Professional Transgressions in the Workplace

By Mita Johnson, EdD, LAC, MAC, SAP, NAADAC Ethics Committee Chair

Most clinicians and allied providers who work with clients struggling with substance use and addictive behavior disorders chose our profession because they have a strong desire to help others work through the challenges and difficulties of use, dependence, and recovery. Our work is an inspiring and humbling opportunity to help fellow humans improve their lives while working towards wellness and functionality. We can all agree that our first priority is to do no harm to the client. Our second priority, albeit often not discussed, is to do no harm to the profession and/or organization. There are personal and corporate responsibilities that come with being part of helping and counseling professions. One of the most challenging ethical and potentially legal responsibilities we face is having to respond to a potential or actual transgression by a colleague or organization. We may have either first-hand or second-hand knowledge that a colleague or organization has done something that has the potential or the actuality of hurting the client, organization, or profession. The initial reaction may be to ignore the situation or hope someone else discovers it and handles the issue. Other reactions include fear, avoidance, assumption-building, and irritability. When you find yourself in such situations, there are steps to follow in handling these transgressions.

When a clinician or allied provider discovers there may have been an ethical violation by a peer, colleague, or supervisor, he or she can first attempt to resolve the issue by bringing the issue to the attention of the colleague. When pursuing an informal resolution, the clinician has to ensure that internal biases, judgments, and assumptions are not clouding his or her understanding of the concerns. The clinician needs to be clear that the ethical and/or legal violation is not harming a client directly or violating ethical rules around privacy and confidentiality. If an informal resolution was not achieved or the ethical and/or legal violation has substantially harmed or is likely to harm a client, the organization, and/or the profession, the clinician has an obligation to take this situation to his or her clinical supervisor for direction and guidance. The clinician could also seek consultation to determine the best course of action from an industry expert, ethics committee, or licensing board, as long as he or she is protecting the confidentiality of clients at all times. When filing a formal complaint, the clinician can refer his or her complaints to the state licensing board, single state authority, professional organization's ethics committees, or other appropriate institutional authorities. Often, clinicians do not want to report their colleagues to clinical supervisors or legal/professional entities.

Understandably, no one wants to be a "snitch." Ethical/legal dilemmas can be a cause for concern and are an expected byproduct of the work we do. So, how do you know when it is time to speak up? Can you protect yourself from negative consequences or retaliatory actions by the colleague or organization that result from attempting to reach an informal or formal resolution? If you do decide to say something, what do you say and to whom do you say it? There is no one strategy or answer for all situations, unfortunately. However, your North Star – your reason for wanting to bring the transgressions to light – is protecting the client, the organization-at-large, and our profession. Protecting the client from direct or indirect harm is always the right thing to do. When it comes to ethics, we may believe that a colleague's transgressions are a test of our moral and professional identity, which can make us more emotional and vulnerable and less effective as clinicians and professionals. We can start rationalizing the situation, which only feeds our self-delusions. One thing to remember is that we tend to overestimate how awful the informal conversation may be, how terrible the retaliation may be, and how long the retaliation may last. Rationalizations that we get caught up in can include: it's not a big deal, I don't have all the information, the client overexaggerated, this is someone else's problem, this transgression must be accepted as the norm, and the client will eventually stop seeing the colleague. In these situations, we often recognize the problem but are rationalizing the problem down to something not quite as big of a deal. When you find yourself rationalizing, it is important to question your underlying assumptions, fears of retaliation, and thoughts about what it means to "do no harm."

Ultimately, each one of us has to determine what constitutes unethical behavior. Once we come across professionally unethical and/or illegal behavior, we have to determine when and how to address it. We may begin by talking privately with the colleague to discuss the concern, best courses of action, and positive reasons for making changes before the client, organization, or profession is harmed. We must choose our battles carefully – everything that we don't like is not necessarily an ethical breach. We should not share our concern with others until we have all the facts in hand. Our work must go on as usual – we have an ethical obligation to continue to do the best work we can – regardless of the actions of others. Supervisors should be alerted when unethical behavior crosses the line leading to harm to the client, organization, or profession. Alleged transgressions should be documented with supporting facts to support the assertions being made. Details, including dates, times, and summaries of what happened, are needed to support the case. When we believe that the transgressions are continuing and the organization is not addressing the concerns, clinicians have an obligation to report the incidents to their licensing and credentialing authorities and NAADAC's/NCC AP's ethics committees for further review.

We have to choose which we are most afraid of – harm to the client or harm to oneself as a result of telling others about what is going on. As counselors, we have responsibilities to the profession and other professionals to create a safe treatment and recovery environment. We have a responsibility not only for our own ethical and legal practice, but also for the ethical and legal or unethical or illegal practice of our colleagues. Knowing and not acting can make us an accessory to the transgression. We are part of a greater profession that sincerely wants to be accepted as professional, ethical, and effective. The desire to do the right thing in circumstances of a colleague's transgressions reveals a commitment to protect the public from harm while maintaining the ethical standards of our profession. Often, the right thing to do is not the easiest thing to do – and yet it is still the right thing to do. The question is not only who are we when no one is watching, but also, who are we when the profession and public are watching?

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