

From Role Confusion to Role Clarity

By Rose Maire, MAC, LCADC, CCS, NCSE, NAADAC Ethics Committee Chair

The psychosocial theory of development, posited by Erik Erikson, has endured critical research over the last five to six decades. Identity formation versus role confusion is a developmental task primarily of adolescence into early adulthood. As adults, identity development persists; identity formation and renovation are active and evolving. We are repeatedly evaluating and reevaluating—refining and readjusting—our vocational and social roles. The key tasks of a counselor’s professional development, as the provider pursues their career aspirations and finds themselves wearing multiple hats in multiple roles, necessitate ongoing self-examination, self-evaluation, and adjustment. Roles are easy to confuse. The employer has their ideas of the professional’s roles, the client has their ideas of the provider’s roles, and the professional/provider has their own ideas. The systems within which the professional works (e.g., legal, professional, environmental, cultural, organization, and regulatory) directly and indirectly add another layer to the definitions of the clinician’s roles. Complex professional identities are not unusual given that professionals work in numerous venues with a diverse group of clients using multiple modalities to be of service to the client. Add direct clinical work and associated indirect duties (e.g., collaborative care teams, documentation, referrals, resourcing) together and we have a complex and fascinating professional journey.

In today’s clinical climate, professionals offer not only direct, addiction-specific services; they are providers of co-occurring mental health services, peer mentoring, recovery coaching, service collaboration, care management, advocacy, and leadership. In addition, as ethical providers, addiction and mental health service professionals work diligently to promote equity of services to all seeking services. This conflux of duties can lead to role confusion. In the last year, role confusion also increased amongst professionals and clients as we were all invited into one another’s homes through videoconferencing and telehealth. Not only did the client invite us into their personal world, but we, as professionals, also had to do the same by officing from home or other personal space. The personal was exposed by the professional lens; professional work included home offices, crying babies, and curious cat walks across our keyboards. Role confusion – which hat am I wearing when and where – is understandable and expected given the many facets of our professional work.

The opposite of role confusion is role clarity. Purposeful and meaningful role clarity is necessary in all professional relationships, especially for clients, colleagues, managers, administrators, and systems. So, how does someone achieve role clarity and what is the goal of role clarification? The activity of role clarification is happening continually and may be more reactive than active for the provider. It is helpful to answer the following questions on an ongoing basis, as the need arises:

- What professional identities can I honestly own in this moment, by virtue of education, training, and experience (e.g., counselor, case manager, peer coach, recovery coach, sponsor, educator, trainer, supervisor, administrator, owner, etc.)?
- What is my role in my current organization? What was I hired to do initially, and if it has changed, what changed? If I am in private practice, what are all the roles I engage in? What do I believe to be my primary role with clients?
- What is my role with this client? What is my role with the referral source?

- What professional roles do I currently engage in that overlap? What dual relationships exist as a result of multiple roles?
- Which overlapping roles have the greatest risk of ethical violation?
- How do I distinguish which role I am engaging in at any given professional moment? How do I communicate that role to the other parties? How do I manage role overlap?
- What boundaries do I need in order to minimize role confusion for my clients?

Overlapping roles can cause challenges in professional relationships with clients, colleagues, and peers. The first step in managing role identities is to recognize the areas of overlap (using the questions highlighted above), so there is greater conscious awareness of these interactions. This includes setting up boundaries so the various roles do not overwhelm or overtake one another. Boundaries are also necessary to differentiate professional roles from personal roles (e.g., working from home versus working from the external office). Dual relationships are an example of role overlap that needs clarity and intentional boundary setting. The professional has to be mindful of their role in any given moment to remain ethical and relevant. A great example is a person who is a professional addictions counselor, a person in recovery, a peer mentor, and a sponsor – all wrapped into one. The same client cannot work with those four different roles; the counselor has to be clear about which hat they are wearing with the client. In our clinical work, we make distinctions and draw boundaries around what is a professional relationship and what is a personal relationship. It is especially important to draw clear boundaries when we are having to work from remote locations using technology. Illuminating potential boundary crossing is important so there are no surprises for the client. We cannot be the client’s counselor or peer, and their friend.

One pathway that prevents, manages, or resolves role confusion is to have an accountability person—usually a clinical supervisor—who looks for and challenges potential and actual red flag scenarios. In seeking ongoing accountability, the professional demonstrates that they want to be a positive, relevant, and ethical resource for the client that is transparent, healthy, and professional.

While role confusion can cause a great deal of harm to the client in the big picture, role clarity brings safety, predictability, and structure to the professional relationship. Using the tools outlined above will help us all in our continuous journey to maintaining role clarity.



Rose Maire, MAC, LCADC, CCS, NCSE, has worked in the addiction treatment field for over 30 years and is currently the Clinical Director of COPE Center in Montclair, NJ. She holds a Master's degree in Counseling and is licensed in New Jersey as a Clinical Alcohol and Drug Counselor. She is also certified as a Master Addiction Counselor and a Certified Clinical Supervisor, and holds the National Clinical Supervision Endorsement. Maire has worked in outpatient, intensive outpatient, and short-term residential levels of care. She has also taught graduate level counseling courses and has worked as a Student Assistance Counselor. She is currently a member of the NJ Professional Advisory Committee. She also serves as Secretary to the newly formed New Jersey affiliate of NAADAC. Although she has held many different positions in the field, her first love remains working directly with clients. Maire was a commissioner on the National Certification Commission for Addiction Professionals (NCC AP) for 10 years. She found working with professionals dedicated to maintaining competency standards for addiction treatment professionals to be an honor and a highlight of her career. She currently serves as Chair of the NAADAC Ethics committee.