

# Analyzing CACREP-Accredited Programs' Utilization of Criminal Background Checks

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The use of objective methods in gatekeeping processes has become increasingly more important due to legal and ethical implications and consequences. For example, the medical field has utilized criminal background checks (CBCs) as a gatekeeping assessment of a student's ability to best serve future patients. This article focuses on the current use of CBCs by master's-level counselor education programs ( $N = 83$ ) accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). A significant implication from this study is the need for counselor education to consider best practices and guidelines for the use of CBCs.

**Keywords:** criminal background, criminal background checks, gatekeeping, counselor education, counseling programs

Counselor educators and supervisors are ethically bound to not endorse any counselor-in-training (CIT) for certification, licensure, employment or completion of an academic program when they believe a CIT is not qualified for the endorsement (American Counseling Association [ACA], 2014). In particular, educators are required to screen all counseling program applicants prior to admission and to continually and thoroughly evaluate and appraise students during their progression through the program (Erwin & Toomey, 2005). It has been suggested that utilizing criminal background checks (CBCs) with students should be part of the gatekeeping process in behavioral health programs (Brodersen, Swick, & Richman, 2009; Cowburn & Nelson, 2008; Erwin & Toomey, 2005). In fact, government agencies and private and public employers are increasing their use of CBCs as a screening mechanism (Sheets & Kappel, 2007). CBCs may be conducted to determine if an individual is a potential threat to clients, vulnerable populations or fellow employees. According to Sheets and Kappel (2007), "Because most consumers are not in the position to run CBCs . . . they depend on professional licensing boards to conduct appropriate screening of applicants" (p. 64). This could be a concern, however, because CITs work with clients while they are in their training program. Counseling programs that do not have access to CBC data may be left without critical information to help best protect vulnerable populations. Therefore, the responsibility of having CBC results might more appropriately fall on counselor educators (ACA, 2014).

All 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands require a CBC for school counselors (American Counseling Association, Office of Public Policy and Legislation, 2011). According to ACA (2010), as of 2010 six states (i.e., Arizona, Maine, Mississippi, Missouri, Montana, Tennessee) required a CBC as part of the licensure application process. North Carolina requires applicants to sign a statement authorizing the licensing board to conduct a full criminal record search, including state and federal records (North Carolina Board of Licensed Professional Counselors 2013). The state of Washington requires applicants to submit fingerprints as a means to perform a professional criminal background check. Given that passing a CBC is a criterion for certification or licensure for professional counselors in some jurisdictions, it seems important to examine if counselor education programs are utilizing CBCs as part of the admission process, student evaluation for CITs, and ultimately as a tool for gatekeeping.

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## Gatekeeping in the Field

According to Kerl and Eichler (2005), “In the field of counselor education, gatekeepers are the professionals whose responsibility it is to open or close the gates on the path toward becoming a counselor” (p. 74). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires counseling programs to start the gatekeeping process at the onset of screening applicants for admission. Unfortunately, there is ambiguity about specific ways to gatekeep during the admission process, which may prompt inconsistencies between those operating as gatekeepers. Several studies have examined barriers to effective gatekeeping (Brear & Dorrian, 2010; Brodersen et al., 2009; Brown-Rice & Furr, 2014). Some of the barriers include a need to meet desired enrollment, inconsistent screening procedures, likability effect, inadequate training on how to be a gatekeeper, social loafing, the leniency effect, and the empathy veil effect (Brear & Dorrian, 2010; Brown-Rice & Furr, 2014). The previous findings support the need to examine the current use of objective measures that may diminish some of these described obstacles.

Swank and Smith-Adcock (2014) examined the screening and gatekeeping methods used by 79 master’s- and doctoral-level CACREP-accredited counseling programs. Specifically, they asked programs about their use and perceived effectiveness of objective (e.g., grade point average [GPA]) and subjective (e.g., interviews) methods of gatekeeping during the admission process. The majority of surveyed programs placed higher weight on GPA and letters of recommendation during the admission process. Participants described their methods as inefficient and stressed the need to use consistent evaluation to reduce the impact of subjectivity. They also described a desire to use reliable assessments such as formal background checks to better assess psychological fit (Swank & Smith-Adcock, 2014).

Brear and Dorian (2010) conducted a study to examine how 63 counseling educators experienced their training and training as gatekeepers. Their respondents indicated a commitment to be effective gatekeepers, but they had difficulties minimizing their subjectivity because of vague guidelines and written policies. Many of their participants stated they observed other faculty being lenient and failing to capitalize on key moments when students were displaying behaviors of concern. Brear and Dorrian suggested that programs use objective procedures for gatekeeping and provide ongoing training to help faculty better understand their gatekeeper roles and related policies.

Brown-Rice and Furr (2014) discussed the role empathy can play in the gatekeeping process. Ultimately, the authors suggested that counselor educators benefit from finding a balance between being empathic and evaluative in their roles. Brown-Rice and Furr described that empathy may impact how counselor educators gatekeep and intervene with problematic behavior. They coined the term *empathy veil effect* and suggested that it is compounded by factors such as lack of consistent standards across faculty, lack of scholarly sources to refer, and fears of legal retaliation made by students. Although these factors have historically been barriers, the field of counselor education is at a critical point to establish well-documented, researched and supported screening procedures for potential CITs. This study aims to provide a greater description of how counseling programs currently use CBCs in the process of gatekeeping.

## Criminal Background Checks

Literature searches revealed only one study that explored the use of CBCs by counseling programs (Erwin & Toomey, 2005). This is concerning given that some states require CBCs of school counselors and licensure candidates. Over 10 years ago, Erwin and Toomey (2005) conducted a study of 50

CACREP-accredited counseling programs to examine use of CBCs. Specifically, they sought to gather data about how counseling programs use criminal background checks and what resources are consulted when deciding how and when to use CBCs. At the time of their study and within their sample, five CACREP-accredited counseling programs were utilizing CBCs. Alarming, none of the programs that indicated use of CBCs answered the question about having established criteria to decide how criminal background check results are used.

Scholars within other human services fields have provided commentary or empirically explored the use of CBCs in their related training programs. Burns, Frank-Stromborg, Teytelman, and Herren (2004) wrote about the use of CBCs in the field of nursing. At the time of their commentary, most state nursing licensure boards made CBCs mandatory for nurses in order to practice. In contrast with nursing licensing boards, most *nursing training programs* had not made CBCs a requirement due to not having sufficient guidance in how to use the results of CBCs.

Farnsworth and Springer (2006) empirically investigated the use of CBCs by nursing programs. They surveyed 258 nursing schools from across the United States and found that fewer than 50% of the surveyed schools required background checks. Only 8% of the schools that conducted CBCs used them as a part of the admission process. For those that did obtain background checks, there was no standard way to process the results and no universal guidelines were available on how to interpret results. Farnsworth and Springer suggested that schools considering CBCs should seek legal counsel and communicate with other programs using CBCs. They also recommended programs require a criminal self-disclosure in addition to a background check to determine consistencies between self-disclosures and the results of CBCs (Farnsworth & Springer, 2006).

According to Kleshinski, Case, Davis, Heinrich, and Witzburg (2011), approximately 113 medical schools used background checks at the time of their commentary. Medical schools have benefitted from using CBCs by detecting patterns of behaviors that may impede a student's ability to practice and best serve future patients. Kleshinski and colleagues found that common patterns across medical schools using CBCs included: (1) individually considering each situation by factoring in variables such as date and nature of offense; and (2) asking students about past criminal behaviors on admission applications. Importantly, there may be discrepancies between what students report on applications and what their CBCs show; therefore, solely relying on self-report could be problematic.

Within the field of sports science, Weuve, Martin, and White (2008) described many of the same concerns and uncertainties. They suggested that common reasons to conduct CBCs include "promotion of a safe school environment, protection of patients, clients, and student-athletes, because it is required of clinical facilities, and it enhanced student advisement and compliance with state or federal law" (Weuve et al., 2008, p. 28). These authors also speculated that programs may not conduct CBCs because of certain state and federal law, fear of further marginalizing minorities, and due to minimal resources to help the process be informed. Although these suggestions and concerns seem to be well-conceptualized across fields, few studies have taken the next step to empirically examine these issues.

Based on previous literature, there is consistent concern with a lack of universal policies across graduate training programs related to the use of CBCs. Additionally, only one study has empirically investigated how often and in what ways CBCs are being used with counseling graduate school applications (Erwin & Toomey, 2005). Unfortunately, this study is outdated and may leave the field of counseling without adequate evidence-based support to enhance their gatekeeping processes.

Currently, when programs are deciding to use CBCs, they will find minimal information about key aspects such as what company or vendor to use when conducting CBCs; who is financially liable for the CBC; when a CBC should be required; how information from CBCs are used; how students are informed about CBCs; and how to decide if an offense is related to the counseling profession (Weuve et al., 2008). Counseling programs could be held liable for not conducting CBCs, especially if the safety of others is compromised. At the same time, counseling programs also could face liability for using CBCs when guidelines are unclear, applicants are not informed, and policies are not in place about how CBC results may be used.

Given the limited research on this issue, the purpose of this study was to determine how CACREP-accredited master's programs are utilizing CBCs regarding applicants and current students. Specifically, the following research questions were addressed: (a) Do CACREP-accredited master's programs require applicants to undergo a CBC? (b) What are the program's procedures for performing the CBC of applicants? (c) Do programs have established protocols regarding how the results of CBCs affect applicants? (d) Do CACREP-accredited master's programs require current students to undergo a CBC? (e) What are the program's procedures for performing the CBCs of current students? (f) Do programs have established protocols regarding how the results of CBCs affect current students? and (g) What do CACREP program representatives believe are their legal and ethical obligations related to performing CBCs with applicants or current students?

## **Methodology**

### **Participants and Procedures**

Participants were the program contacts for the 270 CACREP-accredited master's programs listed on the official CACREP Web site in summer of 2013. Due to the small size of this population, the entire population was sampled to provide the best approximation of the population's true characteristics (Gay, Mills, & Airasian, 2009). Recruitment of participants was conducted via an e-mail to each program contact inviting them to participate in the study and including a link to an online survey. The sample size decreased due to invalid e-mail addresses, which resulted in the final sample of 261 CACREP-accredited program contacts. A total of 86 participants completed the survey; however, respondents with missing or invalid data ( $n = 3$ , less than 2%) were eliminated via listwise deletion, leaving a total number of 83 participants included in this study. Although there are multiple options for dealing with missing data, listwise deletion was used by eliminating participants with missing data on any of the variables in this study (Sterner, 2011). This resulted in a final response rate of 32%, which falls within the acceptable 30% response rate for online surveys (University of Texas at Austin, Division of Instructional Innovation and Assessment, 2011). Of the 86 program contacts who provided usable data, 29 indicated their programs were in the South, 28 defined their program being in the Northeast, 17 stated their program was in the Midwest, and 9 indicated that their program was in the West. The majority of the participants reported that their programs offered degrees in both the clinical mental health/community track (84%) and the school track (83%). Further, 17% offered the marriage, couple, and family track, 13% offered the student affairs/college track, 6% had the addiction track, and 4% reported offering the career track to students. Table 1 provides a breakdown of specialty track programs offered by participants.

The survey for the current study was designed based on the Criminal Background Check Survey developed by Erwin and Toomey (2005) related to admissions and CACREP-accredited programs performing CBCs. The 13 questions from the original Erwin and Toomey survey were used as a foundation for 30 questions that were created for the online survey utilized to gain information from CACREP-accredited program contacts. Participants were asked to identify if their programs



required CBCs as part of admission to their program. Participants who responded in the affirmative then responded to six multiple choice items related to which specialty tracks required a CBC, type of CBC, who performs and pays for the CBC, how applicants are notified that the CBC is required, and whether the programs have established procedures for deciding non-admission based upon the results of the CBC. Further, two qualitative questions provided an opportunity to learn how CBC information is obtained and used.

Next, participants were asked to identify if their programs required CBCs of current students. Participants who responded in the affirmative then responded to seven multiple choice items related to which specialty tracks required the CBC, type of CBC, who performs and pays for the CBC, how applicants are notified that a CBC is required, at what time in the program CBCs are performed, and whether the programs have established procedures based upon the results of the CBC. Further, two qualitative questions requested information about how CBC information is used and protocols for removal of students. The final part of the survey consisted of 11 questions regarding ethical and legal issues (i.e., CBC required for certification, licensure, or employment as a professional counselor, privacy issues, client welfare, legal consequences of performing CBC, CACREP-standards, potential for screening out minority applicants and students). This section contained five multiple choice questions and six questions based on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

To establish content validity and reliability, a pilot study of the survey was completed. The pilot study included two former CACREP-accredited program contacts who were asked to look for clarity and conciseness of the survey questions and provide feedback and suggestions for improvement. Based upon the responses of the pilot participants, the survey was edited to provide a more conducive and efficient design.

### **Data Analysis**

The Statistical Package for Social Sciences (SPSS) software (version 21) was utilized to screen and analyze the data. The participants' responses to the survey questions were subjected to both descriptive and correlational analyses. First, a descriptive analysis of multiple choice responses was conducted to produce a set of summary statistics related to each of the seven research questions. Next, a Fisher's Exact Test (a variant of a chi-square test for independence for small sample sizes) with an alpha level of .05 was used to determine if there was an association between the region of the country where participants' programs were located and whether CBCs are required for applicants or current students.

## **Results**

### **Applicants and Criminal Background Checks**

Regarding the first research question, of the 83 participants, 27.7% ( $n = 23$ ) reported that their programs required applicants to undertake CBCs. Table 1 provides a breakdown of the specialty track that program contacts specified as requiring applicants to undergo CBCs. The Fisher's Exact Test to determine an association between location of program and requiring applicants to have a CBC was found to be not significant ( $p = .426$ ).

**Table 1***Number and Percentages by Specialty Track and Criminal Background Required*

Specialty Track	Offered by Program				Criminal Background Required for Program Admission				Criminal Background Required for Current Students in Program			
	Yes		No		Yes		No		Yes		No	
	n	%	N	%	N	%	N	%	n	%	n	%
Clinical Mental Health/Community	70	84.3	13	15.7	16	22.9	54	77.1	26	37.1	44	62.9
School	69	83.1	14	16.9	15	21.7	54	78.3	33	47.8	36	52.2
Marriage, Couple, Family	14	16.9	69	83.1	2	14.3	12	85.7	9	64.3	5	35.7
Student Affairs/College	11	13.3	72	86.7	3	27.3	8	72.7	5	45.5	6	54.5
Addiction	5	6.0	78	94.0	1	4.5	4	95.5	1	4.5	4	95.5
Career	3	3.6	80	96.4	0	0.0	3	100	0	0.0	3	100

**Procedures for applicants.** Table 2 provides a breakdown of the type of CBCs performed, who performs the applicants' CBCs, and who paid for the applicants' CBCs. All programs that required CBCs informed students of the CBC through at least one avenue: 45% ( $n = 10$ ) reported notice was given only via the program's Web site; 18% ( $n = 4$ ) said they gave notice via program Web site, verbal discussion (i.e., interview), and written correspondence (i.e., e-mail, letter, handbook); 14% ( $n = 3$ ) stated they gave notice by written correspondence only; 9% ( $n = 2$ ) gave notice by verbal discussion only; 9% ( $n = 2$ ) gave notice by both program Web site and written correspondence; and 5% ( $n = 1$ ) gave notice via both verbal and written notification. An open-ended format was used to learn about how programs use information from the applicants' CBCs. Thirty-five percent ( $n = 8$ ) of the participants shared that they used results in different ways depending on if there was a criminal offense, the level of offense, and the date of offense. One participant reported their program uses the results to determine fit for their program and the counseling profession:

The nature of the crime and the time that has passed since then, and the applicant's explanation (is it sincere, logical, etc.) will help faculty determine if the person will be considered or not. Also, we think about whether or not this person is likely to get certified as a school counselor or licensed as an LPC, or will be able to obtain liability insurance is all considered.

**Established protocols for applicants.** Regarding research question three, 59% ( $n = 13$ ) of the 23 CACREP-accredited programs who reported requiring applicants to undergo CBCs had established procedures for deciding about the non-admission of an applicant in their program based on the CBC results. Twenty-three percent ( $n = 5$ ) provided that their program had not established procedures and 18% ( $n = 4$ ) reported that they did not know if their program had a recognized policy. Thirty-nine percent ( $n = 9$ ) of the participants shared that they used professional standards for deciding about the non-admission of an applicant. One participant described, "We would not accept an applicant who had a background inconsistent with our discipline, and we would not accept an applicant who would not be able to obtain a license."

**Table 2***Number and Percentages by CBC Procedures and Applicants and Current Students*

	Applicants		Current Students	
	n	%	n	%
<b>Type of CBC Performed</b>				
Local (i.e., city, county), state, and federal	10	45	14	37
State	3	14	5	14
Federal	3	14	6	16
State and federal	1	4	3	8
Cities of residency over last 7 years and sex offender data base	2	9	0	0
Did not know	3	14	6	16
<b>Who Performed CBC</b>				
Outside private independent agency	8	36	7	19
Program's university/college	7	32	6	16
Government agency	6	27	19	52
Multiple entities (i.e., state, federal, private agency)	0	0	2	5
Did not know	1	4	3	8
<b>Who Paid for CBC</b>				
Separate fee to applicant/student	17	77	33	89
Applicant paid as part of their application fee	2	9	0	0
University/college paid	2	9	2	5
No charge, university police department conducts	0	0	1	3
Did not know	1	4	1	3

**Current Students and Criminal Background Checks**

Regarding research question four, of the 83 participants, 45% ( $n = 37$ ) reported that their programs required current students to undertake CBCs. Table 1 provides a breakdown of the specialty track(s) that program contacts reported requiring students to undergo CBCs. The Fisher's Exact Tests to determine an association between location of program and requiring applicants to have a CBC was found to be not significant ( $p = .500$ ).

**Procedures for current students.** Table 2 provides a breakdown of the type of CBCs performed, who performs the current students' CBCs, and who paid for the students' CBCs. Further, two participants (5%) defined specific CBCs for certain specialty tracks: (a) state for all tracks plus federal for school students (3%,  $n = 1$ ); and (b), state for college and marriage and family tracks, and state and federal for school students (3%,  $n = 1$ ).

When asked when students' CBCs are conducted, 35% ( $n = 13$ ) reported it was before students are enrolled in internship, 27% ( $n = 10$ ) reported during students' first year, 19% ( $n = 7$ ) reported before practicum, 8% ( $n = 3$ ) reported before practicum and renewed for internship if the initial clearance was more than one year old, 5% ( $n = 2$ ) reported during students' second year, 3% ( $n = 1$ ) reported at admission and then every two years after that, and 3% ( $n = 1$ ) reported that CBCs are done every semester a student is enrolled in prepracticum, practicum, and internship. Participants reported various ways of letting students know that CBCs are a part of the program requirement. Twenty-seven percent ( $n = 10$ ) reported that notice is given via the program's handbook; 24% ( $n = 9$ ) give it through orientation (i.e., new student, clinical), written correspondence (i.e., e-mail, letter), handbooks (i.e., program, clinical), and program Web site; 19% ( $n = 7$ ) give it only through a verbal discussion (i.e., orientation, interview); 14% ( $n = 5$ ) by give it by program's Web site only; 11% ( $n = 4$ ) through multiple methods of orientation (i.e., new student, clinical), written correspondence (i.e., e-mail, letter), handbooks (i.e., program, clinical), program Web sites and written correspondence; and 5% ( $n = 2$ ) only via written correspondence (i.e., e-mail, letter, application).

**Established protocols for current students.** Sixty-eight percent ( $n = 25$ ) of the 37 CACREP-accredited programs who reported requiring students to undergo CBCs had established protocols for deciding what action to take toward a student based on the CBC results. Twenty-seven percent ( $n = 10$ ) provided that their program had not established a procedure and 5% ( $n = 2$ ) reported that they did not know if their program had a recognized policy. Although 25 participants reported that their programs had established procedures, a few responses suggested processes might be informal. For example, one participant stated, "Nothing formal. We hold informal conversations amongst faculty."

### Legal and Ethical Obligations

The following information was collected to answer the final research question. Of the 83 participants, the majority (64%,  $n = 53$ ) reported that licensure or certification was dependent upon a successful CBC for students who graduate from their programs. Twenty percent ( $n = 17$ ) of the respondents indicated that passing a CBC was not necessary for licensure or certification, leaving 16% ( $n = 13$ ) who did not know if licensure or certification was contingent on having a successful CBC. The majority (89%,  $n = 74$ ) believed that it was the program's obligation to notify students that CBCs can be required as part of certification, licensure or employment as a professional counselor; however 5% ( $n = 4$ ) believed it was not the program's responsibility and 6% ( $n = 5$ ) provided they did not know. Eighty-seven percent ( $n = 72$ ) reported that their programs notified students that a CBC may be required to obtain certification, licensure or employment, leaving 13% ( $n = 11$ ) of the programs saying they did not notify their students. When program contacts ( $n = 72$ ) were asked how students are notified of this, 34% ( $n = 25$ ) stated during orientation, 25% ( $n = 18$ ) provided this information during the application process, 14% ( $n = 10$ ) reported the information is continually given throughout the program (i.e., admission, orientations, before field placements), 10% ( $n = 7$ ) stated the information was shared sometime during the first year of the program, 3% ( $n = 2$ ) provided the information during field placement orientation for practicum and internship, 3% ( $n = 2$ ) indicated information is given via student handbook, and 7% ( $n = 5$ ) provided information was given via other means (i.e., during field placement discussions, when students apply for licensure due to licensure requirements varying by state).

When program contacts were asked if they believed it is ethical for their programs to perform CBCs on applicants or students, 41% ( $n = 34$ ) believed it was ethical to perform CBCs on applicants and students, 29% ( $n = 24$ ) felt it was not ethical for applicants or students, 19% ( $n = 16$ ) responded it was ethical only for current students, and 4% ( $n = 2$ ) said it was ethical only for applicants. Eight percent ( $n = 7$ ) responded to this question by providing an alternate response.



All participants' ( $n = 83$ ) responses for *strongly agree* and *agree* were combined to report the subsequent findings. Sixty-six percent ( $n = 55$ ) believed that counseling programs' use of CBCs on applicants and students is important to ensure future clients' welfare and safety. When asked if counseling programs completing CBCs on applicants and students violate the privacy rights of applicants and students, 17% ( $n = 14$ ) either agreed or strongly agreed that it did not. Thirty-six percent ( $n = 30$ ) believed that counseling programs can face legal consequences if CBCs are *not* conducted on applicants or students. Further, 24% ( $n = 20$ ) responded that they believed that counseling programs can face legal consequences by performing CBCs on applicants or students. Thirty-three percent ( $n = 27$ ) believed that there should be a CACREP standard regarding CBCs of applicants and students to ensure consistency and provide an established protocol. When asked if performing CBCs on applicants and students will result in a disproportionate screening-out of minority applicants and students, only 14% ( $n = 12$ ) believed it would.

## Discussion

There were two primary aims of this study: (1) to assess the current use of CBCs by CACREP-accredited master's counseling programs and (2) to offer current information for programs to reference when considering the use of CBCs and creating relevant policies. Within the field of counseling, few studies have explored the use of CBCs and related policies (Erwin & Toomey, 2005; Swank & Smith-Adcock, 2014). As aforementioned, Erwin and Toomey conducted a study in 2005 with only 50 programs that responded. Additionally, only five of the programs that responded used CBCs, which limited the utility of their findings. Swank and Smith-Adcock (2014) surveyed counselor educators about the effectiveness of their current screening procedures for applicants. Their participants reported wanting to use more reliable and objective methods such as background checks, but were unsure how to do so with minimal guidance in the literature.

In the present study, 27.7% ( $n = 23$ ) of respondents reported requiring applicants to undertake CBCs. Although this may seem like a small portion of the sample, it still offers the field knowledge that can augment findings by Erwin and Toomey (2005). This result is not surprising given that there are so few guidelines for programs to use when considering CBCs as a screening and gatekeeping tool. The use of CBCs also remains underdeveloped in other fields such as nursing, medicine and sports science (Farnsworth & Springer, 2006; Kleshinski et al., 2011; Weuve et al., 2008). In fact, Farnsworth and Springer (2006) reported that fewer than 50% of the medical programs they surveyed reported using CBCs. They found this extremely concerning as the field of nursing requires all graduates to pass a CBC in order to become licensed. This is a related issue for those wanting to become a licensed mental health counselor as 17 states report requiring an applicant to pass a CBC in order to become licensed. All the states that do not require CBCs ask for the applicant to describe any criminal offenses on their application and provide further documentation when necessary.

Although 41% of the participants surveyed in the present study reported the use of CBCs as ethical, this finding did not correspond with actual use of CBCs (26.5%). One factor may be related to fear of potential liability when using CBCs. In a study conducted by Swank and Smith-Adcock (2014), participants, who are educators, stated that they would like to use background checks, but they felt hesitant due to the litigation that can come with such methods. These fears may be exacerbated by the fact that the use of CBCs is not universal across university programs and there may be little knowledge about how to seek out university lawyers when developing these requirements. At this time, most university guidelines around CBCs focus on use with employees (Swank & Smith-Adcock, 2014). Weuve et al. (2008) described that lack of guidance and misuse of results continues to keep graduate programs from using CBCs. In the present study, only 13 of the 23 programs who reported

using CBCs had an established procedure for how to use the results. Ultimately, since few resources are available to assist in these decision-making processes, it would be important for programs to seek university counsel. For example, it would be important to seek legal counsel when deciding how requirements and standards should read on program Web sites, how to use the results, and how to inform students about the use of the CBC results.

It also is important to consider other related liability issues such as faculty subjectivity. Previous research indicated faculty subjectivity may interfere with gatekeeping fidelity (Brear & Dorrian, 2010). In the current study, only 13 participants reported their program had an established procedure for deciding about the non-admission of applicants based on CBC results. When procedures are not in place, there may be a greater potential for phenomena such as the empathy veil effect, leniency effect or likability effect. Such phenomena may prompt some faculty to look the other way if not held accountable to exercise a specific policy.

This research also has implications for counseling students. Given that not all programs execute CBCs, students may not understand the consequences of their legal violations until seeking licensure. Currently, 17 state licensing boards require CBCs and all states ask applicants to attest to criminal violations (ACA, 2010). There is potential for a student to get through his or her training program and be ineligible for licensure due to their criminal background. A need exists to consider how CBCs may be used to help students gatekeep themselves and be more conscious of barriers that may ultimately interfere with their professional goals.

## **Limitations and Areas for Future Research**

This study has five basic limitations. First, the sample was obtained from program contacts of CACREP-accredited master's counselor education programs. This approach omitted programs that were not CACREP-accredited. Therefore, generalizability of the results is limited to CACREP-accredited programs. Further, this study did not delineate whether the programs were housed in private or public institutions. Future research focused on investigating all professional counseling programs would be beneficial. The third limitation is that volunteers may have answered the survey questions differently than those members of the population who did not agree to participate (70%). The fourth limitation is associated with the survey being a self-report measure; some participants may have provided responses considered to be socially desirable. Even though the participants were informed in advance that their responses would be kept anonymous, they may have responded in a manner that was not representative of their true feelings or knowledge. The final limitation is related to instrumentation. The findings could have been expanded upon by including questions on the survey about consequences programs have experienced when using or not using CBCs. For example, have any programs been sued for using or not using CBCs?

Given the minimal amount of research in this area, there are multiple directions for future research. One suggestion is to qualitatively explore programs that have used CBCs for several years to get a more thorough understanding of how their processes have evolved. This may help programs understand the elements to consider when using CBCs as part of the screening and gatekeeping processes. It also may support programs in understanding how to protect themselves from liability concerns related to using CBCs. Another future study may involve surveying doctoral-level counseling programs to examine differences across training levels. Further research could examine student perspectives of the use of CBCs. It might be possible that students would welcome the use of CBCs at the program level so they are aware of legal standards at the start of pursuing a professional counselor license.

## Conclusion

Since screening and gatekeeping is such an important role of a training program, the use of CBCs is an important topic for counselor education. The use of CBCs may assist counselor educators in executing their ethics related to not endorsing CITs they believe to be unqualified (ACA, 2014). The consequences of graduating a student with a criminal history could be great and ultimately put future clients at risk for harm. Perhaps CACREP could assist programs in understanding if and how to use CBCs by adding ideas for best practices in their accreditation standards. Previous literature has indicated that the field of counseling may benefit from creating more formalized screening procedures that include objective and reliable measures (Swank & Smith-Adcock, 2014). The current study offers support that programs are using CBCs as a part of the admission process and to continually evaluate their students. Given this is a trend, it may be important to establish best practices and policies around CBCs so that programs are using them in consistent ways.

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