

DRAFT

Falling From Grace: Understanding an Ethical Sanctioning Experience

Jane Warren and Kristin Isabella Douglas

University of Wyoming

### Abstract

Although an ethical sanction is viewed as an incredibly stressful event for professional counselors, the experience of being sanctioned is not well known. This article provides an overview of the sanctioning process, a discussion of professional silence, and a case example of a sanctioning experience for a counselor. The sanctioning experience is described in a three-stage response sequence and is illustrated with journal entries from a sanctioned counselor. Response interventions for each stage are suggested and implications for the counseling profession are offered.

*Keywords:* ethical sanctions; counselor sanctions; use of journals

### Falling From Grace: Understanding an Ethical Sanctioning Experience

Although no profession is free from ethical errors, receiving an ethical complaint as a counselor is a stressful event and even more difficult if the end result is a professional sanction (Chauvin & Remley, 1996; Sommers-Flanagan & Sommers-Flanagan, 2007). There are multiple ethical challenges to address in counseling such as dual relationships (Gottlieb, 1993; Nickel, 2004; Pope & Keith-Spiegel, 2008); gift receiving (Brown & Trangsrud, 2008); awareness of changes in ethical codes (Kocet, 2006); termination of counseling (Vasquez, Bingham, & Barnett, 2008); ethical timelines (DePauw, 1986); informed consent (Croarkin, Berg, & Spira, 2003; Pomerantz & Handelsman, 2004; Rudd et al., 2009); maintaining wellness (Cummins, Massey, & Jones, 2007; Harrison & Westwood, 2009; Lawson, 2007; Yager, & Tovar-Blank, 2007); multicultural awareness (Frame & Williams, 2005); risk management (Kennedy, Vandehey, Norman, & Diekhoff, 2003); and utilizing an effective decision-making model (Cottone & Claus, 2000). Wrestling with an ethical situation can be a challenging and lonely experience, and sometimes in the end, counselors do not make sound ethical decisions (Welfel, 2005).

The personal story of the professional counselor under ethical scrutiny remains mostly unknown because a sanctioning event can evoke judgment, contribute to stigma, and result in silence, shame, and isolation for a professional. Stigma is a term used to define a mark or flaw resulting from a socially unacceptable person or physical characteristic; originally evolved from the focus on the alleged defects of an individual's status, physical characteristics, or character; and was used to define the lower moral status of a person or group of persons (Lay & McGuire, 2008; Vogel, Wade, & Hackler, 2007). Because of negative public scrutiny, the stigmatized person hides concerns and avoids support (Vogel et al., 2007). Stigmas can lead to poorly

justified knowledge structures and result in discrimination and negative judgments; however, education about the stigmatized person and contact with the same person can reduce stigmatization (Corrigan & Penn, 1999). A lack of understanding and dialogue about sanctioning may contribute to the stigma regarding sanctioning. Due to an absence of understanding about sanctioning, counselors often do not know how to respond to an ethical mishap. Furthermore, little literature is available on how to respond to those who have been professionally sanctioned.

Welfel (2005) presented a model for counselors to use for response to minor ethical missteps. These steps include: (a) recognizing an error, (b) experiencing regret or remorse, (c) granting restitution if possible, and (d) rehabilitating the counselor to help prevent further lapses in judgment. Even with these helpful steps, more information may be needed to effectively respond to professional sanctions and more serious states of ethical misconduct.

In this article we provide a brief overview of the sanctioning process, discuss professional silence around sanctioning, and present a case example of a sanctioning experience. The sanctioning experience is presented in a three-stage response sequence and illustrated with journal entries from a sanctioned counselor. Response interventions for each stage are suggested and implications for the counseling profession are discussed.

### **Understanding the Ethical Sanctioning Processes**

As part of their professional training and responsibilities, counselors are expected to understand how complaints are reviewed and why sanctions are imposed (American Counseling Association [ACA], 2005; Corey, Corey, & Callanan, 2007; Sommers-Flanagan & Sommers-Flanagan, 2007). One of the many responsibilities of state licensing boards and professional association ethics committees is to review complaints about counselors and their work with clients (Chauvin & Remley, 1996; Neukrug, Miliken, & Walden, 2001; Richards & Noblin,

1999). These boards and committees also hold ethics violation hearings when complaints are made that warrant such actions. Licensing boards and ethics committees' primary responsibility is to protect the public (Corey et al., 2007; Welfel, 2005). The ACA and the American Psychological Association (APA) provide annual reports of the numbers, nature, and dispositions of complaints. These two organizations have reported a relatively low number of complaints, with few of these complaints resulting in discipline (Biaggio, Duffy, & Staffelback, 1998; Hubert & Freeman, 2004; Neukrug et al., 2001; Sanabria & Freeman, 2008; Van Horne, 2004; Wheeler & Bertram, 2008).

Complaint mechanisms and consequent sanctions are intended to support professional accountability (Nash, Tennant, & Walton, 2004). If a complaint is made, it is reviewed by the licensing board and/or ethics committee, and the findings can result in a dismissal of charges or a range of sanctions. Sanctions received vary from situation to situation and include remedial, educational, probation, suspension, educative warning, reprimand, censure, stipulated resignation, permitted resignation, and expulsion (Corey et al., 2007; Richards & Noblin, 1999). Each state and professional organization has varying interpretations of professional standards of practice and ethical guidelines, and the severity of sanctions may not be uniform across states and organizations (Phelan, 2007; Richards & Noblin, 1999). Across all settings, the sanctioning process has a system in place that offers counselors the opportunity and right to appeal a committee's decision (Chauvin & Remley, 1996).

Although the likelihood that counselors will have ethical complaints filed against them is reportedly low, the risk of such events reportedly increases with additional years of practice (Chauvin & Remley, 1996; Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005). Professional decisions that most frequently result in complaints and/or sanctions are confidentiality violations,

sexual misconduct, failure to prevent suicide, and inappropriate treatment (Corey et al., 2007). Additional high risk areas include 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 (Corey et al., 2007; Wheeler & Bertram, 2008). Malpractice claims can also result from ethical complaints.

A malpractice claim involves a professional relationship in which the counselor must have acted in a negligent manner below the standard of care, the client must have suffered injury, and the reported harm would not have occurred but for the counselor's alleged breach of duty (Corey et al., 2007; Wheeler & Bertram, 2008). Every complaint must be taken seriously and in worst case scenarios, a complaint may become "the basis for a lawsuit" (Chauvin & Remley, 1996, p. 564). When discipline and lawsuits did occur, Wheeler and Bertram (2008) reported they were frequently associated with intentional disregard, careless disregard [failure to stay informed], or being in the wrong place at the wrong time.

To protect consumers, ethical codes, licensing boards, and ethics committees expect professional competency, knowledge, and avoidance of ethical errors (ACA, 2005). Professional organizations provide a foundation to define best practices and promote the values of the counseling profession. Furthermore, they process ethical complaints and sanctions and clarify the ethical responsibilities held in common by their respective members (ACA, 2005; Herlihy & Corey, 2006; Welfel, 2005; Wheeler & Bertram, 2008).

Furthermore, counselors have an ethical and professional responsibility to engage in self-monitoring behaviors that increase awareness and incorporate effective self-care strategies

(ACA, 2005; Hendricks, Bradley, Brogan, & Brogan, 2009; O'Halloran & Linton, 2000; Pope & Vasquez, 1998; Venart, Vassos, & Pitcher-Heft, 2007). Stressed, distressed, or impaired counselors do not provide the most optimal level of counseling services (Lawson, 2007; Lum, 2002). However, even with well-established ethical standards and performance expectations, "all of us are vulnerable to denial and other ways of dismissing, distorting, or discounting ethical questions....We all have favored ways of making uncomfortable ethical challenges disappear..." (Pope & Vasquez, 1998, pp. 11-12).

### **Professional Silence**

There seems to be considerable silence evidenced in an absence of research about how professional counselors feel about sanctioning events and sanctioned professionals. The absence of research about the experiences of professional sanctioning could be due to numerous reasons. Professional perfectionism may lead to silence. Novack et al. (1997) discussed four belief systems present within physicians that could contribute to their professional silence. These beliefs systems included "limitations in knowledge is a personal failing; responsibility is to be borne by physicians alone; altruistic devotion to work and denial of self is seen as desirable; [and] it is 'professional' to keep one's uncertainties and emotions to oneself" (Novak et al., p. 503). Shame about the meaning of receiving a professional sanction may also contribute to silence.

The first author has worked with a number of sanctioned counselors who reported they felt isolated and believed their peers were not comfortable with any dialogue about the sanctioning experience. "Do we assume because we have not been subject to any formal complaint procedures that therefore we have been behaving in an ethically exemplary manner?" (Pope & Vasquez, 1998, p. 13). If isolation and emotional detachment exist, then the sanctioned individual may suffer in silence (Welfel, 2005). Another reason for silence could be professional

denial, evidenced in, “This could never happen to me.” Counselors can learn to justify and ignore their own unethical behavior in efforts to “quiet a noisy conscious” (Pope & Vasquez, 1998, p. 13).

This same disbelief could contribute to an absence of dialogue with peers who have been sanctioned. To effectively understand a difficult experience, professionals need to talk about it (Friedman, 2009; Kasman, 2001). From an in-depth interview with eleven physicians who had each made a previous mistake in their work, the majority of these physicians reported they did not feel safe sharing personal emotional challenges with their professional peers, and in some cases, the disclosure experience was not helpful (Christensen, Levinson, & Dunn, 1992). What Christensen et al. (1992) found for physicians may hold true for counselors: talking may not always be helpful. The reasons for these conversations not being helpful may be due to the lack of understanding of and dialogue about professional sanctioning.

Perhaps the absence of dialogue is related to how counselors fail to recognize the extent of the emotional impact they are experiencing within themselves (Figley, 2002; Hendricks et al., 2009; Lawson, 2007; Sprang, Clark, & Whitt-Woosley, 2007; Venart et al., 2007). Professional fatigue may unintentionally leave little room for peer support. Failure to be vulnerable can diminish awareness, effective decision making, and wellness (Figley, 2002; Hendricks et al., 2009; La Torre, 2005; Lewis, 2002; Peluso, 2006; Pope & Vasquez, 1998).

Research reviewing the impact on counselors from sharing their experiences has not been conducted. There may be many reasons for a sanctioned professional to remain silent; however, professional sanctions occur, and verbal and emotional silences in the end, serve no one (Levenson, 1986).

### **The Sanctioning Experience**

When a counselor is accused of an ethical or illegal misconduct, it is considered “a universally dreaded event in any professional’s life” (Sommers-Flanagan & Sommers-Flanagan, 2007, p. 333) and it is an event with serious consequences for the counselor (Wheeler & Bertram, 2008). Although there is an absence of research on the effects of sanctioning on counselors, there is considerable research on the effects in regards to physicians. Although the two professions are different, the similarities are evident given that both serve others, are liable for malpractice, and follow ethical standards. Several researchers have reported that the complaint and sanctioning process for physicians has long term negative effects on the sanctioned physician’s well-being and in many cases, permanently impacted their personal and professional identities (Charles, 2001; Jain & Ogden, 1999; Mulcahy, 1996; Nash et al., 2004). The experience of the sanctioned counselor remains untold.

Perhaps the story of one sanctioned counseling professional can provide insight into the sanctioning experience. The stories of others are invaluable for generating understanding and compassion. The written experience can provide an in-depth understanding of the any difficult event and perhaps can provide a means for the sanctioned counselor to re-author painful images (Gray, 2005; Locke & Gibbons, 2008; White, 2002). The following case example utilizes journal entries (granted with permission) from a sanctioned professional to illustrate the experience from one professional’s perspective. Ethical guidelines identified by Sperry (2010) were used as guidelines for describing this professional’s sanctioning experience.

### **Case Example**

Krieshok and Pelsma (2002) reported that sharing case studies and examples are difficult due to the importance of maintaining confidentiality. The challenge lies in balancing protected information with sharing enough information so that others can learn from the experience. Due

to confidentiality concerns, personally identifying information in this case has been altered or omitted. The concept of what happened, specific allegations to the board and their response, the sanctioning process and experiences, actual journal entries, and follow-up status have remained unchanged.

At the time of the ethical mistake, the counselor of concern (CC) had been a licensed mental health professional counselor practicing for more than ten years in an urban agency setting. CC had no known prior complaints filed with the licensing board and was considered a competent counselor. CC had extensive experience in a variety of work settings, had received ongoing positive feedback from clients, was well-liked at work, and considered to be an ethical professional.

CC's graduate training program had not required a formal course in ethics. There were debates at the time on what was the best way to provide ethics education. "Although the professional organizations for counseling and psychology clearly have recognized the importance of ethical considerations in training programs, no specifications are made as to what are considered best practices in ethics education in counselor education" (Urofsky & Sowa, 2004, p. 1). Although CC actively pursued professional development, formal ethics training courses were not part of the particular state's training requirements.

Nearly two years after the appropriate termination of a former client, CC was asked on a date by a previous client. The previous client relationship boundaries were explained, and both parties believed the relationship fit within ethical boundaries. A brief dating relationship was initiated and eventually ended. A colleague in the community heard about the dating relationship and filed a complaint with that state's licensing board.

CC did not know of the report until a letter came from the licensing board. CC was shocked and did not realize the dating relationship was unethical. Throughout the sanctioning process, CC learned about the ethical codes regarding appropriate and inappropriate contact with former clients. CC realized why dating a former client was a problem and was humiliated for not recognizing this sooner. Additional ethical concerns included the absence of peer consultation and failure to review the state and national codes to ascertain the time limits and realities of previous client relationship boundaries.

The licensing board required CC to complete ethics training, receive supervision for at least one year, and work under a probationary license status for two years. CC clearly understood the need for ethics training and supervision as well as for the reasons for probationary status. Once all the board's requirements were met, CC's license was reinstated in full.

Journal writing can be an effective way to promote reflection, self-awareness, and understanding (Gladding, 1987, 2007; La Torre, 1995; Pennebaker, 2004; Warren, Morgan, Morris, & Morris, 2010; Williams, Gerardi, Gill, Soucy, & Taliaferro, 2009). Excerpts from CC's journal narrative, written during this sanctioning event, are helpful in describing the sanctioning experience. The journal entries are offered to provide a window into understanding the emotional intensity, thoughts, feelings, and responses involved with a sanctioning experience.

The sanctioning experience from this journal narrative is framed in a three-stage response sequence: (a) intense emotional reactivity, (b) loss, and (c) integration. The sequence stages emerged from counseling with sanctioned professionals and provide a framework for both understanding and responding to a sanctioned professional. Practice-based evidence relies on the

experience of clinicians who are practicing (Dupree, White, Olsen, & Lafleur, 2007). Although the validity of any “model is established in the real world of the therapy office” (Cusinato & L’Abate, 2008, p. 117), this model is yet to be empirically validated. Knowing this, the three-stage sequence is to serve as a means to better understand and respond to a sanctioned counselor.

### **The Intense Emotional Reactivity Stage**

The intense emotional reactivity stage of response is an overwhelming and intrusive emotional experience. Upon learning of the complaint or sanction, the professional may go into a state of shock, often accompanied by numbness, doubt, isolation, and depression. During this stage, there are frequent lapses into emotional pain. This is a time of considerable speculation and constant re-playing of the event in one’s mind. Perhaps most important at this stage for the sanctioned counselor to realize is to recognize the intensity of the experience. There will be internal questioning into how the event happened and what will be done. Shock can create immobilization and behaviorally the individual may withdraw, lose sleep, and feel hopeless:

*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. 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. Every inch of my body wails. My heart hurts. My identity has had a heart attack. 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. I would change my past if I could just go back three years and start over. But I cannot and here in bed at 3 AM, I wish death would put me to sleep. If only I could go back. If only I could die.* (Author, Personal Journal Entry)

The preceding comments illustrate themes of unwavering inner despair evidenced in nightmares, intrusive thoughts, distorted beliefs, and social isolation. Additional challenges that add to the emotional overload include unrelenting daily reminders in the workplace environment. The ethical complaint letter or sanction is usually placed in the employment folder and required on the professional disclosure statements. Licenses hanging on the walls are required to indicate any status change such as “probationary status” on the certificate. All insurance applications require the box to be checked “yes” to indicate if the professional has had any ethical violation, sanction, or malpractice event. These reminders add to the high level of emotions and loss that accompany a sanctioning event. However, before anything about the sanctioning can be discussed with peers or support persons, the boundaries of confidentiality and legal protocol need to be clearly determined and protected (Chauvin & Remley, 1996). Once the confidentiality measures are clarified, dialogue can begin.

Intervention at this stage needs to include compassionate listening. The wounded healer (Horsford, 2009) needs to be heard. Effective listening skills and unconditional regard (Rogers, 1961) can be very helpful in the early stages of responding to a traumatic experience, such as an ethical sanctioning. The story of the sanctioned professional can enhance *compassion*.

Compassion is unconditional acceptance of others and self. Rogers (1957) epitomized compassion when he wrote, “I feel neither approval nor disapproval...simply acceptance” (p. 98). He set the stage for the essential elements of the healing relationship with unconditional positive regard, empathetic understanding, genuineness, and congruence. Compassion is the foundation for the healing powers of caring relationships (Breggin, 2008; Rogers, 1957) and contact with those who suffer allows intrinsic understanding of life’s difficulties (Moxley & Washington, 2001; Roysircar, 2009). One single empathic encounter can substantially influence a person to change (Miller, 2000). How caring impacts others may not be clearly known; it may simply be a relationship condition which enables corrective emotional experiences and allows another to be active in their own healing (Greenberg, Watson, Elliott, & Bohart, 2001, p. 383). Additional ways to address the distress may be through use of creative and artistic media (Buser, Buser, & Gladding, 2005).

Beneath the surface of the sanctioned counselor’s reaction is a deeper level of pain and grief. The inner emotional world felt by the sanctioned individual at this stage parallels the grief responses described by Kubler-Ross (1969) which include denial and isolation, anger, bargaining, and depression. This grief progresses in a non-linear manner, being more intense at some times than others, and includes pain, fear, anger, and guilt (Caplan & Lang, 1995; Lindemann, 1944). There is numbness and disbelief with an initial inability to integrate the previous construction of reality with an altered worldview and a “compromised sense of purpose, significance, security, and control... [and a] decimation of frameworks [and] of meaning that previously sustained the bereaved individual” (Neimeyer, Prigerson, & Davies, 2002, p. 241). In spite of persistent reminders of the event, the unwavering emotional response decreases and the loss stage may follow.

### The Loss Stage

The loss stage consists of confronting and managing the losses that occur as a result of a sanction. Although the inner emotional turmoil is deep, there will be significant losses of dignity, responsibilities, and other's respect, which can create a chronic and relentless negative feedback loop, taking a toll on self-confidence and contact with others. The journal entry below illustrates how loss penetrates both the personal and professional levels:

*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, they 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 have to check the box "yes" when asked if I have ever been sanctioned. I feel ugly and ashamed.*

Although the loss stage includes many injuries in one's professional reputation, self-esteem, trust, and respect, there are also economic-based losses. Ethical complaints may lead to litigation (Chauvin & Remley, 1996) resulting in considerable legal fees. There may also be increased rates in malpractice insurance coverage, loss of insurance coverage, a reduction in referrals and caseload, demotions at the work place, and in worst case scenarios, loss of

employment.

Intervention at this stage includes identifying losses, reframing priorities, and finding meaning in the experience. To address the losses, the sanctioned counselor may want to explore personal life changes such as developing a simplicity program. James (1994) offered 100 ways to downsize, reduce clutter, and simplify life enough such that the focus could be on self-care, not “stuff-care.” Downsizing financial expectations, material obligations, and performance demands can create new opportunities for the self and relationships (James, 1994). Making ethical errors can be a result from professional overload and poor self-care. To carefully evaluate balance and assess loss as an opportunity for enhanced wellness can support the sanctioned professional. Identifying and embracing priorities can enhance awareness and promote wellness (Lambie, 2006). The loss stage may also include a spiritual focus. Loss can be a time to identify and process existential questions, find personal meaning and purpose, and explore values and life goals (Horsford, 2009; Neimeyer et al., 2002). Eventually loss is integrated into life. This integration stage is when personal, professional, and social facets can be addressed.

### **The Integration Stage**

In the integration stage, the actual and real consequences are known. The overwhelming fears have been faced. This is a time to evaluate what was happening in the life of the counselor that may have contributed to the poor ethical decision making. During this stage, honest self-assessment and problem solving can take place. The professional can undertake an in-depth process of understanding what happened and address the reasons for it happening (Welfel, 2005). Although there may be many reasons behind an ethical error, common areas to honestly evaluate include levels of: (a) self-care, (b) self-awareness, (c) professional training, (d) supervision, (e)

relationship support, (f) wellness, (g) life satisfaction, (h) balance, (i) boundaries, and (j) optimism (Harrison & Westwood, 2009). Assessment of risk management strategies needs to be done and include such areas as consultation, informed consent, knowledge of standards, institutional knowledge, competence, and supervision (Wheeler & Bertram, 2008). Counselors need to be open to learning from their experiences to enhance their own ethical practices.

*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... Although I am not crying every night anymore, I don't want this to ever again happen. I think back at the time of the event and I recognize my isolation and overload. 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.*

By this stage, the professional has likely completed the requirements mandated by the sanctioning board. During the integration stage, self-assessment, relationship rebuilding, and career planning are the focus. The sanctioned counselor may still feel emotional, but the intense emotions are less frequent and survival is no longer the primary drive (Yount, 2009).

Intervention at this stage includes helping the sanctioned counselor to self-scrutinize in productive, non-blaming ways. As suggested for physicians, counselors should mindfully conduct self-assessments to evaluate mistakes made to avoid repeating the violation that lead to

initial sanctioning (Novak et al., 1997). 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). Professional and ethical awareness needs to be continuous and is crucial to competence (Pope & Vasquez, 1998). Counselors will be more willing to look honestly at their ethical lapses when they recognize that they can recover (Welfel, 2005).

*I remember my peer saying that I would never be the same again. I thought, that is good. I won't have to do everything alone. I won't believe I have to know everything, because in fact, I know very little. Now I consult with professional peers before any decision. I set boundaries and say no to taking more clients than I can handle. I enroll in an ethics training experience every year. I have enrolled in Yoga. I spend time in nature. I feel connected to what I am feeling. I feel close to home life. I am present.*

Intervention during this stage also includes helping the sanctioned counselor build relationships through encouraging social contact. Chavin and Remley (2009) stated, “Counselors found guilty of ethical violations need help, not scorn from the profession” (p. 566), and social support is related to wellness (Hendricks et al., 2009).

The ultimate goal of integration will be helping the professional move toward the future. In some cases, a sanction may result in guiding the professional into an alternative career. The previous “taken-for-granted senses of security, predictability, trust, and optimism” (Neimeyer et al., 2002, p. 240) that were disrupted by the sanctioning, can be transformed into a sense of courage, a new worldview, and a degree of peace. Goud (2005) presented courage as the energizing catalyst to face conditions of danger, fear, and risk. “Without courage, the individual

or group remains stuck in existing patterns or immobilized in fear” (p. 103). Counselors can help a sanctioned professional to integrate the event and encourage continued reflection on lessons learned from the sanctioning experience.

### **Discussion and Implications**

The etiology of any sanction is complex. The purpose of this article was to provide a narrative picture of the lived experience of one sanctioned counselor. Empathetic understanding can enable dialogue, reduce fear, offer human compassion, and ultimately serve to promote awareness for all helping professionals. Professional counselors are required to address concerns with peers and as well, provide support (ACA, 2005). “Our very sense of ourselves comes only in our meeting with others” (Freidman, 2009, p. 410). Inviting counselors to appropriately share their stories can help them feel empowered and help them improve in ways not thought of before (Locke & Gibbons, 2008).

The particular case presented supports the research indicating that a seasoned practitioner is not exempt from ethical mishaps and poor decisions (Chauvin & Remley, 1996; Jennings et al., 2005). Counselors in practice for longer periods may have lower self-care, be less self-aware, lack supervision, and fail to stay educated and updated ethically. The ACA (2005) *Code of Ethics* requires counselors to self-monitor to avoid impairment, to address peers who may be practicing unethically, and to know the standards of practice. To work with counselors planning to enter the field, counselor educators need to encourage safe, yet frank, discussions with students who are in uncertain ethical territory. These frank discussions may help counselors-in-training to avoid falling into the slippery slope toward more egregious ethical errors (Welfel, 2005).

Courses in ethics education need to address ethical dilemmas from before intake to beyond termination (DePauw, 1986). Educating counselors regarding the many complexities in

ethical decision making may help them explore how to handle and possibly avoid potential challenging ethical situations before they arise (Corey, Corey, & Callanan, 2005; Hill, 2004; Kitchener, 1986). Knowing this, research of ethics education needs to improve (Hill, 2004; Urofsky & Sowa, 2004). Based on the perspective offered from this article, additional emphasis in ethics training could include in-depth dialogue about sanctioning experiences. Perhaps sanctioned counselors could be invited to share their stories in counseling education settings. Although confidentiality agreements are often signed during a sanctioning process, there are ways to review cases and maintain confidentiality (Sperry, 2010). The stories of sanctioned professionals may inspire an even greater incentive to engage sooner in discussions before ethical lapses occur. In addition to enhancing ethics education, counselors in all stages of training and development need to prioritize wellness and self-awareness (Breggin, 2008; Cashwell, Bentley, & Bigbee, 2007; Cummins et al., 2007; Jennings et al., 2005; La Torre, 2005; Lum, 2002; Pope & Keith-Spiegel, 2008; Schure, Christopher, & Christopher, 2008; Vasquez, et al., 2008; Venart et al., 2007; Yager & Tovar-Blank, 2007).

Although this article offers an understanding of the experience and response to sanctioning, there are limitations in that this experience is limited to only one professional. The effects of a sanctioning event could be different for others. Although there is value in practice-based evidence, research has not validated the stages of response described in this article. A qualitative approach to study the experiences of a number of sanctioned counselors would help identify the potential range of meaning, multiple interpretations of reality, and variations of perception for those having such an experience (Creswell, 2007; Ponterrotto, 2005). There are numerous references describing the effects on physicians; although there are similarities in helping professions, research of the unique experiences of sanctioned counselors is needed.

Even with limitations evident in this article, it is important for counselors to learn more about the sanctioning experience, and help bring perspective into troubled lives (Elkins, 1995). Honest dialogue may help decrease stigma of sanctioning and encourage open dialogue. The sanctioned counselor from this case example was successful in responding to the licensing board's requirements and today practices under full licensure. That being said, changes in this counselor's practice were significant and included commitment to yearly ethical trainings, establishment of a clear wellness plan, and involvement in ongoing active supervision. In spite of positive changes, the memories of the sanctioning experience still evoke shame and doubt. Understanding the pain and challenges of a sanctioning experience reminds counselors that the sanctioning process is difficult journey and does not end after the sanctioning requirements are concluded. Lessons learned from the above professional may provide insight into how major ethical mishaps can happen as well as provide suggestions on how to understand and respond to those who have been sanctioned.

## References

American Counseling Association. (2005). *ACA code of ethics and standards of practice*.

Alexandria, VA: Author.

Biaggio, M., Duffy, R., & Staffelback, D. F. (1998). Obstacles to addressing professional misconduct. *Clinical Psychology Review, 18*, 273-285. doi:10.1010/S0272-7358(97)00109-8

Breggin, P. R. (2008). Practical applications: 22 guidelines for counseling and psychotherapy. *Ethical Human Psychology and Psychiatry, 10*, 43-57. doi:10.1891/1559-4343.10.1.43

Brown, C., & Trangsrud, H. B. (2008). Factors associated with acceptance and decline of client gift giving. *Professional Psychology, Research and Practice, 39*, 505-511. doi:10.1037/0735-7028.39.5.505

Buser, T. J., Buser, J. K., & Gladding, S. T. (2005). Good grief: The part of arts in healing loss and grief. *The Journal of Creativity in Mental Health, 1*(3/4), 173-183. doi:10.1300/J456v01n03\_10

Cashwell, C. C., Bentley, D. P., & Bigbee, A. (2007). Spirituality and counselor wellness. *Journal of Humanistic Counseling, Education and Development, 46*, 66-81.

Caplan, S., & Lang, G. (1995). *Grief's courageous journey*. Oakland, CA: New Harbinger Publications, Inc.

Charles, S. C. (2001). Coping with a medical malpractice suit. *Western Journal of Medicine, 174*, 55-58. doi:10.1136/ewjm.174.1.55

Chauvin, J. C., & Remley, T. P. (1996). Responding to allegations of unethical conduct. *Journal of Counseling and Development, 74*, 563-568.

- Christensen, J. F., Levinson, W., & Dunn, P. M. (1992). The heart of darkness: The impact of perceived mistakes on physicians. *Journal of Internal Medicine*, *7*, 424-431.
- Corey, G., Corey, M. S., & Callanan, P. (2005). An approach to teaching ethics courses in human services and counseling. *Counseling and Values*, *49*, 193-207.
- Corey, G., Corey, M. S., & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed.). Pacific Grove, CA: Brooks/Cole Publishing.
- Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, *54*, 765-776. doi:10.1037/0003-066X.54.9.765
- Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling and Development*, *78*, 275-283.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. (2nd ed.). Thousand Oaks, CA: Sage.
- Croarkin, P., Berg, J., & Spira, J. (2003). Informed consent for psychotherapy: A look at therapist's understanding, opinions and practices. *American Journal of Psychotherapy*, *57*, 384-400.
- Cummins, P. N., Massey, L., & Jones, A. (2007). Keeping ourselves well: Strategies for promoting and maintaining counselor wellness. *Journal of Humanistic Counseling, Education and Development*, *46*, 35-49.
- Cusinato, M., & L'Abate, L. (2008). Likeness: A hidden ingredient in family therapy. *The American Journal of Family Therapy*, *36*, 116-125. doi:10.1080/01926180701189812
- DePauw, M. E. (1986). Avoiding ethical violations: A timeline perspective for individual counseling. *Journal of Counseling and Development*, *64*, 303-305.

- Dupree, W. J., White, M. B., Olsen, S. O., & Lafleur, C.T. (2007). Infidelity treatment patterns: A practice-based evidence program. *The American Journal of Family Therapy, 35*, 327-341. doi:10.1080/01926180600969900
- Elkins, D. (1995). Psychotherapy and spirituality: Toward a theory of the soul. *Journal of Humanistic Psychology, 35*, 78-98. doi:10.1177/00221678950352006
- Figley, C. R. (2002). Compassion fatigue: Psychotherapist's chronic lack of self care. *Journal of Clinical Psychology: In Session, 58*, 1433-1441. doi:10.1002/jclp.10090
- Frame, M. W., & Williams, C. B. (2005). A model of ethical decision making from a multicultural perspective. *Counseling and Values, 49*, 165-179.
- Friedman, M. (2009). The outreach of dialogue. *Journal of Humanistic Psychology, 49*, 409-418. doi:10.1177/0022167809340244
- Gladding, S. T. (1987). The poetics of a "check out" place: Preventing burnout and promoting self-renewal. *Journal of Poetry Therapy, 1*, 95-102.
- Gladding, S. T. (2007). Tapping into the wellspring of wellness. *Journal of Humanistic Counseling, Education and Development, 46*, 114-119.
- Gottlieb, M. C. (1993). Avoiding exploitive dual relationships: A decision-making model. *Psychotherapy, 30*, 41-48.
- Goud, N. H. (2005). Courage: Its nature and development. *Journal of Humanistic Counseling, Education and Development, 44*, 102-116.
- Gray, M. C. (2005). Narrative couple's therapy with feeling resistant men. *McGill Journal of Education, 40*, 120-130.
- Greenberg, L. S., Watson, J. C., Elliott, R., & Bohart, A. C. (2001). Empathy. *Psychotherapy, 38*, 380-384.

- Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy Theory, Research, Practice, Training, 46*, 203-219. doi:10.1037/a0016081
- Hendricks, B., Bradley, L. J., Brogan, W. D., & Brogan, C. (2009). Shelly: A case study focusing on ethics and counselor wellness. *The Family Journal: Counseling and Therapy for Couples and Families, 17*, 355-359. doi:10.1177/10664807709348034
- Herlihy, B., & Corey, G. (2006). *ACA ethical standards casebook* (6th ed.). Alexandria, VA: American Counseling Association.
- Hill, A. L. (2004). Ethics education: Recommendations for an evolving discipline. *Counseling and Values, 48*, 183-203.
- Horsford, S. (2009). Spirituality of our lives: An interview with Harry Aponte. *The Family Journal Counseling and Therapy for Couples and Families, 17*, 367-373. doi: 10.1177/10664807709347037
- Hubert, R. M., & Freeman, L. T. (2004). Report of the ACA ethics committee: 2002-2003. *Journal of Counseling and Development, 82*, 248-251.
- Jain, A., & Ogden, J. (1999). General practitioners' experiences of patients' complaints: Qualitative study. *British Medical Journal, 318*, 1596-1599.
- James, E. S. (1994). *Simplify your life*. New York, NY: Hyperion.
- Jennings, L., Sovereign, A., Bottorff, N., Mussell, M. P., & Vye, C. (2005). Nine ethical values of master therapists. *Journal of Mental Health Counseling, 27*, 32-47.
- Kasman, D. (2001). Physicians' feelings: Toward a balance in medical education. *West Journal of Medicine, 174*, 58. doi:10.1136/ewjm.174.1.58

- Kennedy, P. F., Vandehey, M., Norman, W. B., & Diekhoff, G. M. (2003). Recommendations for risk-management practices. *Professional Psychology: Research and Practice, 34*, 309-311. doi:10.1037/0735-7028.34.3.309
- Kitchener, K. S. (1986). Teaching applied ethics in counselor education: An integration of psychological processes and philosophical analysis. *Journal of Counseling and Development, 64*, 306-310.
- Kocet, M. M. (2006). Ethical challenges in a complex world: Highlights of the 2005 ACA code of ethics. *Journal of Counseling and Development, 84*, 228-234.
- Krieshok, T. S., & Pelsma, D. M. (2002). The soul of work: Using case studies in the teaching of vocational psychology. *The Counseling Psychologist, 30*, 833-846.  
doi:10.1177/001100002237757
- Kubler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan.
- Lambie, G. W. (2006). Burnout prevention: A humanistic perspective and structured group supervision activity. *Journal of Humanistic Counseling, Education, and Development, 45*, 32-44.
- La Torre, M. A. (2005). Self-reflection: An important process for the therapist. *Perspectives in Psychiatric Care, 41*, 85-87. doi:10.1111/j.1744-6163.2005.00019.x
- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development, 46*, 20-34.
- Lay, K., & McGuire, L. (2008). Teaching students to deconstruct life experience with addictions: A structured reflection exercise. *Journal of Teaching and Addictions, 7*, 145-163.  
doi:10.1080/15332700802269227
- Lewis, J. M. (2002). To err is human. *Psychiatric Times, 19*, 13.

Levenson, J. L. (1986). When a colleague practices unethically: Guidelines for intervention.

*Journal of Counseling and Development, 64*, 315-317.

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of*

*Psychiatry, 10*, 141-148.

Locke, W. S., & Gibbons, M. M. (2008). On her own again: The use of narrative therapy in

career counseling with displaced new traditionalists. *The Family Journal, Counseling and*

*Therapy for Couples and Families, 16*, 132-138. doi:10.1177/1066480708314258

Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy: An*

*International Journal, 24*, 181-197. doi:10.1023/A:1014385908625

Miller, W. R. (2000). Rediscovering fire: Small interventions, large effects. *Psychology of*

*Addictive Behaviors, 14*, 6-18. doi:10.1037//0893-164X.14.I.6

Moxley, D. P., & Washington, O. G. (2001). Strengths-based recovery practice in chemical

dependency: A transpersonal perspective. *Families in Society, 82*, 251–262.

Mulcahy, L. (1996). From fear to fraternity: Doctors' construction of accounts of complaints.

*Journal of Social Welfare and Family Law, 18*, 397-412.

doi:10.1080/09649069608410186

Nash, L., Tennant, C., & Walton, M. (2004). The psychological impact of complaints and

negligence suits on doctors. *Australasian Psychiatry, 12*, 278-281.

Neimeyer, R. A., Prigerson, H. G., & Davies, B. (2002). Mourning and meaning. *American*

*Behavioral Scientist, 46*, 235-251. doi:10.1177/000276402236676

Neukrug, E., Miliken, T., & Walden, S. (2001). Ethical complaints made against credentialed

counselors: An updated survey of state licensing boards. *Counselor Education and*

*Supervision, 41*, 57-70.

- Nickel, M. B. (2004). Professional boundaries: The dilemma of dual & multiple relationships in rural clinical practice. *Counseling and Clinical Psychology Journal, 1*, 17-22.
- Novack, D. H., Suchman, A. L., Clark, W., Epstein, R. M., Najberg, E., & Kaplan, C. (1997). Calibrating the physician: Personal awareness and effective patient care. *Journal of the American Medical Association, 278*, 502-509. doi:10.1001/jama.278.6.502
- O'Halloran, T. M. & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counseling, 22*, 354-64.
- Peluso, P. R. (2006). Expanding the use of the ethical genogram: Incorporating the ethical principles to help clarify counselor's ethical decision-making styles. *The Family Journal, 14*, 158-163. doi:10.1177/1066480705285569
- Pennebaker, J. W. (2004). *Writing to heal: A guided journal for recovering from trauma and emotional upheaval*. Oakland CA: New Harbinger Publications.
- Phelan, J. E. (2007). Membership expulsions for ethical violations from major counseling, psychology, and social work organizations in the United States: A 10-year analysis. *Psychological Reports, 101*, 145-152. doi:10.2466/PRO.101.1
- Pomerantz, A. M., & Handelsman, M. M. (2004). Informed consent revisited: An updated written question format. *Professional Psychology, Research and Practice, 35*, 201-205. doi:10.1037/0735-7028.35.2.201
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126-132. doi:10.1037/0022-0167.52.2.126

- Pope, K. S., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: Making decisions, bypassing blunders, and mending fences. *Journal of Clinical Psychology, 64*, 638-652. doi:10.1002/jclp.20477
- Pope, K. S. & Vasquez, J. T. M. (1998). *Ethics in psychotherapy and counseling* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Richards, K. A., & Noblin, C. D. (1999). Sanctions for ethics violations: Does licensure or socio economic status matter? *Ethics and Behavior, 9*, 119-126.  
doi:10.1207/s15327019eb0902\_3
- Roysircar, G. (2009). The big picture of advocacy: Counselor, heal society and thyself. *Journal of Counseling and Development, 87*, 288-294.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology, 21*, 95-103.
- Rogers, C. (1961). *On becoming a person*. New York, NY: Houghton Mifflin.
- Rudd, M. D., Joiner, T., Brown, G. K., Cukrowicz, K., Jobes, D., A., & Silverman, M. (2009). Informed consent with suicidal patients: Rethinking risks in (and out of) treatment. *Psychotherapy Theory, Research, Practice, Training, 46*, 459-468. doi:10.1037/a0017902
- Sanabria, S., & Freeman, L. T. (2008). Report of the ACA ethics committee: 2006-7. *Journal of Counseling and Development, 86*, 249-252.
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-Body medicine and the art of self-care: Teaching mindfulness to counseling students through Yoga, meditation and Qigong. *Journal of Counseling and Development, 86*, 47-56.
- Sommers-Flanagan, R. S., & Sommers-Flanagan, J. S. (2007). *Becoming an ethical helping professional: Cultural and philosophical foundations*. Hoboken, NJ: John Wiley & Sons.

- Sperry, L. (2010). Writing about clients: Ethical considerations and values. *Counseling and Values, 54*, 88-102.
- Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*, 259-280. doi:10.1080/15325020701238093
- Urofsky, R. & Sowa, C. (2004). Ethics education in CACREP-accredited counselor education programs. *Counseling and Values, 49*, 37-47.
- Van Horne, B. A. (2004). Psychology board disciplinary actions: The realities. *Professional Psychology: Research and Practice, 35*, 170-178. doi:10.1037/0735-7028.35.2.170
- Vasquez, M. J. T., Bingham, R. P., & Barnett, J. E. (2008). Psychotherapy termination: Clinical and ethical responsibilities. *Journal of Clinical Psychology, 64*, 653-665. doi: 10.1002/jclp.20478
- Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *Journal of Humanistic Counseling, Education and Development, 46*, 50-66.
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*, 40-50. doi: 10.1037/0022-0167.54.1.40
- Warren, J. A., Morgan, M., Morris, T. M., & Morris, L. B. (2010). Breathing words slowly: Creative writing and counselor self-care. The writing workout. *Journal of Creativity in Mental Health, 5*, 1-16, doi:10.1080/15401383.2010.485074
- Welfel, E. R. (2005). Accepting fallibility: A model for personal responsibility for nonegregious ethics infractions. *Counseling and Values, 49*, 120-131.
- Wheeler, N. & Bertram, B. (2008). *The counselor and the law: A guide to legal and ethical practice* (5th ed.). Alexandria VA: American Counseling Association.

- White, V. E. (2002). Developing counseling objectives and empowering clients: A strength-based intervention. *Journal of Mental Health Counseling, 24*, 270-279.
- Williams, G. B., Gerardi, M. B., Gill, S. L., Soucy, M. D., & Taliaferro, D. H. (2009). Reflective journaling: Innovative strategy for self-awareness for graduate nursing students. *International Journal for Human Caring, 13*, 36-43.
- Yager, G. G., & Tovar-Blank, Z. G. (2007). Wellness and counselor education. *Journal of Humanistic Counseling, Education and Development, 46*, 142-153.
- Yount, W. R. (2009). Transcendence and aging: The secular insights of Erikson and Maslow. *Journal of Religion, Spirituality & Aging, 21*, 73-87. doi:10.1080/15528030802265361