

Chapter 2

An Ethical Decision-Making Model for Trauma-Informed Gatekeeping

Leigh DeLorenzi

✉ <https://orcid.org/0000-0001-8776-5652>

Rollins College, USA

Alicia M. Homrich

Rollins College, USA

EXECUTIVE SUMMARY

Gatekeeping decisions frequently involve ethical dilemmas. Therefore, trauma-informed decision-making is required for each step of the gatekeeping process when addressing trainees demonstrating problems of professional competence (PPC). This chapter outlines an ethical decision-making model for gatekeeping that includes six phases of action: (a) preparing, (b) naming, (c) engaging, (d) assessing, (e) implementing, and (f) evaluating. Additionally, this model infuses SAMHSA's six key principles of trauma-informed care, along with multicultural and personal discernment considerations throughout.

INTRODUCTION

The American Counseling Association (ACA) *Code of Ethics* (2014) defines gatekeeping as, "...the initial and ongoing academic, skill, and dispositional assessment of students' competency for professional practice, including remediation

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and termination as appropriate” (p. 20). The term *gatekeeper* is used as a metaphor for helping professionals who monitor the progress of others while also controlling admission or access to the field (Homrich, 2009). Gatekeeping decisions frequently involve ethical dilemmas, as gatekeepers must carefully weigh multiple courses of action that yield both positive and negative consequences simultaneously (Homrich & Henderson, 2018). In gatekeeping instances with no clear “right” path, gatekeepers are sometimes left to elect the “best of the worst” course of action. Even the most experienced and diligent gatekeepers find themselves subject to legal action and/or institutional resistance, making the process time-consuming, confusing, discouraging, and intimidating (DeLorenzi, 2018a). Thoughtful decision-making is required for each step of the gatekeeping process when addressing trainees demonstrating problems of professional competence (PPC). PPC can manifest in various ways, such as breaches of confidentiality, dual relationships, practicing without proper credentials, or imposing cultural or religious beliefs on clients, especially if the counselor holds strong biases against certain groups. Ethical codes, such as those provided by ACA (2014), further outline the standards for professional conduct and are designed to protect both clients and counselors by ensuring that the counseling relationship is conducted in a safe, ethical, and effective manner. These codes emphasize the importance of maintaining boundaries, safeguarding client information, and practicing within one's area of competence to avoid potential conflicts of interest and harm to client.

Ethical codes are not specific regarding gatekeeping decision-making processes, which require more complex and critical thinking (Letourneau, 2016). Gatekeepers are under tremendous pressure to enact timely interventions, while self-doubt and conflicts among colleagues or institutions risk delays that could thwart the process. Gatekeeper self-doubt is common and arises from various factors. One source of self-doubt stems from the lack of explicit training in evaluation, remediation, and gatekeeping practices, particularly among doctoral students who often serve as gatekeepers in counselor education programs (Brear & Dorrian, 2010). Additionally, the complexity of ethical dilemmas faced by gatekeepers contributes to self-doubt. These dilemmas often require weighing multiple courses of action with both positive and negative consequences, creating uncertainty about choosing the most appropriate path (Homrich & Henderson, 2018). The fear of legal action or institutional resistance also plays a significant role in fostering self-doubt among gatekeepers, making the process intimidating and discouraging (DeLorenzi, 2018b). Furthermore, gatekeepers face considerable pressure to act quickly when addressing problems with PCC, which can exacerbate uncertainty about the appropriateness and timing of interventions (Rust et al., 2013).

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