the necessary skills and knowledge base for achievement, thereby laying a strong

foundation for future successes (Schreiner & Anderson, 2005). Several studies conducted

on strengths-based programs with college students revealed results indicating a positive

impact on students' hope, optimism, self-confidence, academic success, and interpersonal

relationships (Cantwell, 2005; Hodges & Harter, 2005), but compared to the body of

literature on deficit-based approaches, there has been a general lack of development of

strategies using this approach (Milligan, 2007). The incorporation of strengths-based

approaches to remediation of student impairment does not imply a lack of structure or

policy. Indeed, impaired students need some structure to cultivate the discipline

necessary to commit to their agreed-upon plans and increase their chances for success.

Support from programs is required to facilitate the challenging process of academic

planning and the development of personal and professional roles; structure is one of the

components of this that is most readily offered by programs. What the concept of a

strengths-based approach does imply is that students are not presented with remediation

plans in a one-size-fits-all fashion, and that created plans focus on accentuating

individual strengths as opposed to idiosyncratic flaws. Positive psychology principles are

used to shape these approaches.

  Purpose. Purpose refers to people's identification of highly valued, overarching

goals, the attainment of which is expected to move people closer to achieving their true

potential. The result of purpose-filled efforts is deeper fulfillment (Kosine, 2008).

Research has indicated that people with a strong sense of meaning and purpose in their

lives experience greater happiness and fewer overall psychological problems (Steger,

Frazier, Oishi, & Kaler, 2006). Assisting impaired students in fostering a sense of purpose in their career development may lead to deeper levels of commitment and persistence, increasing their sense of fulfillment in their work and enhancing their ability to perform at their peak. There are five key elements to the cultivation of purpose in an individual: identity, self-efficacy, metacognition, culture, and service.

Identity. Individuals who struggle with their identity development tend to struggle with career identity and decision-making (Cohen, Chartrand, & Jowdy, 1995). Students who have difficulties in this area are recommended to engage in focused discussions with groups or mentors to explore topics pertaining to their personal and professional identities. Exposure to a variety of literature and practical exploratory experiences may assist in this effort by cultivating curiosity.

Self-efficacy. Individuals' sense of self-efficacy influences their decisions, their performance, and their persistence (Betz, 2004). Self-efficacy is essential for the long-term pursuit of goals in the face of obstacles. Focus on this area is vital in working with impaired students, as many experience sharply reduced senses of self-efficacy, to the point of engaging in learned helplessness. Self-efficacy can be developed by providing opportunities to identify academic and work-related strengths, as well as identifying possibilities for engagement in the areas in which students feel the most efficacious with regard to possible career tracks or activities. Completion of the StrengthsQuest program may assist in development self-efficacy, as may use of the Broaden-and-Build theory in designing interventions.

Metacognition. Metacognition consists of the knowledge of one's thought processes and their regulation. Individuals need to recognize their abilities, know how to

98

implement strategies, and be able to determine when and why a strategy is indicated in given situations. Individuals using metacognition also need to be able to "take action, implement strategies, and act on feedback from the knowledge one has" (Batha & Carroll, 2007, p. 65). Many of the strategies used to develop a sense of self-efficacy will also serve to increase facility with metacognition.

Culture. Students need to understand the role that their culture plays on their decision-making and how their choices, in turn, impact their culture. This skill set can be developed organically through involvement in a program culture that emphasizes diversity and exploration of differences. Association with cultural groups and service organizations can also bolster this knowledge base.

Service. In purpose-centered approaches, there is a strong emphasis on the significance of giving back and exploring the ways that students' chosen career accomplishes this role. Students should also be able to recognize the ways in which their career hinders their ability to assist the greater good to the extent they desire. Program association with service projects and organizations can develop this skill in all students. With impaired students, targeted involvement with personalized service activities can boost this aspect of purpose while providing additional support and mood adjustment by allowing demonstration of self-efficacy and interpersonal connection.

Broaden-and-Build. Fredrickson's Broaden-and-Build Theory of Positive Emotions (2001) suggests that positive emotions momentarily broaden attention and thinking, enabling people to draw on a wider range of ideas, and encouraging greater novelty and variety in thoughts and actions. Over time, this is believed to lead to improved skills and personal resources, as people discover the extent of their own

capabilities (Fredrickson, 2003). An additional corollary to the Broaden-and-Build theory is the *undo effect*, which suggests that positive emotions have the capacity to undo the physical effects created by stress and other negative emotions (Fredrickson, Mancuso, Branigan, & Tugade, 2000). Incorporation of this theory into impairment remediation may involve the purposeful addition of activities that students find particularly enjoyable into a formal plan, as well as "granting permission" for self-care and pleasure by "requiring" that impaired students take time for such activities as a part of their remediation plan. Another means of incorporation may involve *gating*, by which students are returned to full activity or introduced to a learning experience by stages, with the difficulty level increasing progressively and only when mastery has been demonstrated at the previous level. By this practice, students develop a sense of self-efficacy about their ability to complete the posed tasks, and experience increasingly positive emotions about engaging in their performance.

   StrengthsQuest. This strengths-based program of Donald Clifton was developed to answer the following question, "What would result if we studied what is right rather than wrong with people?" It is based on research findings that indicate that the best achievers and students not only recognize and develop their talents, but use them creatively in multiple areas of life, in ways compatible with their unique personality factors and other inclinations. The design of the program is in line with the concept of Appreciative Inquiry, which involves the asking of careful questions that help an individual or system identify, expect, and enhance its positive potential. Imagination, innovation, and discovery are emphasized over diagnosis and intervention (Cooperrider & Whitney, 2005). In completing the program, students complete three distinct stages of

growth. The first stage is completion of the Clifton StrengthsFinder, an online

computerized assessment that attempts to determine the students' greatest natural talents.

During the second and third stages of the program, students complete a specialized

workbook and additional in-depth online training regarding their talents and their use

(Snyder & Lopez, 2007). Due to its online nature, the program is highly accessible, and

its required completion may form a solid intervention for impaired students.

Additional suggestions. Alternative remediations for impaired students as

suggested by the American Psychological Association (APA, 2007) include counseling

and heightening awareness of career alternatives. Reductions in clinical load or requiring

specific academic coursework are other viable options, as is structuring clinical

experience such that students experience some initial success with clients before

"graduating" to more difficult cases over time. Increased supervision is an expected first

alternative when remediating impairment in students. This could include more frequent

supervision with the same or different supervisors, shifting the focus of supervision, or

modifying the format (Lamb et al., 1987). In cases of major impact or inadequate time for

resolution, leave of absences, additional training, or extended curricula may be

appropriate. Termination should only be considered when remediation is entirely

unsuccessful in addressing the student's impairment issues.

Conclusions

The target of proposed changes in this area is to move away from the current

punitive standard that views impairment as a failing to be fixed immediately, frequently

blaming the student. Instead, the goal is to move toward an attitude of impairment as a

professional stumbling block that can provide an excellent opportunity for clinician

growth and enhancement. At the same time, structure needs to be imposed both to instill

greater discipline and organization in the student's performance, but also to protect both

student and program from unfair or harmful practices. Development of a clear policy

regarding procedures to be followed in cases of student impairment is essential, as are

interventions and remediation that focus on the strengths of the student rather than

weaknesses or failings to be removed and/or adjusted.

CHAPTER 6: INSTITUTIONAL CLIMATE

The need for improved institutional climate, particularly when issues of student impairment are involved, has been frequently raised in the existing literature. In previous studies, surveyed graduate students have spoken to a lack of respect and openness from their respective programs, leading to a sense of detachment or dissatisfaction with their academic environment. These feelings, when combined with other stressors inherent in a clinical graduate program, can lead to later issues of impairment. To alleviate these feelings, an open and accepting institutional climate is vital.

In Chapter 4, the topic of organizational approaches to engendering student growth and development was addressed. In the discussion of pertinent theory and methodology, reference was made to the necessity of respect for students and a collaborative atmosphere that enabled students to play to their strengths and work for the best outcomes possible with their personal skill set. The techniques and approaches of Chapter 4 in many ways go hand-in-hand with the central topic of this chapter. Maintaining an open and accepting institutional climate will contribute to higher levels of perceived respect and cooperation among students, faculty, and administrators. At the same time, those sensed higher levels of respect and cooperation will enhance motivation to use and follow those techniques that provide the perception of an open and accepting organization. It is possible, however, to incorporate techniques and approaches intended to focus energy on student growth and development, even to the point of achieving a positive schooling/workplace environment, and still retain a closed-off organizational

culture. Similarly, a graduate program can be entirely open and transparent in its dealings and still follow policies and procedures that do not help students learn to their fullest potential. While the two aspects of organizational climate often work together, and should do so for optimal benefit to the organization, they are not automatically linked and can indeed exist separately from each other.

Chapter 4 has already discussed the organizational attitude of growth and development. This chapter will address the organizational attitude of openness and acceptance. Cultivating this attitude may involve maintaining transparency regarding administrative policies and procedures, increasing sensitivity toward student concerns and confidentiality, or reducing the use of negative labeling directed at impaired students. Communication is vital to the development of such an organizational attitude; it should occur along several avenues and include open discussion and normalization of impairment concerns.

Student Views of Program Communication

A 2004 study of psychology doctoral students indicated that current efforts to address student impairment in many graduate programs are viewed as inadequate and insensitive (Oliver et al., 2004). The majority of students polled were unaware of specific protocols and procedures implemented by their respective programs for the purposes of identifying impaired students. Those same students were unaware of the criteria being used to judge their progress as adequate or impaired, and could not identify means or methods used to support those students identified as struggling with issues of impairment. The consensus of polled students was not only that better supports for students were required, but more explanation and transparency regarding utilized gatekeeping

procedures was necessary. These attitudes mirrored similar beliefs espoused by students in a 1991 study, which indicated that students felt their faculty devoted little attention and effort to locating and addressing students struggling with impairment (Mearns & Allen, 1991). That similar attitudes were held in studies 13 years apart only serves to underscore the ongoing importance of this issue. Students want to hear from their programs. They want to be informed about issues that affect them, and they want to know that faculty and administrators support them and their efforts. They want to feel connection to their institutions.

Program Presentation of Information

There is a careful balance to be struck within a graduate program. Clear communication is the ideal, but it requires time and effort. Few programs could likely be said to hide their policies and procedures from students, yet the students continue to see their programs as closed-off and uncommunicative. Clearly, the older means of disseminating information to the student body are inadequate. An informal survey of protocols of various graduate programs indicate that many transmit their policies and procedures to students by means of a handbook of rules and regulations that is either provided at the time of a student's matriculation, or is available via link on a program-sanctioned website. These handbooks, however, often devote little print space to the issue of student impairment, other than to note policies of probationary periods or the possibility of required remediation should difficulties arise. Where policies for addressing student impairment are more fully fleshed out, that information is often nested deep within other outlines and rule lists that may or may not be catalogued for easy review (Foster & McAdams, 2009). Even then, such information is rarely transmitted in clear

and precise language. Even if students are able to locate the relevant passage, it is not guaranteed that they will finish their review with a simple understanding of what is expected of them, or of what they should expect of their program. Another issue to consider is that provision of material in a printed handbook does not ensure that the atmosphere of a program will reflect the given information. If faculty and administrators are not able to represent the attitudes represented by the written policies, there in fact exist two different policies: the *de jure* policy outlined in a manual, and the *de facto* policy actually executed when required. Of course, as discussed in Chapter 5, many programs do not have solid policies or protocols in place for handling issues of student impairment, and instead work with such individuals from the perspective of an academic failure or an ethical violation, depending upon the situation and the involved parties.

Dangers of Unclear Communication

Students who remain unfamiliar with their program's professional performance assessment standards and policies may consider those policies to be pejorative. Lessons regarding the importance of ethical professional practice are undermined when students do not believe faculty members are concerned about or adequately address poor performance in students (Foster & McAdams, 2009). Individuals from minority backgrounds may feel particularly vulnerable when facing unfamiliar policies, as they may construe those policies as embodying constructions of the dominant culture's definition of professional performance and competence. Even more troubling, those students may be correct about the biased standards, but feel unable to properly address them due to confusion or imperfect understanding.

Transparency

The term "transparency" was originally used to describe the accuracy of clients' ability to perceive their counselors' intentions (Martin, 1984). Within education, transparency translates as the accuracy with which students are able to perceive the intentions of their programs. A climate of transparency is one in which "student perceptions of their academic program's values, intentions, and expectations are congruent with those of the program faculty and administration members" (Foster & McAdams, 2009). There are multiple benefits of maintaining a transparent learning climate. Such environments have demonstrably increased understanding, decreased prejudice, and boosted academic success. They also tend to be more responsive and adaptive to student needs, even as those needs change over time (Hurtado, 2007).

Initiating transparency. Transparency, then, is necessary. It is not sufficiently transparent communication for a program to simply outline policies and procedures in a student handbook that may not be referenced or readily accessible. Nor is it adequate to simply read the codes as written and determine that students and faculty have been informed and are knowledgeable. It is necessary for programs to ensure that students are aware of the practical implications of the policies as written. This information should be given early, and refreshed often. Introduction to the material as part of a first-year orientation or a transfer conference would not be remiss. Students should be made aware of the opportunities available to them, as well as the clear expectations of them and the ramifications for meeting or falling short of those expectations.

Maintaining transparency. Maintaining transparency should not stop after the initial explanation of procedures to students. When policies are revised or implemented,

the process should repeat itself. Transparency of policy and procedure should also be established by the presence of an ongoing and uncensored dialogue between students and their evaluators (Hurtado, 2007). Students should be informed of possible new or changing policies even before they are finalized and placed into effect, with the opportunity to dialogue with faculty regarding the purpose and nature of evaluative criteria, the process to be used in judging the criteria, and the students' experience as participants in that process (Foster & McAdams, 2009). Students should even have some opportunity to suggest their own proposed changes. This is an effective adaptation of the jigsaw classroom referenced in Chapter 4, in which a wide variety of viewpoints are utilized to ensure that a project is completed in a way that as many voices as possible are represented. Simple mandate of program policies does not create a sense of "shared vision" among students and faculty; open discourse does (Farmer, Slater, & Wright, 1998; Ohio State University Graduate School, 2007). Dialogue must come from two directions, faculty to student (top-down) and student to faculty (bottom-up). While some aspects of achieving a healthy program environment (such as the professional greenhouse from Chapter 4) can be initiated by the lower levels of an organization without administrative support, communication and transparency must occur along a two-way street.

   Top-down communication. Top-down communication, from faculty to students, is essential for ensuring that standards, policies, and procedures are clearly disseminated to students. This form of communication should begin during the orientation process of new students and continue throughout the students' careers in the program. At minimum, continued contact should occur at clear "contact points" in which students are given

feedback and information on further professional performance expectations, with the opportunity for the students to discuss and clarify the offered data (Foster & McAdams, 2009). These "contact points" may occur at scheduled advising meetings or information/orientation sessions prior to beginning a practicum or internship. Effective use of this mode of communication is reliant upon the prior establishment of clear policies, evaluative procedures, and standards; such information cannot be reliably transmitted if its content is still nebulous and undefined.

Bottom-up communication. Bottom-up communication, from students to faculty, provides faculty members with vital information about the needs, values, perceptions, and opinions of the student body. This information can be used to inform understanding of student perceptions of the evaluative process and to better create and tailor the process in a way that is beneficial to student development and growth. At minimum, this information should be solicited at regular intervals within the standard course of a graduate program. Some examples of such possible intervals include course evaluations, course-related discussion groups, organized "town hall" meetings between students and administration, exit interviews, and establishment of student representatives (whether through an overall student government or otherwise) that will collect and transmit the concerns and views of their peers to the administration at large (Foster & McAdams, 2009). Another means of facilitating bottom-up communication is through encouragement of open dialogues between students and faculty, with active solicitation of contact from students. Requests for open dialogue are not adequate substitutes for regularly-planned opportunities as previously described, however, and such an approach is best used in conjunction with more structured forms of communication. Even more

important, however, is that the institution take pains to ensure that student input is welcomed, respected, and valued, such that students can trust that their program cares and their voice is indeed heard (Hurtado, 2007). If students feel isolated, marginalized, or unsafe in expressing their experiences and concerns with faculty, they will not engage in bottom-up communication regardless of how well opportunities to do so are structured for them (McAdams & Foster, 2007).

Student Confidentiality

Another element of an institutional atmosphere of openness, acceptance, and trust involves student confidentiality. If students are to be expected to come forward regarding their own concerns and struggles, or regarding those witnessed in a peer, they need to be able to trust that their voluntary communication carries more benefits than possible detriments. For many students, a frequently perceived detriment to open communication with faculty and administrators is the potential loss of privacy or confidentiality. This is an especially key issue when sensitive issues like the impairment of a student are concerned. Even if a program's guidelines and procedures regarding impairment clearly delineate steps intended to preserve the privacy of the impaired student throughout the remediation process, if the overall culture of the program is not one that can be observed to value privacy and confidentiality on the whole, students will not believe in the practical application of those formal guidelines. If students cannot trust that they will be afforded confidentiality within reason in situations of relatively minor importance, they will not be able to trust that their confidentiality will be maintained during significant incidents that carry the potential for much greater damage to their professional or peer standing. Surveys of students indicate that many are able to recognize the need for mental

or physical health care when difficulties arise, but that the majority opts to ignore that need when off-site private care is not available, due to concerns about confidentiality and academic reprisal. Women, minority, and clinical students in particular express greater sensitivity regarding the connection between their health and perceived competence or vulnerability (Roberts et al., 2001). Given that those populations are those at higher risk of difficulties up to and including impairment because of the unique stresses their social standing places upon them, such a statistic is particularly disheartening. Confidentiality must be assured, and relevant policies clearly publicized.

Safety in procedures. It is extremely important to create safeguarded avenues for students and faculty alike to obtain and share information and support pertaining to student concerns. This is important regardless of whether those concerns are of sufficient severity to constitute impairment. Designation of a readily available ombudsperson or advocate who is familiar with all pertinent protocols and who can serve as a point of contact to necessary faculty members may be a starting point. Another option is to make more extensive use of faculty advisors and mentors. While communication among faculty is necessary to ensure that students are adequately monitored and supported, there may be details of a situation that could be reasonably omitted from general faculty updates. In those situations, sharing such sensitive details beyond necessary faculty would not assist the student, and may open the student to prejudice or excessive scrutiny by uninvolved faculty. Greater use of a faculty advisor or mentor as a point of contact to the overall faculty may help decrease such over-sharing of sensitive student information, as discussed in chapter 5. Limiting sharing of highly sensitive student information to an advisor or mentor, the designated impairment committee, and only those faculty directly

111

involved with a student's situation would increase the level of confidentiality a program can extend to a student. This would also prevent bias or possible reprisal against the student, and help to alleviate student fears in this area.

Student assistance programs. Yet another option, albeit a more labor- and cost-intensive one, is the arrangement of a student assistance program, similar to employee assistance programs offered to faculty and staff at many institutions. This program would be well-versed in the institutional policies and protocols for evaluating and addressing student impairment, and would be able to aid the student in initiating the first steps of a remediation process as necessary. Related records would optimally be kept separate from student academic or training files, increasing confidentiality by preventing possible breaches. Such a program should maintain links with off-site treatment, and be firmly associated with formal oversight mechanisms such as institutional impairment committees or state-monitored programs for impaired professionals (Roberts, Warner, Rogers, Horwitz, & Redgrave, 2007). The program should be well-advertised and readily available to students regardless of the students' position on the continuum of care. Indeed, it is to the benefit of program and student alike to make early and regular use of the program, as a means of self-care and stress management, as opposed to waiting until impairment has already occurred.

Institutional Attitudes toward Impairment

In addition to matters of communication and confidentiality, graduate students have raised concerns regarding the perception of impaired peers by their programs. Multiple studies have demonstrated that students frequently feel their schools not only fail to adequately address the needs of impaired students, but also actively treat them

derisively or as a problem. A study of over 900 medical students indicated that the majority opted to take steps to protect peers from such perceived poor treatment, even when those peers were exhibiting very severe symptoms of impairment. Given a series of possible options when confronted with an impaired peer, including reporting the peer, seeking advice, or conferring with the impaired peer privately, most students polled chose to "tell no one but encourage him/her to seek professional help" (Roberts et al., 2007, p. 234). This suggests that issues of student impairment continue to carry a strong sense of stigma attached to them that may interfere with active self-monitoring or peer assistance. This is not an exaggerated concern. The negative labeling of students based upon placement or performance within a program is a commonly documented practice among instructors, particularly newly-minted ones. Such negative labels often involve a focus on student characteristics, intellectual characteristics, cultural background, or technical issues (Hermann, 2009). Even the standard label of "special needs" has been demonstrated to lower a student's sense of self-efficacy, as well as to lead some students to hide their struggles at the expense of receiving necessary services (Harris, 2007). Negative attitudes and degree of social rejection vary with the specific issue experienced, with mental retardation and mental illness among the least socially accepted (Lyons & Hayes, 1993).

Conceptual framework of labeling and stigma. The specific problem of labeling is best summarized in a 5-stage conceptual framework developed by Link and Phelan (2001). The identified stages are as follows: (a) differences in individuals are identified and labeled; (b) the differences are linked to negative stereotypes; (c) the stereotyping allows for the categorization and placement of targeted individuals into

groups that are apart from the prevailing or dominant group; (d) the division allows for

loss of status and discrimination; and (e) a power struggle exists between the labeler and

the labeled, making discrimination possible. Applied to the situation of an impaired

student, the following progression might be seen. The student is identified as impaired.

Stereotypes regarding impaired individuals are activated in the minds of those working

with the student; stereotypes regarding the specific nature of the student's impairment

(typically related to mental health) are also activated. The student is entered into

remediation tracks or special programming to address perceived shortcomings, causing

the student to be effectively separated from the cohort by the enhanced stress levels and

additional requirements. The student might be literally separated from his or her cohort if

the remediation plan involves a required leave of absence or extension of curriculum.

This separation, both literal and symbolic, opens the student to scrutiny as an "other" by

faculty and colleagues alike. Identification markers may change; faculty may watch the

student even more closely to monitor for future problems. The impaired student feels the

strain of the scrutiny, and may look for ways to disprove the label or to deter the close

examination to which he or she is subjected. They may experience a weakening of their

support network through separation from their former cohort and lack of cohesion with

their new one. They are likely to experience feelings of demoralization or to experience

themselves as an outcast. Under these conditions that are augmented by, if not created by,

the negative attribution bias inherent in labeling, it is hardly surprising that many students

would rather attempt to mask personal struggles than to seek help in the early stages of

issues that later lead to impairment. This pattern may also discourage students with

preexisting disabilities from seeking admission to graduate programs, out of concern for their prospective treatment.

   Negative labeling in the literature. The existing literature on student impairment is rife with negative labeling terminology. Impaired students are referred to as "problem students," "deficient" individuals who are to be "dealt with" or who "create strain" upon their programs (Gaubatz & Vera, 2002; Oliver et al., 2004; Wilkerson, 2006). Other areas of the literature describe impaired students' "refusal to change" (Lamb et al., 1987) or identify them as "unsatisfactory" (Oliver et al., 2004). This language lends itself to the idea that impairment is a personal flaw or failing on the part of the student, rather than an impermanent situation with the potential for positive change. The literature using these particular terms defends their use as necessary for classification purposes, in order to facilitate communication and allow the activation of protocols for individuals with specific needs (Eggert, 1988). Research has indicated, however, that the use of such labels increases incidence of learned helplessness and self-fulfilling prophecy; identified students may begin to embody the negative labels that they carry, whether or not those labels were originally justified (Burns, 2000). Negative labels for impaired students have been steadily linked to lower academic expectations (Thelen, Burns, & Christiansen, 2003). Perhaps even more pertinent to a psychology graduate program, individuals who carried labels of emotional disturbance are often considered more likely to struggle with interpersonal relationships (Fox & Stinnett, 1996). As many impaired graduate students are so due to struggles with emotional issues, and the very field itself stresses the importance of interpersonal interaction, this is a particularly damning bias for such students to battle.

Best practices regarding negative labeling. It is strongly recommended that

programs avoid the use of such negative labels and associated terminology when working

with impaired students. The best practice in this area is to develop an organization-wide

association of the term "impairment" with a temporary and workable condition that is

capable of positive change. This may begin by recognizing that impairment is not a

career-ending situation, nor is it reflective on the integrity or character of the affected

individual. Instead, it is something that many clinicians will experience at some stage of

their career, and that can be addressed in a manner that supports empowerment and

professional development. It is further recommended that issues of student impairment be

described as precisely that, impairment, along with the new hopeful connotations

attached to the use of that word. Rather than thinking of student impairment as a

"problem to be dealt with," that language should be replaced, so that it may be considered

as a "learning experience."

Diversity Awareness and Appreciation

As alluded to previously in this chapter, another element of an open and accepting

organizational climate is increasing awareness and appreciation of diversity within the

program. The universality assumption, the notion that what is deemed true for one group

may be considered true for other people regardless of cultural differences, has been

rejected as patently false within the positive psychology movement (Snyder & Lopez,

2007). Cultural values and mores provide the framework for determinations of the

normality or abnormality of various behaviors, thoughts, or emotions. Different behaviors

receive different value judgments regarding their abnormality, as no two cultures have

the exact same value sets. To make assumptions regarding the universality of a given

value-based assessment is disingenuous at best, and potentially harmful at worst. It has been previously noted that behavior is not necessarily abnormal or deviant because it violates a rule, but because of the negative reaction of one or more people based upon those assumptions and values (Snyder & Lopez, 2007). Just as labels make it more difficult to see the individual underneath, the universality assumption obscures the unique qualities and values of the person. When the applied assumptions are of a negative nature, focus is distracted from individual strengths and targeted upon deficits, decreasing overall interest in the person's unique qualities and reducing the comprehensiveness of possible conceptualizations of their situation. Cultivating an environment that not just tolerates but embraces diversity can help to forestall many of these negative assumptions and open the door for appreciative inquiry by developing a more genuine appreciation for differences and the positive potential they possess. The concept of the multicultural personality is a useful tool for working toward this goal.

Multicultural personality. The multicultural personality as a theoretical construct comes from the work of Ramirez (1991), where it is defined as a "synthesis and amalgamation of the resources learned from different peoples and cultures to create multicultural coping styles, thinking styles, perceptions of the world (world views) and multicultural identities" (Ramirez, 1999, p. 26). The most recent and comprehensive description of a multicultural personality is that by Ponterotto et al. (2006), which includes such factors as high levels of racial and ethnic identity development, tolerance for and appreciation of culturally diverse people, a sense of connectedness to others, a self-reflective and flexible stance in social interactions, initiative in contact with culturally diverse individuals, and activism.

117

Development. The foundation for the development of a multicultural personality

is understanding of the diverse worldviews and value systems that impact students'

context for learning and interpersonal reaction in various arenas (Ponterotto,

Mendelowitz, & Collabolletta, 2008). Specific activities that promote the learning of this

valuable worldview are multicultural awareness workshops and courses, student

extracurricular groups and opportunities with a focus on diversity and social justice, and

active pursuit of advocacy efforts. Establishment of this foundation is followed by

cultivation of multicultural personality strengths, including empathy, open-mindedness,

flexibility, social initiative, critical thinking, introspection, and social activism, to name a

few (Ponterotto, 2008). These skills are typically best developed through the curriculum,

both in dedicated diversity awareness classes and in integrated information in the

standard curriculum. Strategies for the enhancement of collectivist strengths can also be

utilized, such as cooperative learning, oral history traditions, and accessing community

leaders to partner with the school (Galassi & Akos, 2007).

Organizational inclusion of multiculturalism. A multicultural strengths-

enhancing environment is representative of a wide range of diversity among staff and

faculty, as well as in the variety of academic and extracurricular offerings available.

Multicultural service initiatives, exchange programs, and ongoing multicultural

programming independent of mandated coursework all promote this end. Such

environments will also emphasize multicultural sensitivity and commitment in both

directions of communication. Administrators and senior faculty must work to model

multicultural competence and awareness as they wish their students to do. It is this effort

that sets the tone for the organization as a whole, including the message that

multiculturalism is vital to the everyday operation of the program. At the same time, students and other new inductees to the school system should be expected to continually address their own development in this area (Ponterotto et al., 2008). An organizational predisposition to consider the unique and diverse features of individuals and situations helps to prevent against the pigeonholing and stereotyping that often occur when issues of impairment arise in the student population. With a carefully-cultivated open-minded organizational approach, students become much more comfortable expressing their thoughts and needs to faculty and administrators, and when impairment does occur, program involvement is of a more inquisitive, strengths-based nature.

The Need for Open Discussion of Impairment Issues

One final consideration in the development of an open and accepting program climate is the need to openly discuss impairment issues, both as a theoretical exercise for future independent practice and as a development that may occur within students. Addressing the issue as a potential element of professional growth and adjustment, rather than ignoring it or avoiding mention of its existence, will normalize the issue and increase levels of comfort surrounding its identification and handling. By omitting discussion of the subject, programs give the tacit message that student impairment is something laden with stigma and to be avoided at all costs. While avoidance of impairment is definitely an ideal situation, framing it in such a stigmatized light makes it appear catastrophic when it does occur, or worse, as a personal flaw on the part of the practitioner for failing to avoid it. Efforts to ensure that practitioners receive sufficient care to enable them to avoid impairment do not automatically imply that the issue should be quieted. Just as many clinicians do with their clients, a measure of inoculation

regarding the possibility of future impairment, with a discussion of options and pathways should such an event occur, can serve to increase comfort with the idea. In this way, it loses much of its stigma and becomes simply another professional learning experience to be noted and addressed in a timely manner, as opposed to something to hide. Paradoxically, discussion of the issue and available options may actually decrease the tendency to develop later impairment by virtue of the reduced stress levels inherent in the freedom of understanding the issue and feeling able to discuss and address it openly. This open discussion policy is also of benefit even beyond an individual institution, as it can aid future research and development related to student impairment, by improving the volume and quality of data available for use.

Conclusions

The need for improved institutional climate, particularly concerning issues of impairment, is a consistent theme in the literature. Surveyed graduate students commonly report perceiving a general lack of respect and openness directed toward them by their programs, as well as resulting feelings of detachment or dissatisfaction with those programs. Such feelings create additional stress upon the student above and beyond the stress inherent in a graduate program, creating greater susceptibility to future issues of impairment. To combat these perceptions, institutions can cultivate an open and accepting organizational climate. To do so, programs should engage in and maintain transparent communication with students regarding expectations, policies, and evaluative standards. This includes two-way communication, by ensuring that students have equal opportunity to make their voices heard and to be recognized by their programs. Procedures for the protection of student confidentiality should be implemented and held

to stringently. Institutional language and culture should show a reduced incidence of negative labeling and assumptive terminology. Similarly, programs should strive to cultivate an atmosphere in which diversity is not just tolerated, but accepted and welcomed; students and faculty alike should be encouraged to develop a multicultural personality, and supported in those efforts by regular opportunities for multicultural learning. Finally, programs should initiate and encourage a regular dialogue about student and professional impairment, as well as the positive options for prevention and intervention available. This will normalize the occurrence of such issues, increasing the likelihood of self-identification of impaired students, as well as increasing the research opportunities available and aiding in future program development.

CHAPTER 7: PROJECT ANALYSIS AND FUTURE DIRECTIONS

This project is not intended to be a one-size-fits-all blueprint for the use of positive psychology in addressing the issue of student impairment in graduate programs. Instead, it is meant to provide one perspective on how such an integration could be accomplished, in the interests of spawning further research and discussion on the topic. The research and literature base in this area is woefully underdeveloped, and its current state does a remarkable disservice to both students and programs alike. Even if this particular approach does not constitute the best way to address such issues as they arise in graduate programs, failure to consider and evaluate it alongside other historically-used options does nothing to provide that information and create further discussion of alternative methods. In the interest of jump-starting that discussion, it is important to address prospective problems with this approach that could and should be explored further with additional study and experimentation.

Many of the techniques enumerated in this work require a large amount of resources to successfully execute. These resources take the form of both monetary compensation and time on the part of both student and faculty. In situations where student impairment appears so acute as to warrant swift and decisive action, programs may not find a more deliberate and thoughtful approach such as this appealing, or believe in its efficacy. Administrative involvement will be essential for the effective use of these techniques, given the heavy emphasis on organizational culture and attitudes. While some

of these changes can be achieved from a bottom-up perspective, originating with students or individual faculty, top-down support will be necessary for ensuring that policies and procedures follow those more positive attitudes as espoused by the program population. For some programs, this assurance may involve the overhaul of student policies and procedures, or the delineation of such where none previously existed. This is not the work of a moment, or the work of a single individual. It will take time and effort on the part of multiple persons, particularly if the program desires to work in the style of the jigsaw classroom.

If policies and procedures should be reworked to allow for these recommended changes to occur, the problem of implementation arises. Abrupt change is not always successful, while gradual change allows for distortion of the message over time. Who will organize the transition, train the faculty and staff, and ensure that the new policies and procedures are being carefully followed in accordance with due process guidelines? While this may seem the job of an administrator, many administrators have a large preexisting workload by virtue of running the institution, and may not have sufficient time or energy to devote to the effort. It is possible to contract with a consultant to oversee the transition, but that requires financial expenditure that programs may not have during this time of recession and reduced budgets.

Then there is the matter of discouragement. Many of the proposed changes revolve around solid and transparent communication between students and faculty, as well as a culture of warmth and acceptance. Such a culture is very much a two-way street. Faculty and staff may be able to initiate the process, but students will need to respond and reciprocate. Depending on the state of the institutional culture prior to the transition, this

may not be a ready occurrence. Students may remain mistrustful and aloof from faculty if there have been periods of broken faith during the old organizational structure. This response to new changes may make it difficult to maintain positive attitudes and keep to the new policies and procedures as written.

Similarly, student remediation will only be as effective as the impaired students are willing to devote effort. A program may follow these recommendations to the letter, and find that despite their positive and growth-oriented approach, students remain nonresponsive and at the same level of impairment. This would suggest the need for a different approach to ensure that the original plan was an adequate fit for the student, but time is a commodity. It is also possible that the student may never respond to intervention, regardless of its nature. While policies and procedures would be in place to follow in these cases, the situation can become demoralizing for all involved.

The potential impact on faculty is another important consideration in the implementation of such program policies as suggested here. Faculty frequently have many demands upon their time and energy, often with research and publication requirements in addition to teaching schedules and student contacts. Many of the approaches described here require time dedication on the part of faculty, whether it be in the form of remediation committee service to forming a mentoring relationship with a student. Faculty may not wish to devote the time to these ventures, or may find that they overstretch themselves attempting to be of service to students while still balancing their regular load of obligations. There is a real danger of faculty burnout even as the program attempts to combat student burnout and impairment. Steps to prevent and address such an issue on the part of faculty are beyond the scope of this dissertation, but will need to be

carefully considered if these suggestions contained here are put to use. To do so may involve reducing workload and output expectations of faculty members, hiring additional faculty or staff, recruiting faculty with these particular commitments in mind, establishing faculty support programs, or creating guidelines to limit the amount of time and responsibility an individual faculty member assumes. Faculty will be vital to the successful implementation of this model, and their care and support should be just as intensively considered. If an atmosphere of teamwork, respect, and dedication to growth and development is to be achieved, students and faculty alike will need to be provided with the tools and ingredients they need to flourish.

As noted, there is currently a relative dearth of research regarding the impaired student clinician, and what literature is available is rapidly becoming out of date. Based upon the findings of this project, several opportunities exist for expanding the current knowledge base. An especially important starting point involves updating the data regarding the projected prevalence of impairment with the clinical psychology graduate student population, as well as the data regarding rates of identification. This may be accomplished by re-administering the student and faculty survey instruments used in prior data collection efforts, or by designing a new and more sensitive instrument altogether. Once new data are available regarding the scope of this issue, whatever the specific instrumentation used, it will be possible to examine trends in order to develop the most targeted means of preventing and addressing impairment within students. Another avenue for future research might involve obtaining empirical data to confirm or dispute some of the suggestions made in this project. An example might be examining administrative documents for various clinical psychology graduate programs, tallying the

occurrence of positively or negatively charged phrases, and comparing those results to existing positive psychology data regarding the ratio of positive/negative interactions. Such results might be further expanded upon by linking the obtained tallies to survey data regarding student experiences of impairment at the institutions using those policies. There are multiple directions that research in this area could follow; the specific direction appears to be less important than that a direction is chosen at all.

REFERENCES

American Counseling Association. (2005). *ACA code of ethics.* Alexandria, VA: American Counseling Association.

American Counseling Association. (1995). *Code of ethics and standards of practice.* Alexandria, VA: American Counseling Association.

American Medical Association. (2008). *Code of medical ethics of the American Medical Association: 2008-2009 edition.* Chicago, IL: American Medical Association.

American Psychological Association. (2006). *Advancing colleague assistance in professional psychology.* Retrieved May 31, 2011 from: http://www.apa.org/practice/resources/assistance/monograph.pdf

American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct.* Washington, DC: American Psychological Association.

American Psychological Association. (2007). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: American Psychological Association.

Aronson, E. (2000). *Nobody left to hate: Teaching compassion after Columbine.* New York: Freeman.

Baldo, T., & Softas-Nall, B. (1997). Student review and retention in counselor education: An alternative to Frame and Stevens-Smith. *Counselor Education & Supervision, 36*(3), 245.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman.

Barland Edmondson, C.. Self-care advocacy as an ethical obligation in counseling

psychology programs. Ph.D. dissertation, Tennessee State University, United

States -- Tennessee. Retrieved August 29, 2010, from Dissertations & Theses:

A&I. (Publication No. AAT 3369436).

Batha, K., & Carroll, M. (2007). Metacognitive training aids decision-making. *Australian*

Journal of Psychology, 59, 64-69.

Becker, G., Gates, R. J., & Newsom, E. (2004). Self-care among chronically ill African

Americans: Culture, health disparities, and health insurance status. *American*

Journal of Public Health, *94*(12), 2066-2073.

Bemak, F., Epp, L. R., & Keys, S. G. (1999). Impaired graduate students: A process

model of graduate program monitoring and intervention. *International Journal for*

the Advancement of Counselling, 21(1), 19-30.

Betz, N. E. (2004). Contributions of self-efficacy theory to career counseling: A personal

perspective. *Career Development Quarterly, 52*, 340-353.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z.

V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A

proposed operational definition. *Clinical Psychology: Science and Practice,*

*11(*3), 230-241.

Biswas-Diener, R. (2006). From the Equator to the North Pole: A study of character

strengths. *Journal of Happiness Studies, 7,* 293-310.

Bjornesen, C. A. (2000). Undergraduate student perceptions of the impact of faculty

activities in education. *Teaching of Psychology, 27,* 205-208.

Boxley, R., Drew, C. R., & Rangel, D. M. (1986). Clinical trainee impairment in APA approved internship programs. *Clinical Psychologist, 39*(2), 49-52.

Bradley, J., & Post, P. (1991). Impaired students: Do we eliminate them from counselor education programs? *Counselor Education & Supervision, 31*(2), 100-108.

Bryk, A. S., & Schneider, B. (2002). *Trust in schools: A core resource for improvement.* New York: Russell Sage.

Buchanan, C. (2007). Making hope happen for students receiving special education services (Doctoral dissertation, University of Kansas, 2007). Retrieved June 10, 2009, from Dissertation & Theses: A&I. (Publication No. AAT 3303999).

Burkist, W., Benson, T., & Sikorski, J. F. (2005). The call to teach. *Journal of Social and Clinical Psychology, 24*, 110-121.

Burns, M. K. (2000). Examining special education labels through attribution theory: A potential source for learned helplessness. *Ethical Human Science and Services, 2,* 101-107.

Campbell, C. D. (2007). Best practices for student-faculty mentoring programs. In T. D. Allen & L. T. Eby (Eds.), *The Blackwell handbook of mentoring: A multiple perspective approach (pp. 325-344).* Malden, MA: Blackwell Publishing.

Campbell, C. D., & Anderson, T. L. (2010). Mentoring in professional psychology. In M. B. Kenkel & R. L. Peterson (Eds.), *Competency-Based Education for Professional Psychology (pp. 237-248).* Washington, DC: American Psychological Association.

Cantwell, L. (2005). A comparative analysis of strengths-based versus traditional teaching methods in a freshman public speaking course: Impacts on student

learning and engagement. *Dissertation Abstracts International, 67*(02A), 478-700. (UMI No. AAT3207574)

Clark, R. A., Harden, S. L., & Johnson, W. B. (2000). Mentor relationships in clinical psychology doctoral training: Results of a national survey. *Teaching of Psychology, 27*, 262-268.

Clark, S. L. (2008). The role of school, family, and peer support in moderating the relationship between stress and subjective well-being: An examination of gender differences among early adolescents living in an urban area (Doctoral dissertation, Loyola University Chicago, 2008). Retrieved June 14, 2009, from Dissertation & Theses: A&I. (Publication No. UMI 3313140).

Clifton, D. O., & Anderson, E. (2002). *StrengthsQuest: Discover and develop your strengths in academics, career, and beyond.* Washington, DC: Gallup Organization.

Clifton, D. O., & Harter, J. K. (2003). Strengths investment. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship.* San Francisco: Berrett-Koehler.

Cohen, C. R., Chartrand, J. M., & Jowdy, D. P. (1995). Relationships between career indecision subtypes and ego identity development. *Journal of Counseling Psychology, 42*, 440-447.

Collins, J. (2001). *Good to great.* New York: HarperCollins.

Cooperrider, D. L., & Whitney, D. (2005). *Appreciative inquiry: A positive revolution in change.* San Francisco: Berrett-Koehler Publishers, Inc.

Csikszentmihalyi, M. (2000). *Beyond boredom and anxiety.* San Francisco: Jossey-Bass.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience.* New York: Harper and Row.

DeAngelis, T. (2002). Normalizing practitioners' stress. *Monitor on Psychology, 7.*

Deutsch, C. J. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research & Practice, 16,* 305-315.

Diener, E., & Lucas, R. E. (2000). Explaining differences in societal levels of happiness: Relative standards, need fulfillment, culture and evaluation theory. *Journal of Happiness Studies, 1(*1), 41-78.

Diener, E., Lucas, R. E., & Scollon, C. N. (2006). Beyond the hedonic treadmill: Revising the adaptation theory of well-being. *American Psychologist, 61(*4), 305-314.

Dweck, C. S. (1999). *Self theories: Their role in motivation, personality, and development.* Philadelphia: Psychology Press.

Eggert, D. (1988). To label or to support: Comments on the role of diagnosis in special education in Germany. *Exceptional Child, 35*(3), 135-142.

Elman, N. S., Illfelder-Kaye, J., & Robiner, W. N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. *Professional Psychology: Research and Practice, 36*, 367-375.

Evashwick, C. (1989). Creating the continuum of care. *Health Matrix, 7*(1), 30-39.

Farmer, B. A., Slater, J. W., & Wright, K. S. (1998). The role of communication in achieving shared vision under new organizational leadership. *Journal of Public Relations Research, 10,* 219-235.

Fassinger, R. E., & Hensler-McGinnis, N. F. (2005). Multicultural feminist mentoring as

    individual and small-group pedagogy. In C. Z. Enns & A. L. Sinacore (Eds.),

    Teaching and social justice: Integrating multicultural and feminist theories in the

    classroom (pp. 143-162). Washington, DC: American Psychological Association.

Foster, V. A., & McAdams, C. R. (2009). A framework for creating a climate of

    transparency for professional performance assessment: Fostering student

    investment in gatekeeping. *Counselor Education and Supervision, 48*, 271-284.

Fowler, R. D., Seligman, M. E. P., & Koocher, G. P. (1999). The APA 1998 annual

    report. *American Psychologist, 54(*8), 537-568.

Fox, J. D., & Stinnett, T. A. (1996). The effects of labeling bias on prognostic outlook for

    children as a function of diagnostic label and profession. *Psychology in the*

    Schools, 33, 143-152.

Frame, M., & Stevens-Smith, P. (1995). Out of harm's way: Enhancing monitoring and

    dismissal processes in counselor education programs. *Counselor Education &*

    Supervision, 35(2), 118.

Fredrickson, B. L. (2003). The value of positive emotions. *American Scientist, 91,* 330-

    335.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open

    hearts build lives: Positive emotions, induced through loving-kindness meditation,

    build consequential personal resources. *Journal of Personality and Social*

    *Psychology, 95(*5), 1045-1062.

Fredrickson, B. L., Mancuso, R. A., Branigan, C., & Tugade, M. M. (2000). The undoing

    effect of positive emotions. *Motivation and Emotion, 24(*4), 237-258.

Fuselier, Daniel (2004). Self-care among psychology graduate students and

    psychologists: Implications for physical, mental, and spiritual well-being. Psy.D.

    dissertation, University of Northern Colorado, United States -- Colorado.

    Retrieved August 12, 2010, from Dissertations & Theses: A&I. (Publication No.

    AAT 3130527).

Galassi, J. P., & Akos, P. (2007). *Strengths-based school counseling: Promoting student*

    development and achievement. Mahwah, NJ: Erlbaum.

Gaubatz, M. D., & Vera, E. M. (2002). Do formalized gatekeeping procedures increase

    programs' follow-up with deficient trainees? *Counselor Education & Supervision,*

    41, 294-305.

Gibson, D. E. (2004). Role models in career development: New directions for theory and

    research. *Journal of Vocational Behavior, 65*, 134-156.

Gilbert, P., McEwan, K., Mitra, R., Franks, L., Richter, A., & Rockliff, H. (2008).

    Feeling safe and content: A specific affect regulation system? Relationship to

    depression, anxiety, stress, and self-criticism. *The Journal of Positive Psychology,*

    *3(*3), 182-191.

Gilroy, P. J., Carroll, L., & Murra, J. (2002). A preliminary survey of counseling

    psychologists' personal experiences with depression and treatment. *Professional*

    Psychology: Research & Practice, 33(4), 402-407.

Hakanen, J. J., Schaufeli, W. B., & Ahola, K. (2008). The Job Demands-Resources

    model: A three-year cross-lagged study of burnout, depression, commitment, and

    work engagement. *Work & Stress, 22(*3), 224-241.

Halperin, D., & Desrochers, S. (2005). Social psychology in the classroom: Applying

    what we teach as we teach it. *Journal of Social and Clinical Psychology, 24*, 51-

    61.

Harris, J. (2007). The effect of labeling on the postsecondary student with learning

    disabilities: A phenomenological study. Ph.D. dissertation, Walden University,

    United States -- Minnesota. Retrieved July 27, 2010, from Dissertations &

    Theses: A&I. (Publication No. AAT 3262996).

Hermann, A. (2009). Altering beginning teachers' beliefs and practices regarding the

    labeling of low track students: The role of mentor-initiated reframing. Ph.D.

    dissertation, University of California, Santa Cruz, United States -- California.

    Retrieved July 18, 2010, from Dissertations & Theses: A&I. (Publication No.

    AAT 3367723).

Himelein, M. J., & Putnam, E. A. (2001). Work activities of academic clinical

    psychologists: Do they practice what they teach? *Professional Psychology:*

    Research and Practice, 32, 537-542.

Hodges, T. D. (2003). *Results of the 2002 StrengthsFinder follow-up survey.* Princeton,

    NJ: Gallup Organization.

Hodges, T. D., & Clifton, D. O. (2004). Strengths-based development in practice. In P.A.

    Linley & S. Joseph (Eds.), *Positive psychology in practice.* Hoboken, NJ: Wiley.

Hodges, T. D., & Harter, J. K. (2005). A review of the theory and research underlying the

    StrengthsQuest Program for students. *Educational Horizons, 83*, 190-201.

Hurtado, S. (2007). *The climate for diversity in educational organizations.* Presentation at

    the meeting of the University of California Regents Campus Climate Work Team,

    Berkeley, CA.

Johnson, W. B. (2002). The intentional mentor: Strategies and guidelines for the practice

    of mentoring. *Professional Psychology: Research and Practice, 33,* 88-96.

Johnson, W. B. (2006). *On being a mentor: A guide for higher education faculty.*

    Mahwah, NJ: Lawrence Erlbaum.

Johnson, W. B., & Huwe, J. M. (2003). *Getting mentored in graduate school.*

    Washington, DC: American Psychological Association.

Joseph, S. J., & Linley, P. A. (2006). *Positive therapy: A meta-theory for positive*

    psychological practice. New York: Routledge.

Kaslow, N., & Rice, D. (1985). Developmental stresses of psychology internship

    training: What a training staff can do to help. *Professional Psychology: Research*

    & Practice, 16, 253-261.

Kataoka, H. C., Cole, N. D., & Flint, D. A. (2006). Due process model of procedural

    justice in performance appraisal: Promotion versus termination scenarios.

    Psychological Reports, 99, 819-832.

Kerl, S. B., Garcia, J. L., McCullough, C. S., & Maxwell, M. E. (2002). Systematic

    evaluation of professional performance: Legally supported procedure and process.

    Counselor Education and Supervision, 41(4), 321-334.

Kosine, N. R., Steger, M. F., & Duncan, S. (2008). Purpose-centered career development:

    A strengths-based approach to finding meaning and purpose in careers.

    Professional School Counseling, 12(2), 133-136.

Laliotis, D., & Grayson, J. (1985). Psychologist heal thyself: What is available to the

impaired psychologist? *American Psychologist, 40,* 84-96.

Lamb, D. H., Cochran, D. J., & Jackson, V. R. (1991). Training and organizational issues

associated with identifying and responding to intern impairment. *Professional

Psychology: Research & Practice, 22*(4), 291-296.

Lamb, D. H., Presser, N. R., Pfost, K. S., Baum, M. C., Jackson, V. R., & Jarvis, P. A.

(1987). Confronting professional impairment during the internship: Identification,

due process, and remediation. *Professional Psychology: Research & Practice,

18*(6), 597-603.

LaRoche, C. R. (2005). Student rights associated with disciplinary and academic hearings

and sanctions. *College Student Journal, 39*(1), 149-155.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology,

27,* 363-385.

Lopez, S. J., Janowski, K. M., & Wells, K. J. (2005). *Developing strengths in college

students: Exploring programs, contents, theories, and research.* Lawrence, KS:

University of Kansas.

Luthans, F., & Youssef, C. M. (2004). Human, social, and now positive psychological

capital management: Investing in people for competitive advantage.

*Organizational Dynamics, 33(*2), 143-160.

Lyons, M., & Hayes, R. (1993). Student perceptions of persons with psychiatric and other

disorders. *The American Journal of Occupational Therapy, 47*, 541-548.

Martin, J. (1984). The cognitive meditational paradigm for research on counseling.

Journal of Counseling Psychology, 31, 558-571.

Maslow, A. H. (1987). *Motivation and personality, 3rd edtion.* New York: Harper & Row.

McAdams, C. R., III, & Foster, V. A. (2007). A guide to just and fair remediation of

counseling students with professional performance deficiencies. *Counselor*

Education and Supervision, 47, 2-13.

McCutcheon, S. R. (2008). Addressing problems of insufficient competence during the

internship year. *Training and Education in Professional Psychology, 2*(4), 210-

214.

Mearns, J., & Allen, G. J. (1991). Graduate students' experiences in dealing with

impaired peers, compared with faculty predictions: An exploratory study. *Ethics*

and Behavior, 1, 191-202.

Mertz, N. T. (2004). What's a mentor anyway? *Educational Administration Quarterly,*

40, 541-560.

Miller, H., & Rickard, H. (1983). Procedures and students' rights in the evaluation

process. *Professional Psychology: Research & Practice, 14,* 830-836.

Milligan, J. (2007). The efficacy of a strengths-based study skills and strategies program

for students on academic probation. Ph.D. dissertation, Texas A&M University -

Corpus Christi. Retrieved September 14, 2010, from Dissertations & Theses:

A&I. (Publication No. AAT 3269708).

Mullenbach, M., & Skovholt, T. M. (2000). Emotional self-care patterns of master

therapists. In T. M. Skovholt & L. Jennings (Eds.), *Master Therapists: Experts in*

action. Boston: Allyn & Bacon.

Nakamura, J., & Csikszentmihalyi, M. (2002). The concept of flow. In C. R. Snyder and

    S. J. Lopez (Eds.), *The handbook of positive psychology (pp. 89-105).* New York:

    Oxford University Press.

Norcross, J. C. (1990). Personal therapy for therapists: One solution. *Psychotherapy in*

    Private Practice, 8(1), 45-59.

Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist*

    self-care. New York: The Guilford Press.

O'Connor, M. F. (2001). On the etiology and effective management of professional

    distress and impairment among psychologists. *Professional Psychology: Research*

    & Practice, 32, 345-350.

Ohio Psychological Association. (2011). *Colleague assistance program.* Retrieved May

    31, 2011 from: http://www.ohpsych.org/colleagueasst.aspx

Ohio State University Graduate School. (2007). *Graduate school guidelines.* Retrieved

    August 7, 2010 from: http://www.gradsch.ohio-

    state.edu/Depo/PDF/ProfessionalDevelopment/MAbestpractices.pdf

Oliver, M. N. I., Bernstein, J. H., Anderson, K. G., Blashfield, R. K., & Roberts, M. C.

    (2004). An exploratory examination of student attitudes toward "impaired" peers

    in clinical psychology training programs. *Professional Psychology: Research &*

    Practice, 35(2), 141-147.

Pavela, G. (2006). Should colleges withdraw students who threaten or attempt suicide?

    Journal of American College Health, 54(6), 367-371.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook*

    and classification. Oxford: Oxford University Press.

138

Ponterotto, J. G. (2008). Theoretical and empirical advances in multicultural counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology (4ᵗʰ ed. pp. 121-140)*. Hoboken, NJ: Wiley.

Ponterotto, J. G., Mendelowitz, D. E., & Collabolletta, E. A. (2008). Promoting multicultural personality development: A strengths-based, positive psychology worldview for schools. *Professional School Counseling, 12*(2), 93-99.

Ponterotto, J. G., Utsey, S. O., & Pedersen, P. B. (2006). *Preventing prejudice: A guide for counselors, educators, and parents* (2ⁿᵈ ed.). Thousand Oaks, CA: Sage.

Ramirez, M., III. (1991). *Psychotherapy and counseling with minorities: A cognitive approach to individual and cultural differences.* New York: Pergamon.

Ramirez, M., III. (1999). *Multicultural psychotherapy: An approach to individual and cultural differences* (2ⁿᵈ ed.). New York: Pergamon.

Rath, T. (2002). *Measuring the impact of Gallup's strengths-based development program for students.* Princeton, NJ: Gallup Organization.

Redwood, S. K., & Pollak, M. H. (2007). Student-led stress management program for first-year medical students. *Teaching and Learning in Medicine, 19*(1), 42-46.

Roberts, L. W., Warner, T. D., Lyketsos, C., Frank, E., Ganzini, L., Carter, D. (2001). Perceptions of academic vulnerability associated with personal illness: A study of 1,027 students at nine medical schools. *Comprehensive Psychiatry, 42*(1), 1-15.

Roberts, L. W., Warner, T. D., Rogers, M., Horwitz, R., & Redgrave, G. (2007). Medical student illness and impairment: a vignette-based survey study involving 955 students at 9 medical schools. *Comprehensive Psychiatry, 46*, 229-237.

Russell, C. S., & Peterson, C. M. (2003). Student impairment and remediation in
    accredited marriage and family therapy programs. *Journal of Marital & Family
    Therapy, 29*(3), 329-337.

Saunders, P. A., Tractenberg, R. E., Chaterji, R., Amri, H., Harazduk, N., Gordon, J. S.,
    Lumpkin, M., & Haramati, A. (2007). Promoting self-awareness and reflection
    through an experiential mind-body skills course for first year medical students.
    Medical Teacher, 29, 778-784.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their
    relationship with burnout and engagement: A multi-sample study. *Journal of
    Organizational Behavior, 25(*3), 293-315.

Schlosser, L. Z., & Gelso, C. J. (2001). Measuring the working alliance in advisor-
    advisee relationships in graduate school. *Journal of Counseling Psychology, 48*,
    157-167.

Schreiner, L. A., & Anderson, E. C. (2005). Strengths-based advising: A new lens for
    higher education. *NACADA Journal, 25*(2), 20-27.

Seligman, M. E. P. (1991). *Learned optimism.* New York: Knopf.

Seligman, M. E. P. (2006). *Learned optimism: How to change your mind and your life.*
    New York: Pocket Books.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to
    realize your potential for lasting fulfillment.* New York: Free Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An
    introduction. *American Psychologist, 55(*1), 5-14.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410-421.

Shapiro, S. L., Shapiro, D. E., Schwartz, G. (2000). Stress management in medical education: A review of the literature. *Academic Medicine, 75*, 748-759.

Sheldon, K. M., & King, L. (2001). Why positive psychology is necessary. *American Psychologist, 56*(3), 216-217.

Shorey, H. S., Snyder, C. R., Yang, X., & Lewin, M. R. (2003). The role of hope as a mediator in recollecting parenting, adult attachment, and mental health. *Journal of Social and Clinical Psychology, 22*, 685-715.

Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and professionals.* Needham Heights, MA: Allyn & Bacon.

Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development, 27*(3), 167-176.

Snyder, C. R. (2000). The past and the possible futures of hope. *Journal of Social and Clinical Psychology, 19,* 11-28.

Snyder, C. R., & Lopez, S. J. (2007). *Positive psychology: the scientific and practical explorations of human strengths.* Thousand Oaks, CA: SAGE Publications.

Snyder, C. R., & Shorey, H. (2002). Hope in the classroom: The role of positive psychology in academic achievement and the psychology curriculum. *Psychology Teacher Network, 12*, 1-9.

Snyder, C. R., Ilardi, S. S., Cheavens, J., Michael, S. T., Yamhure, L., & Sympson, S.
(2000). The role of hope in cognitive-behavior therapies. *Cognitive Therapy and
Research, 24(*6), 747-762.

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life
Questionnaire: Assessing the presence of and search for the meaning in life.
Journal of Counseling Psychology, 53, 80-93.

Suldo, S. M., & Huebner, E. S. (2006). Is extremely high life satisfaction during
adolescence advantageous? *Social Indicators Research, 78*(2), 179-203.

Swann, C. R. (2003). Students' perceptions of due process: Policies, procedures and
trainee problematic functioning. Ph.D. dissertation, University of Pittsburgh.
Retrieved August 20, 2010, from Dissertations & Theses: A&I. (Publication No.
AAT 3097669).

Thelen, R. L., Burns, M. K., & Christiansen, N. D. (2003). Effects of high-incidence
disability labels on the expectations of teachers, peers, and college students.
Ethical Human Sciences and Services, 5(3), 183-193.

Tribbensee, N. E. (2003). Remediation and dismissal of trainees: Shifting the focus from
impairment to performance. Ph.D. dissertation, Arizona State University.
Retrieved September 3, 2010, from Dissertations & Theses: A&I. (Publication
No. AAT 3084684).

Watson, M., & Ecken, L. (2003). *Learning to trust: Transforming difficult elementary
classrooms through developmental discipline*. San Francisco: Jossey-Bass.

Wilkerson, K. (2006). Impaired students: Applying the therapeutic process model to
graduate training programs. *Counselor Education & Supervision, 45,* 207-217.

World Health Organization. (2009). Self-care in the context of primary health care.

Report of the Regional Consultation. World Health Organization.