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COUNSELOR

Falling from Grace:

Understanding the Impact of Ethical Complaints and Sanctions on the Professional Counselor

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Abstract

The receipt of an ethical complaint or a professional sanction can be the most traumatic event ever experienced by a professional counselor. This article intends to promote awareness of the emotional and psychological impacts using a journal narrative to describe a four stage process through which the professional may progress. The story provides a door to understanding and a light to a darkened soul. Recommendations for prevention of ethical lapses are suggested.

Keywords: Ethical Complaints and Sanctions; Counselor Complaints and Sanctions; Ethical Errors and Prevention; Narrative Method of Understanding an Ethical Error

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*If you shut your door to all errors,
Truth will be shut out.
Rabindranath Tagore*

Daily we hear the stories, struggles and accomplishments of our clients and we empathize with their pain, encourage their change, and celebrate their healing:

Soul enters when our spirits have been crushed and our egos have fallen apart. She moves gently and quietly amid the ruins of a destroyed life and begins to build again. She stays with us when everyone else has left and holds us through the night until the dawn breaks again. Through the night, she sings us songs we have never heard yet somehow know by heart. She tells us stories of courage, not the courage of dashing heroes and heroines, but a deeper courage that only grows in the valleys of defeat and despair. In the cracks of our shattered lives, she plants the painful seeds of hope. All this is the work of the soul....

(Elkins, 1995, p. 86)

Perhaps unintentionally, and unfortunately, such a compassionate response may not be provided to the professional counselor who has received an ethical complaint or sanction. An error in judgment or poorly chosen action can lead to silence, shame, and isolation. The complaint process, the sanctioning event, and consequent public scrutiny encourage the professional to go underground the painful experience:

. The story of the professional under scrutiny remains mostly hidden. The unheard and unseen experience can create misguided assumptions, stereotypes, and stigma. The primary focus of this article is on the impact of ethical complaints and/or sanctioning on professional counselors who work under a licensing board and/or professional ethics committee. Realistically, a broad stroke could be made to also include physicians, lawyers, nurses, and other such professionals, because the experience of having a complaint or being sanctioned is more similar than different for such professionals. There are numerous

writings describing the impact of complaints and sanctioning on physicians (Charles, 2001; Christensen, Levinson, & Dunn, 1992; Jain, & Ogden, 1999; Mulcahy, 1996; Nash, Tennant, & Walton, 2004; Novack et al., 1997); however there is a paucity of available literature addressing the impact on professional counselors. Through brief glimpses from a journal of one counselor's sanctioning experience, a narrative picture is provided and intended to validate the depth of sorrow, fear, and pain felt during the process as well as illustrate a four stage process through which a sanctioned professional may travel. Although the identity of the storyteller will remain confidential, the story will touch the universality of emotions and thoughts experienced by the wounded, perhaps impaired, healer. At the conclusion of the article, prevention suggestions and resources are offered to provide a diversity of ways to potentially prevent such an event.

Understanding the Ethical Complaint and Sanctioning Processes

“To endure successfully the disruptive experience of being accused, counselors must understand how boards review complaints. They must also pay attention to their own emotions and position themselves to behave in a responsible manner” (Chauvin & Remley, 1996, p. 563). Receiving complaints and holding ethical violation hearings are responsibilities of state licensing boards and professional association ethics committees (Chauvin & Remley, 1996; Neukrug, Miliken, & Walden, 2001; Richards & Noblin, 1999). Both the Ethics Committees of the American Counseling Association (ACA) and the American Psychological Association (APA) provide annual reports of the numbers, nature, and dispositions of complaints; both have reported a relatively low number of complaints; and few complaints have been reported to be sufficiently valid to be adjudicated (Neukrug et al., 2001; Sanabria & Freeman, 2008; Wheeler and Bertram, 2008).

“Effective complaint mechanisms hold professions accountable” (Nash et al., 2004). If a complaint is made, it is reviewed, and the findings can result in a dismissal of charges or a range of sanctions such as remedial, educational, probation, suspension, educative warning, reprimand, censure, stipulated resignation, permitted resignation, or expulsion (Chauvin & Remley, 1996; Corey, Corey, & Callanan, 2007; Richards & Noblin, 1999). A counselor who is expelled from a professional organization

may also be subject to reviews by national and state licensing boards. Members do have a right to appeal a committee's decision (Chauvin & Remley, 1996).

“Although the likelihood that counselors will have ethical complaints filed against them is reported to be quite low, the risk of experiencing such an unfortunate circumstance increases every year [of practice]” (Chauvin & Remley, 1996, p. 564). Wheeler and Bertram (2008) reported that although there was a relatively small number of censures, disciplines, and lawsuits, when they did occur, frequently they were associated with one of three broad categories: “intentional disregard”, “careless disregard” (failure to stay informed), and being in the “wrong place [at the] wrong time” (p. 2).

Professional decisions which can more likely result in complaints and/or sanctions include confidentiality violations, sexual misconduct, failure to prevent suicide, and inappropriate treatment. Failure to obtain an informed consent, abandonment of clients, notable departures from established practices, practicing in an area in which one is not competent, misdiagnosis, failure to warn or protect others, inappropriate use of repressed memory, unhealthy boundaries, transference, and failure to manage a dangerous client can put counselors at risk (Corey et al., 2007; Wheeler and Bertram, 2008). A malpractice claim involves a professional relationship in which the counselor must have acted in an improper or negligent manner below the standard of care; the client must have suffered actual injury; and the reported harm would not have occurred but for the counselor's alleged breach of duty and injury claimed by the client (Corey et al., 2007; Wheeler and Bertram, 2008). Every complaint must be taken seriously and “could be used as the basis for a lawsuit” (Chauvin & Remley, 1996, p. 564). False complaints against counselors can happen (Williams, 2000) and adding complexity to the complaints and sanctioning process, each state and professional organization offers varying and unique interpretations of professional standards of practice and ethical guidelines *and* the severity of sanctions may not be uniform (Richards & Noblin, 1999).

To protect consumers, ethical codes, licensing boards, and ethics committees expect professional competency, self care, knowledge, and prevention of ethical errors. In addition they provide a foundation to define best practices, promote the values of the counseling profession, have a means for processing

ethical complaints and sanctions, and clarify the ethical responsibilities held in common by the respective members (ACA, 2005; Herlihy & Corey, 2006; Wheeler and Bertram, 2008).

When complaints and sanctions do occur, there is an absent recognition of the emotional and psychological aspects of the experience. Empathetic understanding can enable dialogue, reduce fear, enhance human compassion, and ultimately serve to promote prevention for all helping professionals. A focus on personal understanding and accountability, without excessive blame, shame, and fear, can bring professionals out of the shadows and “into the light of rational and compassionate examination” (Welfel, 2005, p. 130). “[And] to the extent that counselors recognize that an ethical error is a mistake from which they can recover, they will be more willing to look honestly at the lapses in their [own] professional actions (Welfel, 2005, p. 126). “To err is human” (Lewis, 2002, p.13), can tax the emotions, disrupt the life of the professional helper and yet “there exists no method to care for the fallible physician” (Christensen et al. 1992, p. 424) or counselor.

The Effects of Sanctioning and Professional Silence

Receiving an ethical complaint and/or being sanctioned both induce very deep emotional, physical, and behavioral reactions in the concerned professional (Chauvin & Remley, 1996; Christensen et al., 1992; Jain & Ogden, 1999; Mulcahy, 1996; Novack et al., 1997; Welfel, 2005). Although there are not a large number of empirical studies on “the impact of negligence suits and the medical complaints process on doctors” (p. 279), existing findings indicate that both the threat of, and the actual sanctioning create notable psychological, physical, and behavior effects which can permanently impact the practitioner’s personal and professional identity and alter the way the one practices (Nash et al., 2004). The receipt of a complaint or sanction can be the most traumatic and terrifying time ever experienced by a professional person. Support and acknowledgment may be absent. Peers can be harsh critics and may respond to the event with sensationalism or emotional detachment. The sanctioned individual may suffer in silence. The root of censoring and analgesic responses is complex; perhaps related to normal human ways of reducing pain and vulnerabilities. Silence could come from fear to not honestly see ourselves: *self-denial*. “What I see in you, I must look at in myself.” Perhaps silence is a function of simple

ignorance. “This would never happen to me.” Or perhaps the hush is an outcome of a type of *moral superiority*. “I am above that.” In many cases, the absence of dialogue is the product of our own *professional numbness* as we habitually desensitize ourselves from our own work. “I can’t handle any more.” There may be numerous reasons for a professional deaf ear and emotional numbness. The reality is that professional sanctions occur, and verbal and emotional silences serve no one (Levenson, 1986).

One’s own belief system can derail self healing. Novack et al. (1997) described how physicians’ self beliefs can impair healing. Four common belief systems found among physicians were: “limitations in knowledge is a personal failing; responsibility is to be borne by the physician alone; altruistic devotion to work and denial of self is desirable; and it is ‘professional’ to keep one’s uncertainties and emotions to oneself” (p. 503). What Novack et al. (1997) summarized about physicians is applicable to many professional counselors:

Though they cognitively understand that it is human to err, many physicians may nevertheless feel they ought to be perfect. These physicians will experience excessive guilt and shame if they make mistakes, especially mistakes that lead to adverse outcomes. Physicians may be troubled for years after a mistake, and may order excessive diagnostic testing to avoid mistakes and may inappropriately treat patients based on over generalizing from a mistake....Many physicians will not discuss their mistakes with others making it less likely that they will learn from their mistakes or heal emotionally. (p. 505)

Fears of ridicule from colleagues promote professional silence Christensen et al. (2001). From an in depth interview with eleven physicians the majority reported a problem-focused approach which did not address feelings, and in fact the “doctors viewed disclosure of emotional issues with colleagues as threatening or, in some cases, as unhelpful” (Christensen et al., 2001, p. 427). Kasman (2001) suggested responding compassionately to impaired professional peers:

Emotions in medicine are challenging and frequently ignored. Do you remember a colleague in training or practice who attempted suicide, drank too much, or abused drugs? Are

we trained to help our colleagues or ourselves? Medicine is rife with emotions, including joy, sorrow, hope, and angst. To promote both personal and professional well-being, we need to address the emotional experiences. (p. 58)

Christensen et al.(2001) also reported that mistakes were frequent, self-disclosure to colleagues was rare, support from peers was minimal, and the degree of the emotional impact on the physicians was profound. “Being accused of ethical or illegal misconduct is a universally dreaded event in any professional’s life. Whether warranted or not, the accusation can be devastating” (Sommers-Flanagan & Sommers-Flanagan, 2007, p. 333). The idea of the event having a very negative impact seems evident (Chauvin & Remley, 1996); however the literature review for this article did not reveal significant writing specifically addressing the actual impacts of mistakes, complaints, and sanctions on professional counselors.

Understanding the Complaint and Sanctioning Experience

The receipt of a professional complaint or sanction sets the stage for grieving, loss and trauma. The stages of grieving parallel those identified by Kubler-Ross (1969): (a) denial and isolation, (b) anger, (c) bargaining, (d) depression, and (e) acceptance. These stages succinctly describe the inner emotional world felt by the sanctioned individual. Grief progresses in a non-linear manner, at times being more intense than other times and includes pain, fear, anger, and guilt (Caplan & Lang, 1995; James & Cherry, 1988; Lindemann, 1944). There is a numbness and disbelief with an initial inability to integrate the previous construction of reality with an altered worldview in which there is a “compromised sense of purpose, significance, security, and control... [with a] decimation of frameworks, [and] of meaning that previously sustained the bereaved individual” (Neimeyer, Prigerson, & Davies, 2002, p. 241). The loss of innocence, the disruption of personal assumptions, and the impact on relationships that supported a sense of self and identity, flood the limbic system and create adverse health responses and emotional reactivity; yet there is no established professional ritual, or structure to facilitate a healing and create a shared meaning (Neimeyer et al).

The Post Traumatic Stress Disorder (PTSD) diagnostic criteria describe the behavioral, cognitive,

and physiological dimensions of a traumatizing experience (APA, 2000). When exposed to a traumatic event, which includes threat to the integrity of the self, a person feels intense fear, helplessness, and horror. The event is re experienced in intrusive, repetitive recollections, distressing dreams, feelings as if the event were happening again, and a notably disrupted well being. There are frantic efforts to avoid thoughts and feelings associated with the with the event, difficulties with sleeping, poor concentration, an inability to relax, a feeling of detachment or estrangement from others, psychological distress at exposure to the cues that resemble the event, physiological reactivity, irritability, and a sense of a hopeless future (APA, 2000). This response parallels the experience of being sanctioned.

Jain & Ogden (1999) interviewed 30 randomly selected physicians to qualitatively evaluate their responses to patients' complaints and reported three stages of response: initial impact, conflict, and resolution. In their study they described the stages in detail demonstrating a complex emotional and behavioral progression evidenced in shock, panic, anger, suicidal thinking, self doubt, feeling out of control, conflicts with family, defensive practice, leaving practice, and for a minority, integration and learning. Although not every physician interviewed was negative, most reported the event as a very stressful and permanently changed their worldview and practice. To frame the response as one that involves grief, trauma, and stages, in conjunction with an actual narrative account, provides an intimate understanding of the impact of the experience on a counselor.

Four Stages of Response

What is it like to receive notice of a complaint or to be sanctioned? As taken from an actual journal account (italicized), the inner emotional experience for the sanctioned professional is terrifying, traumatic and unforgiving:

The day the letter came from the licensing Board was not unlike the day I received the call of my father's death: Something permanently ended, the pain visceral, deep, unrelenting and the regret of not doing things differently is unforgiving. Not only is the pain unending, the fears are immobilizing. "What will others think of me? Will I lose my job? Will others believe me? Will they believe my story? Will my clients think I have changed? I wish there were a cave of solitude and safety I could escape to, but tomorrow is Monday...

As we learn from work with clients, stories are gold minds to understanding the heart and

walking in the path of the other. Narratives provide a depth of understanding to help the other to create a new chapter for the next path in life (Locke & Gibbons, 2008). The sanctioned professional needs to be heard; the personal and intimate details of the experience will likely reveal stages of shock, grief, loss, trauma, change, and resolution. In responding to the sanctioning experience there are four identifiable stages of reaction and recovery through which a sanctioned professional can expect to progress: (a) *intense emotional reactivity*, (b) *loss*, (c) *reality*, and (d) *integration*. These stages can be useful in understanding and responding to the sanctioned professional.

The Intense Emotional Reactivity Stage

I go to the grocery store late at night now. I do not want to be seen. Sleeping through a night is a past memory I crave, now no longer part of my life as now my night companions are horrific nightmares, incessant mind discussions, frequent hopes for death, and unheard prayers to a higher power who is not home. I want relief so badly. I'll do anything. But there is no relief from demons of hate, fear, and shame. How did this happen? This cannot be real. I never had a thought of harm for anyone. At moments I wonder if I really caused harm. I would change my past if I could just go back three years and start over. But I cannot and here in bed at 3AM . I wish death would put me to sleep...

The intense emotional reactivity stage is an overwhelming and intrusive emotional experience. Upon learning of the complaint or sanction, the professional helper goes into a state of shock, often accompanied by numbness, isolation and depression. There are frequent lapses to vicious emotional pain. This is a stage of intense speculation, asking oneself “Why?” There is constant redoing of the event in one’s mind. Perhaps most important at this stage is to recognize the intensity of the experience. The shock is fierce. “*How did this happen? What am I going to do?*” The shock creates immobilization and behaviorally the individual may withdraw, lose sleep and weight, and may appear numb. The evolving stages of hurt, bargaining, and grief are unrelenting. “*If I could only go back. If only I could die.*” There are nightmares, intrusive thoughts, paranoid and distorted beliefs and emotional and social isolation. The unwavering inner grief is as deep as the soul can experience. “*Every inch of my body wails. My heart hurts. My identity has had a heart attack*” Too often those in the helping fields do not allow themselves to experience and identify their own emotional vulnerabilities and compromise self care (Figley, 2002). It is as if helping professionals cannot be weak, out of control, or vulnerable as though they are not a

competent if unable to “handle” their own emotional states.

Reminders of a sanction will be continuous, apparent in the daily work where the ethical complaint letter or sanctions are visible in the professional employment folder or on the disclosure statements. Licenses hanging on the walls may have “probationary status” marked on the certificate. All insurance applications require the box to be checked “yes” if the professional has had any ethical violation, sanction, or malpractice event.

“A lawyer should be the first to hear the full details of the case, and it is very important to follow precisely the legal advice that is obtained” (Chauvin & Remley, 1996, p. 565). Once legal boundaries are clearly identified, the emotions need to be recognized and mirrored.

Intervention at this stage needs to be compassionate; there is an urgency to talk and be heard in a caring, and safe manner. The “wounded healer” longs for unconditional patience and time. The external sanction is only the tip of the iceberg. The losses of dignity, responsibilities, and other’s respect can create a chronic and relentless negative feedback loop, taking a toll on self confidence and contact with others. In spite of persistent reminders of the event, the unwavering emotional responding will lessen in force and *the loss stage* may follow.

The Loss Stage

At work I don't know who to trust. No one talks to me about this and I am afraid to ask anyone what they think. Because I am sanctioned, do my peers think I am less competent? If they could just believe how much I now do know. If they could just believe I am a worthwhile person. The most painful moment today however was when I had to explain to my client of 2 years, why my license is on probation. Holding back the tears I could not let her see, was like holding back a billion pound dam ready to flood. I thought that once I let go, the flood of emotions would drown me. And once she left the office, it did...I am living in the body of a person I do not know; and the world seems like a foreign country. I don't know where I belong, who I am, who respects me, if I will have a job tomorrow. I can't even fill out an insurance form the way I used to because now I have to check the box “yes” when asked if I have ever been sanctioned....

The loss stage consists of confronting and managing the tangible and real losses that have or may occur as a result of the sanction. “... [E]thics complaints may lead to civil or even criminal lawsuits being filed against professional counselors” (Chauvin & Remley, 1996, p. 564). Tangible costs could include legal fees, increased or denied insurance coverage, reduction in referrals and/or existing caseload,

potential demotions at the work place, and in worst case scenarios, loss of employment. Less tangible and painful losses could include loss of professional reputation, self-esteem, trust in others, friendships, respect, and connections to one's own family members. "Counselors found guilty of ethical violations need help, not scorn from the profession" (Chauvin & Remley, 1996, p. 566).

Initially, the losses are profound and intervention in the loss stage is one of retrospection and prioritizing. The existential questions of personal meaning, purpose, and life goals are asked and validation, safety, and support are the water to a desert flower. Unconditional positive regard, willingness to listen, and proactive contact can help the professional believe that all is not lost. Although confidentiality issues regarding the specifics of the sanction need to be tightly maintained (Chauvin & Remley, 1996), the emotional experience of loss and fear needs to be heard. Eventually loss can lead to transformation, and with time, the loss is integrated. The previous "taken-for-granted senses of security, predictability, trust, and optimism" (Neimeyer et al, 2002, p. 240) undermined by the complaint or sanction, begin to transform into a new worldview, a peace, and a courage. "The energizing catalyst for choosing growth over safety is courage. Courage allows one to effectively act under conditions of danger, fear, and risk. Without courage, the individual or group remains stuck in existing patterns or immobilized in fear" (Goud, 2005, p. 103). With support and courage, reality enters the healing room.

The Reality Stage

Now I know what I must do. Realistically I will be facing some painful and serious limitations. I noted yesterday, the managed care application had a section asking if I had ever been sanctioned. I had to say, "Yes". That cut deep. But it's reality. I will need to answer "yes" every year from now on. My focus now is what I need to do...

In the reality stage the actual and real consequences are no longer left to the imagination. The *monster under the bed* has been looked at and confronted. What must be faced is now better known. This is reality. By this stage the professional may have completed educational and behavioral requirements mandated by the sanctioning board. The changes in forms have been completed. The legal costs have been paid or are yet to be paid. The professional may be attending counseling where the emotional reactivity is calmed and the grief is less intense. As the fears become manageable, realities can be dealt

with.

Intervention during the reality stage includes helping the professional identify strengths and possibilities. Turning the focus from shame and isolation into risk and change is important. The professional must learn to reframe the losses and pain and see beyond the immediate. Reassessment of personal and professional priorities is critical. *“What is truly most important to me?”* A simplicity program could create freedoms from some of the inevitable losses. Downsizing financial expectations, material obligations, and performance demands, can create new opportunities for the self, relationships, and silence for the troubled soul (James, 1994). Taking action reduces helplessness and the real and the possible begin to merge.

The Integration Stage

Although I am not crying every night anymore, I don't want this to ever again happen. My only way of rebuilding my broken confidence and worth will be from what I do differently. There were reasons this happened. I've never appreciated more the power of pain to teach. Perhaps now I can see what was blinding me before, or maybe I wasn't blind; maybe I just didn't know...

Once the difficult bridges of emotional intensity, loss, and reality are crossed, a deep learning period can begin in the integration stage. The professional can undertake an in depth process of understanding what happened and perhaps, why. This learning stage is not without intense emotion; however the emotions are not so strong because survival is no longer the primary drive. This is the stage where honest self assessment and problem solving can take place.

Intervention at this stage can help the professional to self scrutinize in a productive, non-blaming way. As suggested by Novack et al. (1997) for physicians, counselors can focus self assessment:

It may be especially beneficial for physicians to discuss their mistakes with other physicians, organizing their discussion into 5 topic areas: “What was the nature of my mistake? What are my beliefs about the mistake? What emotions did I experience in the aftermath of the mistake? How did I cope with the mistake? What changes did I make in my practice as a result of the mistake? (p. 505)

Infractions can be a result of many causes. Professionals who have been practicing for a significant time period could be vulnerable to ignorance of changes and expectations of their professional code of ethics or standards of practice. Infractions can occur due to more personal reasons such as burnout, poor boundaries, poor decision making, inadequate supervision, and impairment. The etiology of an infraction is complex, and could be of an acute nature or more chronic. Some incidents fall into a “gray” area and are more difficult to define. Peer support and review are critical for the counselor (Chauvin and Relay, 1996). The emotional adjustments alone may not be sufficient to provide knowledge and skills for prevention; awareness must be increased and staying updated is critical for all professionals. Increasing understanding and proactively offering support can mitigate professional shame, reduce silence, and promote dialogue

The healing power lies in *how* change is handled and maintained. The ultimate goals of understanding and intervening with the sanctioned professional could facilitate prevention. In some cases a sanction may result in guiding the professional into an alternative career; a decision to be made out of strength and awareness, not out of shame and impairment. In the majority of cases the sanctioned professional can integrate the professional trauma to empower, improve, and contribute in an even more valuable and capable way. As professionals we must offer compassion and options to peers with whom we work (ACA, 2005). And we must be open to learning from them, as their stories may be our guide and lifeline at some point in our own professional career.

Prevention

The receipt of a professional sanction is both unfortunate and painful. Primary prevention and education offer effective and humane interventions (Chauvin & Remley, 1996). The following prevention suggestions represent small windows in a big house.

1. Journal. (Adams, 1990; Baldwin, 1990; Gladding, 1987; Goldberg, 1986; Lamott, 1995; Pennebaker, 2004).
2. Practice Mindfulness, Meditation and Compassion. (Breggin, 2008; Elkins, 1995; Kornfield, 1993; La Torre, 2005; Schure, Christopher, & Christopher, 2008).

3. Engage in Daily and Diverse Self Care. (Carney, 2007; Cashwell, Bentley, & Bigbee, 2007; Cummins, Massey, & Jones, 2007; Dixon, Mauzey, & Hall, 2003; Figley, 2002; Gladding, 2007).
4. Prioritize Wellness, Time, and Others. (Meyer & Ponton, 2006; Myers, Sweeney, & Witmer, 2000; Purdy, & Dupey, 2005; Sprang, Clark, & Whitt-Woosley, 2007; Venart, Vassos, & Pitcher-Heft, 2007; Yager, & Tovar-Blank, 2007).
5. Be Honest, Aware, and Intentional. (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005; Lum, 2002; Pope & Keith-Spiegel, 2008; Urofsky, Engels, & Engebretson, 2008; Vasquez, Bingham, & Barnett, 2008; Woodside, Oberman, Cloe, & Carruth, 2007).
6. Advocate for Change: Establish Formal and Informal Professional Support Programs. (Remley, Benschhoff, & Mowbray, 1987; Thomas, 2005; Toporeck, Lewis, & Crethar, 2009).

Limitations and Implications for Future Research

The findings of this article are limited by the size of the sample, which is essentially one professional's story. It is possible the effects of a complaint or sanctioning impact would be different for others. There are numerous references describing the effects on physicians, and although likely quite similar, the unique experiences of counselors have not been frequently written about. This article represents an initial attempt to give voice to the experience of counselors who have been through a complaint, sanctioning or similar type of process. It is important for our profession to learn more about this experience, bring light into dark souls, create safe dialogue, and remember that the story of trauma is more universal than different. Learning from pain is profound. It is not what one has done in the past, as much as it is what one will do in the future.

*We learn wisdom from failure much more than from success;
We often discover what will do, by finding out what will not do;
and probably he who never made a mistake never made a discovery.
Samuel Smiles*

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