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Walden University

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Walden University

College of Social and Behavioral Health

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Kapil Nayar

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Walden University
2024

Abstract

Autoethnographic Examination of Moral Distress While Working for the For-Profit Substance Use Disorder Treatment Sector

by

Kapil Nayar

PhD, Walden University, 2024

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling, Education, and Supervision

Walden University

December 2024

Abstract

Interpersonal conflicts and moral distress due to authority figures' unethical and illegal practices are widely discussed topics in the literature. Coping with these experiences and becoming a whistleblower, however are understudied in the counseling field, and are often stigmatized yet advocated for in our codes of ethics. The purpose of this qualitative autoethnographic study is to (1) show moral distress exists in the for-profit sector of substance use disorder treatment; (2) moral distress results from counselors discovering evidence of unethical and illegal activities; (3) moral distress results from the act of blowing the whistle and (4) offers a roadmap for whistleblowing that will supply the prospective whistleblower to discern whether to whistleblow or decide to opt out for self-preservation. Through the autoethnographic theoretical framework personal experiences of the researcher described and critiqued cultural beliefs, practices, and experiences. Further, deep and careful self-reflection was used to interrogate the intersections between self and society; and through this process exploring how one can figure out the process of what to do, how to live, and find meaning of their struggles. Data was analyzed using open coding via observation and document analysis to address the research questions. This study bridged the gaps in the literature regarding my study's larger concerns involving whistleblowing, the phases of whistleblowing, the for-profit sector, moral distress, and expansion of the definition of moral distress. From this, implications for positive social change included a call to action to counselor organizations, and further, my findings could result in creation of structures that empower, support, and protect all parties involved in substance use disorder treatment care.

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Chapter 1: Introduction to the Study

I was employed as a counselor and then supervisor at a for-profit substance use disorder (SUD) treatment facility from October 2015 to April 2017. My moral distress the primary focus of this autoethnographic study. As a construct, moral distress has been studied predominantly within the field of nursing, with a lesser number of studies targeting moral distress within the counseling field in general. No studies have looked specifically at this phenomenon among for-profit SUD counselors. Studies on nursing and counselor moral distress typically focus on moral distress when nurses and counselors are overruled by superiors when attempting to advocate for patients. I This precise phenomenon also occurs within the for-profit SUD industry. I focused on contributing factors to moral distress involving finding evidence of unethical and illegal practices at facilities, decisions about whether or not to do something about these practices, and living with immediate and long-term consequences. For-profit SUD treatment counselors are unprepared for meeting ethical challenges that clinical practice typically brings. I argued counseling programs must educate future counselors on whistleblower moral distress via the National Board of Certified Counselors (NBCC) revising its code of ethics to remove ambiguous, limited, and circular content.

Jameton (1984) defined moral distress as “when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (p. 6). Nuttgens et al. (2013) defined moral distress as “the experience that follows when one feels constrained from acting according to what one believes to be ethically correct” (p. 6). Researchers beginning with Jameton have viewed moral distress

as a phenomenon which occurs when nurses or counselors allow workplace restrictions to prevent them from acting according to their conscience in ethically-problematic situations. As I demonstrate in this study, moral distress resulted after I acted according to my conscience in the face of institutional constraints.

In this study, I discuss industry-accepted contributing factors to moral distress. This enabled me to address the literature gap regarding contributing factors to moral distress. I address overruling of nurses' and counselors' attempts to advocate for patients among superiors. I also address burnout and compassion fatigue. I also discuss the revolving door phenomenon, or the unproductive cycle of patient readmission to healthcare institutions as a result of ongoing discharge without full recovery. These contributing factors are not considered unethical or illegal. All three contributing factors were present at the for-profit SUD facility at which I was employed, and led to a significant degree of moral distress, just as they caused moral distress among nurses and counselors in literature.

This study also involved addressing unethical and illegal acts by authority figures within for-profit SUD facilities that resulted in counselors having to acknowledge unethical and illegal manipulation for profit and how to halt these practices. This included addressing strategies that are used by authority figures to frighten whistleblowers into silence or discredit them publicly.

The NBCC does not specifically stipulate for accrediting institutions to address immoral as well as unethical and illegal intents and practices which involve insurance fraud. These contributors include but are not limited to having to face that one works for

facilities in which unethical and illegal practices are occurring, client care is manipulated for profit, calling attention to unethical and illegal practices negatively impacts one's livelihood, as well as coworkers and clients, negatively impact public views on SUD treatment, with potentially negative consequences for funding through tax dollars and public voting on measures that will benefit or hurt the industry, place families in harm's way, negatively impact future career prospects, care that some clients have been receiving will likely be interrupted or ended, and unethical and illegal practices will forever color outlooks on the industry. I seek to address a gap in literature through detailing my experiences over the course of the past 7 years involving my whistleblowing at the for-profit SUD facility for which I worked from October 2015 to April 2017.

I divided these years into: pre-whistleblowing, whistleblowing, and postwhistleblowing stages. This enabled me to address particular contributing factors to and effects of moral distress during different points along my journey. The terms prewhistleblowing and postwhistleblowing do sometimes appear in literature. However, literature never explicitly or precisely defined time periods constituting the prewhistleblowing stage. I used the term to denote time periods of approximately 1 year in which I was collecting evidence of corruption. The prewhistleblowing stage included the period of time when I was determining why certain practices were occurring, as well as collecting evidence. By detailing my experiences and resulting moral distress during this stage, I addressed a significant gap in whistleblowing literature which exclusively focuses on whistleblowing and postwhistleblowing stages.

In terms of its market, the SUD treatment industry is projected to grow to $60.18 billion USD by 2029, nearly double its 2022 value of $37.24 billion. With this immense growth will be the need for more SUD counselors (U.S. Bureau of Labor Statistics, 2022). I demonstrate as the new wave of SUD treatment counselors are educated and trained at universities, a call to action is required for the NBCC to use information from my lived experiences to create, enhance, and revise current ethical standards so that counselors will have adequate direction for encountering unethical and illegal practices at facilities at which they gain employment. This information could further be used for accrediting and credentialing bodies, as well as legislators and insurance companies to address current laws and policies in order to tighten loopholes that currently exist allowing such practices to occur. In addition to offering my experiences to address moral distress that awaits unprepared counselors in this field, I also provided information regarding whistleblowing within this industry in order to compensate for lack of clear direction in such situations. This includes a discussion of the likelihood that counselors have to deal with questions regarding culpability of private equity and insurance companies in terms of unethical and illegal actions.

Background of the Study

The situation that prompted me to research the autoethnographic study is moral distress due to my experiences as a whistleblower at a for-profit SUD facility for which I worked as a supervisor, director, and then executive director from October 2015 to April 20, 2017. Moral distress began during the prewhistleblowing phase, built in intensity during the whistleblowing phase, and continued up to the present day, during the

postwhistleblowing phase. This situation prompted me to search literature on moral distress in the counseling field, focusing on the for-profit SUD sector. I found literature on moral distress mainly focused on the medical industry, particularly experiences of nurses who carefully navigate authority figures in order to properly advocate for patients, with no literature addressing moral distress for counselors or staff in the nonprofit or for-profit SUD treatment sector. I discovered moral distress arose from burnout and compassion fatigue, the revolving-door phenomenon, and nurses' outmaneuvering of authority figures to advocate for patients. Contributing factors to moral distress throughout prewhistleblowing, whistleblowing, and postwhistleblowing phases constitute a gap in literature that I seek to fill. I hope that directly addressing this gap will lead to calls to action for potential addition of NBCC codes and practices because the NBCC's code of ethics does not provide specific directives for new counselors regarding what to do when encountering unethical and illegal practices at facilities.

The NBCC clarified counselors should not misuse their professional influence or meet their own needs at the expense of clients' welfare, including but not limited to promotion of services or products. Counselors who become aware other mental health professionals' unethical behavior should resolve issues through reasonable means except when state regulations require immediate reporting (NBCC, 2024). In the event they cannot be resolved, counselors should report the matter to all appropriate professional regulatory organizations and agencies. Counselors should also comply with all NBCC policies, procedures, and agreements, including all disclosure requirements and related instructions as well as adhere to legal standards and requirements, including state

licensure regulations. The NBCC did not address what to do in situations where one's direct supervisor is misusing their professional influence or meeting their own needs at the expense of clients' welfare. Also, there is ambiguity regarding how to resolve issues through reasonable means. Ambiguity and circularity of these directives is further addressed in Chapter 4.

Problem Statement

The for-profit SUD treatment industry is at significant risk for authority figures to exploit the system. Consequently, counselors and staff who discover evidence of wrongdoing are at risk for moral distress as they try to figure out their next steps. No literature or data exists on moral distress among counselors and staff at for-profit SUD facilities who discover unethical and illegal acts being committed at facilities by authority figures, blow the whistle to outside agencies, and subsequently have to live with repercussions on their personal and professional lives. Without this information, counselor educators and supervisors are ill-equipped to support supervisees and peers as they navigate moral distress when faced with these acts within this sector.

Purpose of the Study

The purpose of this qualitative autoethnographic study is to contribute to moral distress and whistleblowing literature by providing data and insights from my lived experiences as a whistleblower at a for-profit SUD facility to address gaps in literature in terms of moral distress in the industry, moral distress resulting from counselors discovering evidence of unethical and illegal activities, acts of blowing the whistle to outside agencies by counselors, and key information and insights that could serve as calls

to action for the NBCC to provide additional codes to consider so that future prospective whistleblowers can gain a more understanding of processes of whistleblowing within the industry and thereby either proceed forward more effectively with whistleblowing or decide to opt out for self-preservation purposes.

Research Question

What are my interpersonal conflict experiences of moral distress due to discovering evidence of authority figures' unethical and illegal practices at a for-profit SUD treatment facility and whistleblowing to outside agencies in a culture where whistleblowing is stigmatized?

Conceptual Framework

The conceptual framework for this study is autoethnography. According to Adams et al. (2015):

> Autoethnography is a qualitative research method that: 1) uses a researcher's personal experience to describe and critique cultural beliefs, practices, and experiences; 2) acknowledges and values a researcher's relationships with others; 3) uses deep and careful self-reflection—typically referred to as "reflexivity"—to name and interrogate the intersections between self and society, the particular and the general, the personal and the political; 4) Shows people in the process of figuring out what to do, how to live, and the meaning of their struggles; 5) balances intellectual and methodological rigor, emotion, and creativity; and 6) strives for social justice and to make life better. (p. 2)

I understood dire implications of unethical and illegal practices at the for-profit SUD treatment facility for vulnerable individuals needing SUD treatment, both at this facility and within the larger industry. Due to lack of literature on moral distress of counselors and staff within the for-profit SUD industry who encounter unethical and illegal practices by authority figures, I used autoethnography as the ideal strategy to address this gap.

Nature of the Study

The autoethnographic design was used to address evidence of moral distress among for-profit SUD counselors and staff who must contend with unethical and illegal activities at treatment facilities. Previous literature addressed moral distress of nurses who contended industry-accepted contributing factors to moral distress. Data will make useful contributions to literature.

Assumptions and Limitations

Autoethnographic researchers risk bias due to generating data from life experiences that are incompletely-remembered or did not occur in the first place (Atkinson, 1997; Buchanan, 2007; Coffey, 1999; Walford, 2004, p. 411). Due to concerns regarding such potential biases and the problem of mutability of memories, I used journaling spanning prewhistleblowing and whistleblowing phases and amounting to a few hundred pages of digital text. To further make certain I was able to construct a highly accurate timeline of events and their associated emotions, I used various court documents from both investigators and the grand jury, email correspondences with entities such as the Federal Bureau of Investigation (FBI) and NBCC, and other relevant documents. While I used consistent fact-checking during this study, I acknowledge

emotions influence memories both at the time of memory formation and when the memory is later retrieved, affecting objectivity. Considering I focused on my moral distress, data involved intense feelings and emotions, which could affect my memories and color interpretations of events to some degree.

In qualitative studies, confirmability involves verifying that data and researcher interpretations of data are sound. While no researchers can technically corroborate my moral distress, they have immediate access to documents proving events that added to my moral distress did take place. Finally, transferability involves ease or lack thereof with which other researchers are able to apply a study findings to their own studies. To maximize transferability, researchers must deliver thick descriptions so other researchers are able to decide if findings are applicable to their studies (Nowell et al., 2017, p. 3). I worked to ensure thick descriptions occurred throughout my study so findings are applicable to future studies involving individuals who struggle with moral distress.

Significance

One way in which this study is significant is that it will address existing gaps in literature. I focus on the for-profit SUD treatment industry. Considering the projected burgeoning growth of this industry over the next several years, literature on this industry is required in order to monitor industry activities and more adequately prepare the next wave of counselors and staff. My study will also be the first to look at moral distress a counselors who work within this industry, with the goal of addressing moral distress of counselors and staff within this industry. Further in terms of existing literature on moral distress in the helping professions, my study is the first to address moral distress due to

discovery and subsequent exposure of unethical and illegal practices at facilities, burnout and compassion fatigue, the revolving-door phenomenon, and nurses' outmaneuvering of authority figures to advocate for patients. Similarly, I address moral distress among counselors o workers in any helping professions who determine there are unethical and illegal activities at their facilities, before decisions regarding whether or not to blow the whistle. Finally, I address private equity's role in terms of unethical and illegal practices at facilities and hospitals as well as insurance fraud in the for-profit SUD treatment industry.

This study also involved addressing gaps in the NBCC Code of Ethics. One such gap involves preparing future counselors to address moral distress. My study involves providing key information to future counselor sin the for-profit SUD treatment industry regarding moral distress that arises in the event of discovering evidence of unethical and illegal activities by authority figures, decisions regarding whether or not to blow the whistle, and living with consequences of their decisions. The NBCC does not make specific provisions for such types of instruction in their Code of Ethics, and accordingly, this specific topic was never addressed. The NBCC does not provide clear information regarding specific actions counselors perform when uncovering evidence of unethical and illegal practices by authority figures. I intend for my study to fill gaps in the NBCC Code of Ethics, by providing information for counselors in SUD treatment facilities who find themselves in similar positions.

Definitions of Terms

Administrative Pressure: Engaging in improper conduct which suggests administrative intimidation (Boccio et al., 2016).

Affordable Care Act (ACA): Law which required most health plans to cover mental health and SUD care. Additionally, states enacted legislation to expand protections and improve compliance and enforcement of federal laws. These efforts have helped create a more level playing field to treat mental and physical health conditions.

Autoethnography: An autobiographical and self-conscious introspective exploration of oneself, cultural descriptions, and history (Ellis & Bochner, 2000).

Belief: Attitudes regarding what is considered to be the case or true (Schwitzgebel, 2015).

Brokering: One that acts as an agent for others, as in negotiating contracts, purchases, or sales in return for afee or commission (Farlex, n.d.).

Employee Whistleblowing: Disclosure to a person or public body outside normal channels and management structures of information concerning unsafe, unethical or illegal practices, which emerged as a central issue in debates regarding quality and safety of health systems (Braithwaite et al., 2015)

Evidence-Based Practices: Practices that are supported by scientific evidence that is sufficient to merit widespread implementation (Timko et al., 2016).

Harm Reduction Approaches: Approach to addictive substance use which recognizes people may not be able to fully abstain from drug use in terms of services like

clean syringe distribution and medication-assisted treatment (American Medical Association [AMA], n.d.).

Insurance Fraud: When insurance companies, agents, adjusters, or consumers commit deliberate deceptions in order to obtain illegitimate gains.

Moral Distress: According to Jameton (1984), moral distress is "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (p. 6).

Open Enrollment: Period of time each year when one can sign up for health insurance or change one's plan. If one's plan is provided by an employer, open enrollment is also an opportunity to disenroll.

Organizational Culture: Beliefs, assumptions, values, norms, artifacts, symbols, actions, and language patterns shared by members of organizations

Pre-whistleblowing: Time period in which individuals begin to discover evidence of corruption, or the general time period before blowing the whistle occurs.

Whistleblowing: as According to Shafritz and Russell (2000), whistleblowing occurs when "an individual who believes the public interest overrides the interests of his or her organization and publicly blows the whistle on - meaning exposes - corrupt, illegal, fraudulent, or harmful activity" (p. 206).

Post-whistleblowing: Time period after the whistleblowing has occurred.

Summary

In this study, I examined ongoing moral distress from my experiences as a whistleblower at a for-profit SUD treatment facility at which I was employed as a counselor. By detailing various aspects of my experiences, I address obstacles that affect professionals within this industry.

In Chapter 2, I address existing literature on whistleblower moral distress, contributing factors to moral distress within helping professions, and other topics that are directly relevant to my research question. I expose significant gaps in literature regarding moral distress of counselors and staff within the for-profit SUD treatment industry.

Chapter 2: Literature Review

There is a lack of literature regarding moral distress of counselors and staff at for-profit SUD facilities. Furthermore, despite substantial scholarship on nurses' moral distress, there is no information regarding whether moral distress in any industry can continue to affect professionals even after they have taken correct and ethical actions in the face of unethical resistance within institutional structures. Instead, literature focused on burnout and compassion fatigue, the revolving-door phenomenon, and nurses having to outmaneuver doctors' directives in order to advocate for patients. No study has addressed points of intersection between whistleblower experiences and experiences involving moral distress in the helping professions, despite rich literature on whistleblowing.

In this study, I first cited literature on autoethnography, specifically analytic autoethnography. I then addressed literature on moral distress, including definitions of moral distress, moral distress among mental health counselors and nurses, mental health counselors' beliefs, three prominent models of responses to moral distress, and long-term effects of moral distress. I next scrutinize literature on deterrents to addressing ethical issues in the workplace, including obedience to authority figures, organizational culture issues; non-action, threats, and retaliation, lack of academic preparation, and moral distress caused by deterrents to addressing ethical issues. I considered literature on emotional distress involved in whistleblowing and discussed the five stages of whistleblowing, choices faced by whistleblowers, types of whistleblower stigma, and

long-term effects of whistleblowing. I then present literature on the for-profit SUD industry, focusing on revenue and growth and problems within the industry.

Literature Search Strategy

I focused on studies regarding moral distress when professionals uncover evidence of unethical and illegal practices within given institutions, decisions regarding whether or not to blow the whistle, and consequences of choices. I also focused on whistleblowing literature, as well as scholarship on institutions, entities, policies, and laws governing this industry.

I carried out my search strategy using the Walden University Library, Google Scholar, and ERIC. I used the following key words in this study: *autoethnography*, *analytic autoethnography*, *autophenomenography*, *moral distress*, *moral injury*, *moral stress*, *crescendo effect moral distress*, *whistleblower stigma*, *stages of whistleblowing*, *pre-whistleblowing*, *post-whistleblowing*, *ethical dilemma*, *burnout*, *compassion fatigue*, *recidivism*, *revolving door phenomenon*, *for-profit treatment*, *substance use disorder treatment*, *substance abuse*, *substance use treatment*, *drug treatment*, *business of recovery*, *business of substance use disorder treatment*, *detox*, *residential treatment*, *partial hospitalization*, *intensive outpatient*, *private equity*, *private equity lawsuits*, *private equity unethical activities*, *commercial insurance*, *insurance fraud*, *PPO policy*, *Pay to Patient*, *ACA Code of Ethics*, *CACREP*, *CACREP standards*, *NAMSDL*, *Affordable Care Act*, *Affordable Care Act open enrollment*, *Mental Health Parity and Addiction Equity Act*, *counseling curriculum*, *qui tam*, *whistleblower protections*, and *SEC whistleblowing*. I also used governmental websites and news articles when specific

data were needed and exhaustive searches failed to find relevant scholarship on the specific topic.

Theoretical Foundation

Chang (2008) explained autoethnography involves personal exploration of dynamics within organizations in which researchers are involved. Volodor (2008) stated time is necessary in order to develop trusting relationships with members of organizations that lead to crucial data. Also, autoethnographer membership in samples or settings must not include identifying information. Finally, the autoethnographer's intent must be to to build rich conceptual knowledge based on topics being explored.

Literature on Moral Distress

Definition of Moral Distress

Jameton (1984) defined moral distress as the negative experience "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (p. 6). Nuttgens and Chang (2013) defined moral distress as "knowing what one believes to be the correct ethical action, yet feeling constrained from pursuing it" (p. 284). Differences in definition have led to uncertainty regarding clear conceptualization of moral distress among researchers.

Jameton (1993) later revisited the topic of moral distress, dividing it into two stages: "initial distress" and "reactive distress." The "initial distress" occurs the first time the individual is restricted from pursuing what the individual believes to be the right course of action. The restriction results either from some self-limiting component within the individual's psyche or from actual obstacles within the administrative environment.

The second stage, “reactive distress,” is the distress that follows the individual from that point onward because the individual has a powerful sense of guilt from having failed to take action in the initial situation (Jameton, 1993, as cited in Campbell et al., 2016, p. 544). In their study on moral distress in healthcare professionals, Campbell et al. (2016) added that some researchers refer to Jameton’s “reactive distress” as “moral residue.” Accordingly, Webster and Bayliss (2000) define “moral residue” as “the experience of compromised integrity that involves the setting aside or violation of deeply held (and publicly professed) beliefs, values, and principles” (p. 208). In other words, “moral residue” is the lived experience of having to meet life’s various challenges when one has been forced to repeatedly sidestep or even completely abandon one’s personal ethical code.

Epstein and Hamric (2009) slightly adjusted the terms and their corresponding definitions from how they are otherwise presented in the literature. Essentially, Epstein and Hamric (2009) used the term “moral distress”–which is typically the umbrella term for both “initial distress” and “reactive distress” in the literature–to specifically represent what is typically referred to as “initial distress,” and they used the term “moral residue” to refer to what is typically referred to as “reactive distress.” Even though Epstein and Hamric’s (2009) use of the terminology stands to throw some confusion into the discussion of moral distress in clinical settings, the distinction they made between “moral distress” (i.e., “initial distress”) and “moral residue” (i.e., “reactive distress”) is highly relevant in terms of defining what they called the “crescendo effect.” Basically, the “crescendo effect” signifies the gradual increase in moral distress that occurs over time as

an individual is repeatedly exposed to events that reinforce the compromising of their integrity begun with the initial distress (pp. 330-342).

Moral Distress in SUD Treatment Counselors and Staff

Walt et al. (2022) did look at the moral distress of clinicians at nonprofit substance use disorder facilities in Massachusetts, which were under Section 35, a policy centered upon involuntary commitment of clients in that state. Walt et al. (2022) explained the decisions clinicians made regarding their use of Section 35 and the moral distress experienced when they felt compelled to use Section 35 when their consciences indicated otherwise. Walt et al.'s (2022) study was the only study to look at moral distress in substance use disorder treatment counselors and staff, in this case within the for-profit sector. Instead of investigating moral distress caused by unethical and illegal actions taken by authority figures at the for-profit substance use disorder treatment facilities, their study solely focused upon moral distress arising from forced implementation of legal policy.

Moral Distress in Mental Health Counselors

Nuttgens and Chang (2013) mentioned that it is possible that moral distress occurs within the counseling fields as well. They explained that it is difficult to determine conclusively that moral distress occurs in counselors because the only studies on moral distress in the counseling field are a small number in psychiatry. They further stated that we can likely induce overarching themes for moral distress in the counseling professions from the few and circumscribed studies (pp. 284-285). To begin arriving at these themes, Nuttgens and Chang (2013) cited research by Austin et al. (2005) on moral distress in

psychologists that found that moral distress often resulted from “institutional constraints, interdisciplinary conflict, and team dissension,” three causes also found to cause moral distress in other disciplines, thereby demonstrating that moral distress can work in similar ways across disciplines. The negative emotions triggered by moral distress were “desperation and anguish,” and attempts to offset moral distress included such strategies as fearfully remaining silent, taking a significant risk by directly articulating concerns, and quitting the job (Austin et al., 2005, p. 210, as cited in Nuttgens & Chang, 2013, p. 286). Nuttgens and Chang (2013) further cited Austin et al. (2007), who found in their study that a psychiatrist must essentially act as a sort of “double agent” who, situated between the respective concerns of patients and society, cannot act according to his or her own moral compass (Austin et al., 2007, as cited in Nuttgens & Chang, 2013, p. 286). In short, counselor moral distress can result from professional conflicts and the desire to advocate for patients’ best interests in the face of institutional constraints.

Mental Health Counselors’ Beliefs and Moral Distress

Walt et al. (2022) focused on nonprofit substance abuse disorder treatment facilities in Massachusetts, which were subject to Section 35. Section 35 is “a Massachusetts law that allows a qualified person to request a court order requiring someone to be civilly committed and treated involuntarily for an alcohol or substance use disorder” (“Section 35: The Process,” 2023). The researchers found that having to enforce the involuntary commitment led to “some or high moral distress” for 77% of the 21 clinicians. They also found that the clinicians’ specific beliefs determined whether they were likely to experience low versus high moral distress. Specifically, low moral

distress was associated with “an abstinence-based view” of patient recovery, whereas high moral distress was associated with “a nuanced and harm-reduction-oriented view” of patient recovery. Walt et al. (2022) then reported that there were two primary strategies utilized by clinicians in their desperate efforts to offset the effects of moral distress from utilizing involuntary commitment: clinicians made all decisions by committee, and they chose to perceive the involuntary commitment as the only remaining possibility when all other attempts had been exhausted to treat the substance use disorder.

Walt et al. (2022) stated abstinence-based approaches taken by clinicians toward clients with addiction are explicitly rooted in spirituality. For substance use disorder treatment, this spirituality is usually in the form of the 12-step program typically associated with Alcoholics Anonymous and Narcotics Anonymous. This 12-step program is specifically structured around religious concepts (Galentar, 2008). For example, the following step of the 12-step program for Alcoholics Anonymous illustrates the explicitly religious framework for client recovery within that fellowship: Step 2: “Came to believe that a Power greater than ourselves could restore us to sanity.” The 12-step program for Narcotics Anonymous is similar. A study by Dermatis and Galenter (2015), building upon earlier studies with similar findings, affirmed that the use of spiritual principles and/or religious principles in substance use disorder treatment did lead to more positive patient outcomes (p. 510). In her study on spirituality’s role in addiction recovery, Wiklund (2008) found that treatment of substance use disorder sufferers was improved when nurses focused on the dichotomies such as “meaning” versus “meaninglessness” that informed the sufferers’ “existential” concerns.

Three Prominent Models of Responses to Moral Distress

Batho and Pitton (2018) presented three prominent models of responses to moral distress: rebellion, acquiescence, and rediscovery. The first model, rebellion, is when the healthcare professional psychologically and/or emotionally turns away from the upsetting situation, allowing them to preserve the sense that they are still following their own exemplary moral compass. There are two possible scenarios regarding this departure from the situation: "leaving the immediate context" and "leaving the broader context." In terms of the former scenario, the healthcare professional might renounce any sense of responsibility for a specific morally problematic decision and continue forward with their healthcare work, essentially leaving the decision in the past. Regarding the option of "leaving the broader context," the healthcare professional might choose to leave behind the morally problematic situation by completely exiting the healthcare field (p. 27). In short, rebellion sees the healthcare professional moving on in some manner to divest themself of the burden of any moral distress from the morally problematic decision.

The second of the three models is acquiescence. This is when the healthcare professional fully remains in the morally distressing situation instead of partially or completely removing themself from it. In an attempt to offset the moral distress, the healthcare professional essentially resolves to sidestep their moral principles so that they can keep performing their good work. Two possible options exist for acquiescence: "choosing your battles" and "full surrender." The former is when the healthcare professional resolves to forego personal resistance in many of the morally problematic situations with which they are presented so that they can continue performing the positive

work they set out to do when entering the profession. However, the person has the understanding that they will speak up in at least a few of the morally problematic situations. The option of "full surrender" is when the healthcare professional resolves to leave their own moral compass out of the morally problematic situation and simply carry out the orders they are given. The person reasons that they will be able to more effectively carry out their work by unhesitatingly doing what they are told (pp. 27-28). In short, acquiescence fundamentally involves acceptance, in contrast to rebellion's looking the other direction or departure.

The third of the three models is rediscovery. This is a more complicated response than rebellion and acquiescence in that the healthcare professional simultaneously rebels from and acquiesces to the morally problematic situation. There are two types of rediscovery: "rediscovery of possibilities of moral self-expression" and "rediscovery of commitment to practice." The former involves the discovery of an alternate course of action in line with the healthcare professional's moral compass. For example, a pro-life nurse might ultimately decide that praying for an unborn child will have to constitute an acceptable substitute to attempting to act in a capacity that would constitute insubordination at the facility at which she works. The latter type, "rediscovery of commitment to practice," involves the situation of a nurse leaving behind her facility of employment for moral reasons and later discovering a different role she can play within the healthcare field that will enable her to circumvent the morally problematic situations from her previous role.

Long-Term Effects of Moral Distress

Pijl-Zieber et al. (2008) stated moral distress can result in the gamut of negative emotions, from anger and resentment to shame, anguish, and despair. Moral distress can also significantly compound stress, leading to physical symptoms, among them headaches and gastrointestinal issues. Furthermore, it can lower nurses' self-esteem by making them feel they have fallen short of "their professional ideals," leading to a growing and oppressive feeling of powerlessness and incompetence in their profession, as well as resulting in diminished compassion (p. 44). Oh and Gastmans (2015) similarly found that nurses' moral distress can lead to long-term effects such as significant reduction in empathy towards their patients, the experience of emotional fatigue, and the distancing of themselves from others (Oh & Gastmans, 2015, as cited in Mealer & Moss, 2016). Moral distress can in fact intensify over time: as previously discussed, Epstein and Hamric (2009) used the term "crescendo effect" to refer to the gradual increase in moral distress that occurs over time as an individual is repeatedly exposed to events that reinforce the compromising of their integrity begun with the initial distress (pp. 330-342).

Literature on Deterrents to Addressing Ethical Issues in the Workplace

Obedience to Authority Figures as a Deterrent to Addressing Ethical Issues

Milgram (2015) explained authority and obedience are foundational to the structure of social life. Milgram (2015) found the proposed act to be ridiculous and pointless, yet the majority of participants did obey the directive. All of the research participants had been taught as children that causing pain to a person against the person's will is a morally reprehensible act, which meant that the majority of the subjects were

willing to abandon that part of their moral code within the experiment. In other words, this study demonstrated that many individuals have such a strong tendency to obey an authority figure that they will obey the authority figure even when the authority figure has no real authority over them.

Organizational Culture as a Deterrent to Addressing Ethical Issues

The literature indicated that healthcare organizations often have unofficial structures in place to deter healthcare professionals from addressing concerns. Citing relevant findings from other studies, Mannion et al. (2018) looked at the manner in which organizational culture in the healthcare industry encourages nurses not to speak up when they witness questionable practices. They cited the finding by Jones and Kelly (2014), from their study of managers who claimed to have an "open-door ethos," that the organizational culture was in fact quietly yet efficiently normalizing the avoidance of addressing ethical concerns in the workplace (Jones & Kelly, 2014, as cited in Mannion et al., 2018). Mannion et al. (2018) then cited the finding by Kingston et al. (2004) from their study that the medical field's organizational culture prioritized unofficial channels for addressing problems (Kingston et al., 2004, as cited in Mannion et al., 2018). Finally, Mannion et al. (2018) cited St Pierre et al. (2012) as finding that organizational culture effectively silences nurses while undermining their confidence in making sound decisions (St Pierre et al., 2012, as cited in Mannion et al., 2018).

Non-Action, Threats, and Retaliation as Deterrents to Addressing Ethical Issues

Mannion and Davies (2015) explained that non-action often results when employees in the healthcare industry raise ethical concerns to upper management–i.e., the

authority figures do absolutely nothing to address the concerns. However, threats and punitive measures by upper management can also result. The consequences for an employee in these cases may be “direct” or “indirect” (p. 503). St Pierre et al., 2012, as cited in Mannion et al., 2018, looking at the degree to which lower level healthcare professionals were willing to contest the morally problematic directives of attending physicians, accordingly found that fear of “sanctions” acted as a deterrent (p. 857). Henriksen and Dayton (2006) found that medical personnel’s fear of reprisal from superiors can strongly influence the organizational culture in a medical setting, leading to “organisational silence.” These studies make it clear that intimidation is a successful tactic in curtailing or preventing employees from speaking up about ethical concerns in the healthcare industry.

Lack of Academic Preparation as a Deterrent to Addressing Ethical Issues

The National Board of Certified Counselors (NBCC) is a certification body. Certification shows colleagues and the public that you have voluntarily met high national standards for counseling (National Board for Certified Counselors, 2024). Those standards include demonstrating a mastery of counseling knowledge and skills by completing a graduate degree from an institutionally accredited or Council for Accreditation of Counseling and Related Educational Programs (CACREP) counseling program, passing a rigorous national examination, the documentation of work experience and supervision requirements, and subscribing to the highest ethical and practice standards (National Board for Certified Counselors, 2024).

No clear discussion of specific directives, steps, and how to manage when faced with unethical or illegal actions of a facility. Echoing this ambiguity, cites, "counselors who become aware of another mental health professional's unethical behavior shall first attempt to resolve issues through reasonable means except when State regulations require immediate reporting. In the event that it cannot be resolved, Counselors shall report the matter to all appropriate professional regulatory organizations and agencies (National Board for Certified Counselors, 2024)." There is no clarity with regards to "reasonable means," further reporting this up channels would result in reporting to regulatory organization or agencies would be the NBCC, in which case, when this was done an offering to access NBCC's policies was given as a resource (as depicted in this research) and a vortex of self-referral circularity becomes clear. The ACA Code of Ethics (2014) is taught throughout the curriculum for a master's in clinical Mental Health Counselors. It presents the future clinician with some general guidelines for navigating ethical dilemmas at a facility, including addressing ethical infractions with the facility's authority figures. For example, in the section entitled "Resolving Ethical Issues," the Code states: "Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary." Here, the future clinician understands that he or she will be called upon to actively voice concerns at the future facility of employment and reasonably expect both "colleagues and supervisors" to work to help resolve the ethical issue. According to the ACA (2014):

> If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and … is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities.

The overall discussion by the ACA Code of Ethics provides no guidelines in terms of the strategies a clinician should adopt if faced with resistance from authority figures and colleagues within the facility. Similarly, the ACA Code of Ethics never mentions whistleblowing. The lack of discussion of whistleblowing in the ACA Code of Ethics, which itself fundamentally informs the Masters in Clinical Mental Health Counselors curriculum, apparently finds its reflection in the inadequate academic preparation of nurses for when they will encounter unethical or illegal activities: Mannion et al. (2018) cited Pierre et al.'s (2012) study of nurses, which found that nurses cited their vague understanding of whistleblowing processes as the reason they held back from voicing opposition to authority figures' directives that they suspected would be harmful to patients (Pierre et al., 2012, as cited in Mannion et al., 2018). Further, the referral to reaching out to national committees on professional ethics seems to be a referral to The National Board of Certified counselors which as discussed above, is part of the vortex of self-referral circularity as will be further depicted in Chapter 4.

The other governing body for the master's in clinical mental health counselors curriculum is the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). Founded in 1981, CACREP is the accrediting body for several

masters-level counseling programs and thus works to ensure that all programs accredited are assessed and evaluated for if standards are met or not met in the way the institution homogenized in terms of the manner in which standards are met or not met in counseling or a counseling-related field. Accordingly, CACREP states that it has the purposes of "encouraging and promoting the continuing development and improvement of preparation programs" and "preparing counseling and related professionals to provide services consistent with the ideal of optimal human development." CACREP never mentions topics such as ethical breaches, moral distress, or whistleblowing ("About CACREP," 2023). CACREP does, however, address legislation, regulatory processes, and government/public policy relevant to and impact on service delivery of professional counseling across service delivery modalities and specialized practice areas (CACREP, 2023). As a result, these topics are not adequate for the various counseling curricula. CACREP identifies the Foundational Counseling Curriculum section includes a statement of unified professional counselor identity and standards for entry-level counselor education program ethical breaches, moral distress, or whistleblowing and may also benefit from a call to action for revision.

Moral Distress Caused by Deterrents to Addressing Ethical Issues

The literature indicated that deterrents to addressing ethical issues can result in moral distress. Rothschild and Miethe (1999) discussed confusion and subsequent disillusionment that can occur after an individual calls authority figures' attention to an ethically problematic situation at a facility. Whereas the individual had assumed the superiors would be thankful for having their attention called to the problem and would

want to correct the issue, the individual soon realizes that the superiors have no intention of taking corrective action or are even supportive of the misdeeds (p. 119). Emotional distress then results because the individual feels the organization has lost "its legitimate purpose"–i.e., it has lost the very reason the individual originally sought and accepted employment at the organization. The individual now understands that their moral compass has no bearing whatsoever on the functioning of the organization, so there will be no use in going to superiors to address ethical concerns in the future (p. 125). Similarly, Lamiani et al. (2017) revealed that different studies within the literature on moral distress in nurses demonstrated that moral distress left nurses feeling fundamentally disempowered, both in terms of being able to rely upon outside support in making efficacious decisions and in terms of feeling secure within themselves to make such decisions. In short, the nurses felt alienated from sound decision making within an already compromised ethical environment. As previously discussed, Epstein and Hamric (2009) used the term "crescendo effect" to refer to the gradual increase in moral distress that occurs over time as an individual repeatedly experiences deterrents to addressing ethical concerns and therefore finds their integrity repeatedly compromised.

Literature on Emotional Distress Involved in Whistleblowing

Five Stages of Whistleblowing

Fotaki et al. (2015) explained Stage 1 involved clandestinely yet stressfully collecting proof of the ethical infractions they had witnessed. The stress compounded significantly at Stage 2, which saw the interviewees revealing their evidence within the public sphere and confronting their organizations in a bid for recognition and support.

Stage 3 was the period in which the organizations moved against many of the interviewees, eroding their mental and emotional wellbeing. Stage 4 frequently saw interviewees quit their places of employment, either because they had had enough or because the organizations had put immense, unrelenting pressure on them to leave. The unemployment and sudden solitude further exacerbated the original stress levels. Stage 5 marked the period in which widespread media coverage of the whistleblowing further deteriorated some interviewees' mental and emotional wellbeing. At this stage, interviewees often experienced ostracization from society, lasting many years.

Choices Faced by Whistleblowers

Alfords (2001) interviewed whistleblowers and their families to learn the range of negative consequences experienced by these individuals. One significant theme arising from his interviews was that the whistleblowers were faced with the choice of whether to identify with the *aggressor* or the *victim*. In his discussion of this theme, Alfords (2001) drew directly from Milgram's pivotal 1974 study (p. 70). Alfords (2001) explained that by identifying with the aggressor, an employee would be making the choice to obey the authority figure, whom the employee had wanted to obey in the first place, and/or making the choice to refuse the mantle of victimhood. In contrast, by identifying with the victim, the employee would be choosing to remain in staunch opposition to the authority figure out of anger, not as a result of concern towards a particular victim of the authority figure (p. 71). Further regarding the choices faced by an employee who encounters corrupt practices at the workplace, Alfords (2001) referenced Lifton's (1986) concept of "doubling," which Lifton (1986) discussed in connection with the experience of Nazi

doctors who experimented on Jews and yet managed to compartmentalize work dictated by authority figures away from home life. Accordingly, “doubling” is the tendency of some individuals to effectively bifurcate their lives into a work life and home life, with a separate identity for both lives. Alfords (2001) explained that “doubling is a sophisticated emotional and cognitive act, one that whistleblowers are unable or unwilling to perform” (pp. 72-73).

Types of Whistleblower Stigma

The particular types of whistleblower stigma that are documented in the literature involve perceptions that the whistleblower possesses poor mental health, is a squealer and or snitch, is a social outcast, and/or is a person who tends to act dramatically or even bizarrely. Fotaki et al. (2015) explained that exploitation of the first listed type of stigma by an organization is cruelly effective because a whistleblower typically struggles in terms of mental and emotional wellbeing from being immersed in the whistleblowing process itself, prompting the whistleblower to find sources of psychological support which the organization then leverages against the whistleblower’s credibility (Fotaki et al., 2015, p. 115). Regarding the whistleblower being labeled a squealer and or snitch, Rothschild and Miethe (1999) explained that managers direct immense aggression against the whistleblower for daring to reveal the ethical breach. In terms of the third listed type of whistleblower stigma, Rothschild and Miethe (1999) explained that the whistleblower’s status as a social outcast occurs both within and outside of the company or organization. This perceived status as a social outcast specifically involves coworkers turning their collective back on the whistleblower. Regarding the stigma that the

whistleblower tends to act dramatically or even bizarrely, Rothschild and Miethe (1999) explained that whistleblowers understood that they had to maintain a cool demeanor at all times or risk being designated a “loose cannon.”

Long-Term Effects of Whistleblowing

Fotaki et al. (2015) explained that whistleblowing led to long term repercussions in terms of the whistleblower’s career, personal life, finances, and mental and emotional wellbeing. The personal problems frequently involved deteriorating physical health and issues within the family. The financial problems frequently involved significant material hardship. The mental health issues frequently involved anxiety, depression, sense of alienation, sense of being a weak person, and inability to trust others. While the majority of whistleblowers interviewed by Fotaki et al. (2015) reported long term struggles after the official act of whistleblowing, Rothschild and Miethe (1999) found a positive psychological outcome for many whistleblowers, namely that “they have come to see themselves as exceedingly moral. They have distanced themselves from what they now see as the corruption of their former employer, and many begin to see themselves as possessing extraordinary integrity that they now bring to their endeavors.”

WPA

The WPA was established to ensure that employees and applicants who disclose allegations of serious wrongdoing or gross mismanagement are free from fear of reprisal for their disclosures. The WPA also provides remedies if an employee is subjected to reprisal for covered disclosures, and provides penalties for supervisors who retaliate against. This study will explore how protection acts are meaningless in the realm of the

for-profit substance use disorder treatment sector with respect to whistleblowing as most of these protection acts only apply to federally affiliated claims.

Literature on the For-Profit SUD Industry

Problems within the Industry

An exhaustive internet search for scholarly sources, including on academic databases, turned up only two sources that mention attested issues within this industry. Morgan et al. (2021) commented on the United States' increasing number of for-profit substance use disorder treatment programs, explaining that the most voiced concern about these programs is the "lack of evidence-based treatments." Bachhuber et al. (2014) called attention to the small amount of "comprehensive services" offered by for-profit opioid treatment programs compared to the nonprofit and public opioid treatment sectors. They explained that "interventions" are needed to expand the comprehensive services within the for-profit industry.

Revenue and Growth of the Industry

The news cycle and mainstream websites over the past few years have focused upon investment opportunities within this industry and the resulting actions by private equity. These non-scholarly sources discussed these opportunities and actions in the context of the for-profit substance use disorder treatment industry being a "fragmented industry." Porter (1980) defined a "fragmented industry" as "an industry in which no firm has a significant market share and can strongly influence the industry outcome. [...] The essential notion that makes these industries a unique environment in which to compete is the absence of market leaders with the power to shape industry events" (p. 191). The

competition enabled by the companies in a fragmented industry is what makes the for-profit substance use disorder treatment industry, as a fragmented industry, attractive to private equity; for news articles explaining that private equity is drawn to the for-profit substance use disorder treatment industry because it is a fragmented industry, see Kodjak (2016) and Whalen (2017). In another mainstream news article, Rayasam and Farmer (2023) linked the fact that this industry is a fragmented industry to the attested lack of evidence-based practices within the industry. The problem is that the competition enabled by the for-profit substance use disorder industry being a fragmented industry opened the door to competing facilities offering practices diverging from mainstream practices to distinguish themselves from their competitors–and the divergent practices were frequently not evidence-based practices.

Conclusion

This chapter demonstrated there were gaps in literature regarding the topic under study. While moral distress of nurses is well-represented in literature, only one study addressed clinician moral distress at a nonprofit SUD facility, and no study mentioned clinician moral distress at a for-profit SUD facility. Despite considerable literature on moral distress of nurses, none of these studies considered the possibility that moral distress can continue to affect nurses once they have taken ethical actions and followed their moral compass. Despite rich literature on whistleblowing, no studies looked at points of intersection between whistleblower experiences and experiences involving moral distress among for-profit SUD counselors.

Chapter 3: Research Plan

The purpose of this qualitative autoethnographic study is to contribute to moral distress and whistleblowing literature by providing data and insights from my lived experiences as a whistleblower at a for-profit SUD facility to address gaps in literature in terms of moral distress in the for-profit SUD industry, moral distress resulting from counselors discovering evidence of unethical and illegal activities at their facilities and the act of blowing the whistle to outside agencies, and information for prospective whistleblowers at for-profit SUD facilities regarding the NBCC Code of Ethics, so they can gain a better understanding of the process of whistleblowing and either proceed forward more effectively with whistleblowing or decide to opt out due to self-preservation.

Further, I addressed discovery and subsequent exposure of unethical and illegal practices at facilities, burnout and compassion fatigue, the revolving-door phenomenon, and nurses' outmaneuvering of authority figures to advocate for patients. Similarly, I focus on decisions regarding whether or not to blow the whistle. Finally, I address private equity's role in terms of unethical and illegal practices and insurance fraud in the for-profit SUD treatment industry.

This study also involved addressing gaps in the NBCC Code of Ethics. One such gap involved preparing future counselors regarding moral distress that arises when discovering evidence of unethical and illegal activities by authority figures, whether or not to blow the whistle, and living with consequences of their decisions. The NBCC does not make provisions for such instruction in their Code of Ethics, and accordingly, this

topic was never broached in any of my classes. Another related gap in terms of the NBCC and curricula it oversees is that the NBCC does not stipulate clear information regarding specific actions counselors perform when uncovering evidence of unethical and illegal practices by authority figures. I intend for my study to fill gaps by addressing counselors in SUD treatment facilities who finds themselves in similar position as myself.

Research Design and Rationale

The research question for this study is:

What are my interpersonal conflict experiences of moral distress due to discovering evidence of authority figures' unethical and illegal practices at a for-profit SUD treatment facility and whistleblowing to outside agencies in a culture where whistleblowing is stigmatized?

The conceptual framework for this study is autoethnography. My experiences with whistleblowing leant themselves to a study in which I decided on next steps while seeking to determine the larger significance of challenges I faced. The purpose of my whistleblowing is improving the world for everyone through social justice (Adams et al., 2015, p. 2). Considering I understood dire implications of unethical and illegal practices at the for-profit SUD treatment facility for vulnerable individuals needing SUD treatment, both at this facility and within the larger industry. Due to lack of literature regarding this topic, autoethnography was the ideal strategy for me to address this gap. I used data to make useful contributions to literature. My contribution was unique because

it was difficult to find other whistleblowers due to exacerbation of moral distress their participation would likely cause.

I used autoethnography to address ongoing personal experiences with moral distress resulting from my discovery and exposure of unethical and illegal activities by authority figures at the for-profit SUD facility as a major data source for this study. The autoethnographic design was used to introduce evidence ab regarding this topic. Literature has only dealt with moral distress of nurses, and to a lesser extent, helping professionals who contend with burnout and compassion fatigue, the revolving-door phenomenon, and advocating for patients.

Role of the Researcher

My role as an observer and participant throughout this study is relaying my lived experience as a professional in a for profit substance use disorder facility serving as a counselor, supervisor, and director. As defined the observer is conducting either nonparticipant or participant observation. In nonparticipant observation, the observer may be either off- or onsite; and, in participant observation, the observer may be passive, a participant-observer, or a complete participant. Importantly, the observer may switch roles in the course of a study, e.g., moving from an on-site nonparticipant observer to a passive observer, then a participant-observer, and then a complete participant (The Five Observer Roles in Ethnography, 2017). My role is much the latter, in that I was a complete participant, progressing to a participant observer, progressing to an observer on-site, progressing to an observer off-site throughout the pre-whistleblowing, whistleblowing, and post-whistleblowing phases.

As my role throughout this study morphed my professional dynamics as it relates to power impacted me directly throughout the pre-whistleblowing, whistleblowing, and post-whistleblowing phases. There were no personal and professional relationships having impact on power dynamics with those I worked with, however, there were power dynamics from those above me that impacted my moral distress. Further, the power dynamics from those above me on observed on-site and observed-off site of my peers was morally distressing which as well will be detailed in this research.

My role will be to present the reader with my unfiltered experiences and the emotions arising from those unfiltered experiences–no matter how uncomfortable the disclosure is to me and without attempting to divest the narrative of description of the immense emotional scarring I have sustained from the ongoing moral distress that began six years ago when I first began uncovering evidence of authority figures' unethical and illegal practices at the for-profit substance use disorder facility at which I was employed. My contribution will be unique, considering it would be difficult to find other whistleblowers for a similar study because of the exacerbation of moral distress their participation would likely cause.

Methodology

The specific lens of analytic autoethnography serves as a further refinement to this study's conceptual framework. Several of the criteria for analytic autoethnography resonate with the aims of my study. For example, as per the first criterion listed by Anderson (2006), I am a prime actor within the group or environment being studied (p. 378) considering I was a counselor and then supervisor at the for-profit substance use

disorder facility with the corrupt authority figures. Regarding the second listed criterion, namely that the researcher have a significant presence in articles published about the group or environment being studied, (Anderson, 2006, p. 378), I will be drawing from various articles of evidence, including meticulous personal journals subpoenaed by the Pennsylvania Attorney General's offices and utilized by New Jersey Consumer Affairs; official court documents and local news articles in which I appear; and content from my podcast (August 2017 to April 2019), in which I interviewed industry professionals, legal authorities, and representatives of relevant organizations on the specific topic of unethical and illegal practices within the for-profit substance use disorder industry.

From the qualitative toolbox, I will utilize journaling, field notes, description, context, interpretation, and storytelling (Poulos, 2021, p. 5). The meticulous journal entries spanning what I specifically term as the *pre-whistleblowing* and *whistleblowing* phases–amounting to a few hundred pages of digital text–will constitute my journaling and field notes. As the reader will see from the journal excerpts I include in this study, my journal entries tend to be richly detailed, with dates, events, my emotions, and my reactions meticulously documented. Regarding description, Poulos (2021) explained that "in thick description, the author attempts to evoke a cultural scene vividly, in detail, and with care" (p. 7). The journal entries I will present, along with the additional context and interpretation I am able to provide by virtue of several years and counting of hindsight and continued struggle, will serve to support this thick description. The description, context, and interpretation will result in the storytelling and compelling narratives appropriate to autoethnography (Poulos, 2021, p. 5, 7).

Instrumentation

Observation will be self-observation of my present-day emotional states, mental states, reactions, behaviors, quality of personal life, and quality of professional life that result from the moral distress I have incurred over the past six years and counting, starting when I was employed as a counselor then supervisor at the for-profit substance use disorder facility. Document analysis will focus on my hundreds of pages of journal entries from the pre-whistleblowing and whistleblowing phases of my harrowing journey, along with attorney general reports, court documents, published news articles, and emails occurring during the whistleblowing and post-whistleblowing phases.

Data Analysis Plan

As discussed, data sources for my study will include the hundreds of pages of chronological journal entries, along with attorney general reports, court documents, published news articles, and emails which will highlight the culture of whistleblowing throughout my experience. I will introduce excerpts from journal entries over the course of my storytelling as I build my case that moral distress has plagued me throughout the years, starting when I first discovered evidence of the authority figures' unethical and illegal activities at the facility. Whenever applicable, I will include entire journal entries in my Appendices to provide the reader with additional context for specific experiences. I will likewise provide excerpts from attorney general reports, court documents, published news articles, and emails over the course of my storytelling and, whenever applicable, include the entire documents in my Appendices, thereby providing my reader with a compelling triangulation of the "paper trail." Drawing from narrative analysis and

document analysis will highlight key events, internal thoughts, external behaviors via external agents (i.e., Federal Bureau of Investigation, NBCC, Attorney General's Offices), current memories with past notes or artifacts, allowing for the researcher to take personal snapshots over time blending analytical strategies to share emotions as they relate to moral distress and highlight the culture of for-profit substance use disorder treatment. I will use the information to focus on culture of deceit, focus on context, and focus on both individual societal issues and events.

Issues of Trustworthiness

A number of researchers spoke to autoethnography's limitations. One frequently discussed set of criticisms was that the autoethnographic researcher is at risk of bias from attempting to generate data from self-indulgent or even narcissistic interpretations of life experiences that in turn are often incompletely remembered or did not occur in the first place (Atkinson, 1997; Coffey, 1999; Walford, 2004, p. 411; Buchanan, 2007). This particular set of criticisms falls under the umbrella of dependability in a study. With concerns for such potential bias and the problem of the mutability of memories kept firmly in mind, I will repeatedly turn to my meticulous journal entries spanning what I specifically term as the pre-whistleblowing and whistleblowing phases (amounting to a few hundred pages of digital text). To further assure I will be able to construct a highly accurate timeline of events and their associated emotions, I will repeatedly turn to the various court documents from both the investigators and the Grand Jury, my email correspondences with various entities such as the FBI, and other relevant documents. While I will consistently fact check at every possible turn when carrying out this study, I

acknowledge that emotions influence memories both at the time of a memory's formation and when the memory is later retrieved, affecting objectivity (Buchanan, 2007). Considering that this study will focus upon my moral distress from the documented and discussed experiences, much of my data will be from my remembered, intense feelings and emotions, which could have altered my memories and colored my interpretation of events to some unspecified degree.

The literature similarly pointed to potential issues with confirmability and transferability for an autoethnography (Nowell et al., 2017, p. 3; Tobin & Begley, 2004, p. 392). Regarding confirmability, it stands to reason that a reader would think to question my account of events, wanting some degree of verification of key details, considering the eminently personal nature of my research and data. Accordingly, a fundamental strength of my study will be that many of the key facts underpinning the hard data–i.e., that the facility's authority figures committed unethical and illegal acts and were indicted, that insurance fraud occurred, that my legal fees amounted to approximately $55,000 at the time of writing, and that I received emails accusing me of blowing the whistle for financial gain and threatening me not to go public with information–are evident in the original documents appearing in my Appendices section. In other words, while I will not be able to "prove" that moral distress arose from my experiences, researchers and other readers will have immediate access to the documents proving that the various events did take place. Regarding transferability, the literature indicated that, to enhance generalizability, "the researcher is responsible for providing thick descriptions, so that those who seek to transfer the findings to their own site can

judge transferability" (Nowell et al., 2017, p. 3). Dependability will be established by triangulating information of my account, news articles, and legal documents. Throughout the study, I will hence work to ensure that the types of "thick descriptions" indicated by Nowell et al. (2017) do occur so that its findings will be able to be applied to what will hopefully be future studies involving individuals who struggle with moral distress from the various contributors I discuss.

Summary

Using an autoethnographic lens, I examined ongoing moral distress due to my experiences leading up to, during, and after blowing the whistle at a for-profit SUD treatment facility at which I was employed as a counselor and then supervisor from October 2015 to April 2017. By detailing and analyzing my experiences, I addressed stark gaps within literature involving moral distress of counselors and staff within the for-profit SUD industry who are confronted with moral distress and must decide whether or not to blow the whistle, as well as ultimately live with consequences of whichever choice they make. Detailing and analyzing my experiences will also result in significantly expanding upon Jameton's definition of moral distress.

Chapter 4: Results

The purpose of this qualitative autoethnographic study is to contribute to moral distress and whistleblowing literature by providing data and insights in terms of my lived experiences with moral distress as a whistleblower at a for-profit SUD treatment facility. I address moral distress of counselors in this industry specifically resulting from discovering evidence of unethical and illegal activities and subsequently not being able to end activities through official channels despite persistent efforts, and persistence of this moral distress after whistleblowing and ending unethical and illegal activities. Moral distress continues because of institutional constraints within the counseling field in the form of a vague and nonexistent pathways to reporting unethical and illegal activities to jurisdiction bodies and slow-moving justice. As an ancillary aim, my goal was to help for-profit SUD treatment counselors navigate these pathways. This study serves as a call of action for the ACA and NBCC to provide additional rules so future prospective whistleblowers can gain clearer directives based understanding of the process of whistleblowing and thereby either proceed forward more effectively with whistleblowing or decide to opt out due to self-preservation.

The research question was:

What are my interpersonal conflict experiences of moral distress due to discovering evidence of authority figures' unethical and illegal practices at a for-profit SUD treatment facility and whistleblowing to outside agencies in a culture where whistleblowing is stigmatized?

To address this research question, I addressed sources of data to corroborate my memories of lived experiences involving moral distress between October 2015 and April 2017, during which I was employed as a for-profit SUD treatment counselor, as well as sources of data. These sources of data included my detailed 492-page journal that I kept during my employment, as well as various emails to and from jurisdiction bodies, court documents, and news articles.

In this chapter, I discuss the research setting and demographics as they relate to my lived experiences with moral distress that began in October 2015. I also discuss my data collection procedures and data analysis for themes and subthemes that were relevant to answering my research question. I then discuss strategies I used to ensure trustworthiness, followed by results, in which I provide themes and subthemes. Finally, I provide a chapter summary.

Setting

My lived experiences involving moral distress that were covered in this study spanned between October 2015 to the present day. The setting included specific locations in Pennsylvania, New Jersey, and Arizona. In addition to those states, parts of my story directly involve Florida and the Bahamas, although I was not physically present in either location during those events.

I divided time frames into the pre-whistleblowing (the time I was uncovering evidence of unethical and illegal activities but had no intention to whistleblow), whistleblowing (when I served as a key witness for the case), and post-whistleblowing stages (from the time immediately after I testified to the present day).

Demographics

Demographics did not figure prominently in the answering of my research question. There were parts of my narrative in which I discussed the influence of race and ethnicity on my moral distress. I focused on my lived experiences with moral distress, beginning on my first day and continuing to the present day. I am a second-generation Indian American, and this cultural background significantly informed decisions I made in terms of addressing unethical and illegal activities. My dual religious background as both Hindu and Sikh likewise was a significant influence on these decisions, specifically as it relates to dharma, karma, chardi kala, and kirat karo.

In contrast to my cultural heritage, all of Liberation Way's authority figures were White. Liberation Way's staff was majority White, with me and an African American counselor being the only exceptions. Further regarding ethnicity, all of the authority figures proudly identified as Italian Americans. They were all male. The staff was composed of three males, one being the African American counselor, with the rest of the staff being female. As an added note to my study's demographics, Kenny Chatman, the sober home operator and drug treatment center owner in Florida who received maximum sentences for fraud at the sober home, was African American. While I did build a case in this study that my cultural and ethnic background influenced key decisions at the for-profit substance use disorder treatment facility, including regarding cultural fears associated with being a non-White professional working under majority-White authority figures and with majority-White staff, I did not ultimately argue that direct instances of outright or subtle racism at the facility played a significant role in my moral distress.

Data Collection

Once I received committee approval for my dissertation proposal on May 29, 2023, and IRB approval on April 23, 2024 (IRB approval number 04-23-24-1043205), I finished composing the chronological narrative of my lived experiences of moral distress that began on my first day of working at Liberation Way on October 5, 2015, and have continued to the current day. My primary data source was my 492-page journal, which contains a richly detailed account of my experiences of moral distress while I was working at Liberation Way, complete with dates, events, my emotions, and my reactions, all of which were documented in real time. Supporting data sources were court documents connected to my Grand Jury testimony on January 12, 2018, emails to and from jurisdiction bodies, news articles corroborating key events, sections of codes from jurisdiction bodies regarding reporting of questionable activities at facilities by counselors, and my 81-episode podcast that ran from August 31, 2017, to April 15, 2019. To all of these sources I have added data reflecting my recent mental and emotional states connected with my ongoing moral distress. I did not transcribe my podcast episodes, considering they did not represent a significant portion of my data for this study and were easily revisited by me on an individual basis whenever I needed clarification on a particular point. In the latter part of this chapter, I include several excerpts from both my journal and the chronological narrative of my lived experiences.

Data Analysis

For my autoethnographic study, I primarily relied upon open coding to break down the qualitative data from my 168-page chronological narrative into discrete parts,

enabling me to compare them for similarities and differences. I composed this chronological narrative from excerpts and insights from my 492-page journal, along with data from the other listed data sources (see above). I applied this open coding going line by line, through my journal, looking at commonalities among the open codes and grouping them in efforts to discern themes and subthemes connected with my moral distress, along with themes and subthemes linked to the efficacy of the pathway provided for a counselor to report unethical and illegal activities at a for-profit substance use disorder treatment facility to jurisdiction bodies so that one or more of these bodies will halt client exploitation and abuse and insurance fraud, waste, and abuse.

Evidence of Trustworthiness

One frequently cited criticism of autoethnography is that the autoethnographic researcher is at risk of bias from attempting to generate data from self-indulgent, narcissistic interpretations of life experiences that are in turn often incompletely remembered or did not occur in the first place (Atkinson, 1997; Coffey, 1999; Walford, 2004, p. 411; Buchanan, 2007). I understand that my years of moral distress from my lived experiences of dealing with the unethical and illegal activities at Liberation Way has lent to paranoia on my part, as well as deep anger and frustration regarding unethical and illegal practices within the for-profit substance use disorder treatment industry. This paranoia, deep anger, and frustration also is centered upon the vague, virtually nonexistent path for reporting such practices that prevents the ending of client exploitation and abuse and insurance fraud, waste, and abuse by jurisdiction bodies. On one level, these intense emotions and negative mental states are part and parcel of my

overall experience of ongoing moral distress, meaning they are entirely appropriate for examination in this autoethnographic study. That being said, I acknowledge that emotions influence memories both at the time of a memory's formation and when the memory is later retrieved, affecting objectivity (Buchanan, 2007). With this firmly in mind, I made sure to rely solidly upon the literature's strategies for strengthening dependability, confirmability, credibility, and transferability in an autoethnographic study.

I worked to establish dependability through audit trails and data triangulation (Nowell et al., 2017). Regarding audit trails, I regularly consulted my 492-page journal of my experiences that I began composing approximately two to three months into my employment at Liberation Way in 2015 and that I essentially stopped recording my experiences in when indictments of the facility's authority figures began in August 2019. Journal entries go back to my first day at Liberation Way because Dr. Dea Silbertrust, the attorney I consulted when preparing to exit my employment at the facility, directed me to fill in what all I remembered from my first several weeks at the facility. This journal was an invaluable resource as I fact checked my memories of my experiences at Liberation Way, my Grand Jury testimony, and other significant periods. For data triangulation, I turned to various documents supporting my timeline of events and my recall of my thoughts and emotions during those events. These documents included court documents (my Grand Jury subpoena, Grand Jury discovery, Attorney General's office reports, and indictment articles from the Attorney General's offices of Pennsylvania and New Jersey), emails (the one from me to various jurisdiction bodies and the two emails from the one jurisdiction body that replied to my original email), relevant content from my podcast, *Ill*

Treatment, that ran from August 2017 through April 2019, and various newspaper articles (e.g., local articles on the legal repercussions brought to bear upon Liberation Way after I whistleblew). With these multiple sources of data and the interconnections among them, I built my strong case for accuracy in all discussed events, thoughts, and emotions.

Regarding confirmability, it stands to reason that a reader would think to question my account of events, wanting some degree of verification of key details, considering the eminently personal nature of my research and data. To assist with confirmability, I include a number of the aforementioned original documents, along with my 492-page journal and 168-page chronological narrative I composed to assist with my open coding of the data. In addition to the emails I cite being at the above link, I also included them in this chapter. Furthermore, a reader interested in consulting the podcast episodes I cite can access the episodes for free. The various indictments and sentencings I referenced in this chapter are a matter of public record for the interested reader.

A key strategy I utilized for enhancing credibility is that I worked to demonstrate reflexivity. Chang (2016) explained that, in addition to elements such as consistency and triangulation, "the researcher should reflect on their own position, biases, and how their personal experiences and perspectives influence the research. Credibility is enhanced when the researcher is transparent about their subjectivity and how it impacts their interpretations" (p. 444). With Chang's (2016) discussion on reflexivity's role in credibility in mind, I highlighted parts of my experience for my reader in which I am aware that my highly-agitated mental and emotional states at those times, including the culturally-ingrained fears regarding being a POC in a predominately-White work setting,

were strongly present. For example, at one point in my discussion of Theme 3, I indicated where my extreme frustration with a reply to my email from NBCC was colored at the time by the intense moral distress I was experiencing. Ultimately, however, my heightened emotional and mental states throughout my detailed experiences were appropriate for this study considering the focus is on my moral distress. In addition to reflexivity, I worked to establish credibility through thick description (see below), triangulation, and connecting personal experiences with the literature (Chang, 2016, p. 444).

For transferability in an autoethnographic study, Nowell et al. (2017) recommended "thick descriptions" of events and their associated thoughts and emotions so that the other researchers will be able to decide if the findings will be applicable to their studies (p. 3). I worked to ensure that thick descriptions occurred throughout my discussion of the five themes that emerged from my open coding of the data. These thick descriptions were further supported by contextualized excerpts from my 492-page journal, which served as snapshots of what I was thinking and feeling during different key events. My hope is that future studies involving various types of professionals who incur moral distress because of multi-level institutional constraints will be able to correlate my research findings with the new data.

Results

To answer this research question, I combined data from my 492-page journal, court documents, emails to and from jurisdiction bodies, podcast episodes, and news articles with my personal recollections and current perspectives to compose a 168-page

chronological narrative. I then applied open coding to this chronological narrative, yielding five themes regarding my lived experiences of moral distress, with three subthemes emerging for Theme 3. The following sections detail the significance of each theme and subtheme in my lived experiences of moral distress.

Theme 1

However, Fourie (2017) discussed that studies including Fourie (2013) and Campbell et al. (2016) argued for the broadening of Jameton's (1984) definition to include "morally challenging situations that give rise to distress but which are not necessarily linked to … feeling constrained, such as those associated with moral uncertainty." In line with this broadening of the definition, the moral uncertainty that pervaded my tenure at Liberation Way was a significant contributor to the moral distress that ate away at my wellbeing the entire time I was there. This moral uncertainty arose from ongoing confusion regarding whether or not certain of the facility's unethical and illegal activities were in fact simply part of the new face of client care in the for-profit substance use disorder treatment industry and that legal bodies would eventually legalize these activities.

If I had been able to end this moral uncertainty and unequivocally establish that many of the authority figures' practices over my time employed at Liberation Way were in fact unethical and illegal or, alternatively, were at least legal-adjacent, then I would in all likelihood have tendered my resignation far sooner than I did. Openly coding my data for this theme ultimately led to the realization that I would have left sooner if the practices were unequivocally unethical and illegal because I would have wanted to

protect myself from legal repercussions while avoiding participating in harmful actions to clients, based upon my moral code. Alternatively, if the practices ended up being legal or legal-adjacent, I also would have left earlier because my moral code would not have allowed me to continue with those practices despite their illegality. In the end, I stayed at Liberation Way for as long as I did because I felt compelled to determine for myself whether or not the facility, at its core, in its spirit, was operating illegally or legally, unethically or ethically. My decision to stay as long as I did at the facility, in other words, fundamentally involved my fervent questioning into the authority figures' intentions in an industry that was supposed to be focused on best practices for helping clients.

My moral uncertainty began on my first day at Liberation Way in October 2015 when visiting two sober homes. I immediately encountered evidence of problematic facility practices at both locations. The first sober house was a mansion that had been donated to Liberation Way by Dr. Braccia, a doctor who was still working for the facility and had previously owned and occupied the mansion. The lavish living environment took me aback, along with the red flags thrown up by a current Liberation Way doctor having mixed his financial affairs to that degree with the facility. I was even more disturbed by the fact that the medications were kept in an open office, meaning that they were easily accessible for abuse by clients (a frequent occurrence). I further learned that the administrators were exploiting a legal loophole allowing them to get around the law against administering medication by simply "monitoring" the clients as they got their own medication each day. While not a mansion, the second sober house was equally lavish. It even had a glamorous rumor attached, namely that it was previously owned by

Margaret Hamilton, who played the Wicked Witch of the West in *The Wizard of Oz*. The housing manager proudly insisted to me that the rumor was true. As I looked around this incredible house, I could not imagine how the jacuzzi and pool, combined with the coed living situation, lent to the best treatment outcomes. The first sober house, the mansion, had also been coed, which had similarly given me pause. My following journal entry encapsulated much of my deep concern at the time:

This was hard for me to swallow–the lack of coverage for our clients via HIPAA–clients residing in the community when I was simultaneously told that the housing arrangements were often unsupervised or at most managed by untrained housing staff, and that there was no protection for clients, especially regarding medical records. Housing staff would often text from their personal phones at all hours of the night. Almost none of this was monitored. At Seabrook house, I'd been accustomed to 24/7 inpatient monitoring. Something was very wrong.

Despite these significant misgivings, I was brand new to the facility and wanted to do my best to suspend judgment until I learned more about standard practices in the for-profit substance use disorder treatment industry. After all, I had most recently been employed at Seabrook House, a non-profit substance use disorder treatment industry, and I figured it was possible that standard industry practices perhaps differed between the for-profit and non-profit sectors.

In a bid to end my moral uncertainty, I decided to go to the authority figures with my concerns. I figured a positive mindset and approach were best; after all, I understood that Liberation Way was in its infancy, having opened its doors less than one year before

I was hired. It seemed reasonable to expect that the facility just needed a bit more time and guidance to implement the best policies and practices for its clients. I could see how at least some of the expertise needed to point out some of the more questionable aspects of the sober homes could reasonably be expected to come from me, especially considering it was part of the facility's handbook that any employee was to come forward with concerns about the proper functioning of the facility. The handbook also provided a version of the following statement, which I recorded in my journal: "We don't want to hear problems. We want to hear solutions with the problems." At the next meeting, I therefore took the positive approach of making recommendations for the sober houses rather than simply articulating what I had witnessed whenever I could reasonably offer a solution. My hopes ran high that they would be highly receptive to my feedback and be eager to implement my solutions quickly.

Early in the meeting, it seemed possible that the authority figures would dispel my moral uncertainty, considering they immediately agreed to secure lockers for medications. Their instant resolution to address the issue heartened me. However, for virtually every other concern I brought up, they offered justifications for existing practices and environments. They declined my recommendation that a medical professional administer medications at the sober houses each day, explaining that they did not want the overhead cost. Regarding the likelihood of men and women in treatment engaging in sexual relations within coed living situations, the authority figures explained that the men and women were kept in different wings at the sober houses, with cohabitation only occurring within the common areas. They made it clear they felt that

this arrangement was reasonable for treatment. When I then stated that cohabitation in the common areas was still going to inevitably lead to sexual activity, Jason responded that such sexual relationships would help the different clients commit to treatment. They basically ended that line of my inquiry with the aforementioned mantra, “We don’t want to hear problems. We want to hear solutions with the problems.” The implication was that they were now interpreting my questioning as complaining and wanted to move forward without the negativity. This tactic enabled them to curtail any further questioning from me. Wanting to see what they would say about the sober houses’ problematic luxury, I remarked upon their exquisiteness. The authority figures interpreted my veiled inquiry as a compliment, which they were clearly very appreciative of considering I was new to the team. I could readily see that the lavishness brought them great pride. In short, I failed to achieve the vast majority of my objectives at that meeting, and my moral uncertainty remained firmly in place.

Looking back, I can see how the authority figures were very strategic in giving me that one “win” at the meeting. At the time, my relief that they had agreed to the secure medication lockers gave me the hope that we were all on the same team. I think that had they basically vetoed all of my recommendations, I would have had a more clear sense that they had no intention whatsoever of eliminating activities that were at least bordering on being unethical and illegal and correcting environments that were counterproductive to proper client care from the facility. However, the fact the authority figures had decided to act upon at least one of my recommendations, the need for secure medication lockers, at least gave me hope that we were all on the same team. In other words, I felt it entirely

possible that the reason for some of the problematic elements of the sober houses was simply that Liberation Way was in its infancy, less than three months old, and that the authority figures would want us to get everything in line ethically and legally over time. In that context, I was hopeful that they would eventually see the necessity of ending the exploitation of that legal loophole regarding "administration" versus "monitoring" of medication, with financial concerns for the fledgeling facility temporarily overriding their better judgment at the current moment. Even though I was willing to entertain this hope, I was still confused that they had readily agreed to implement my recommendation for the secure medication lockers but had rejected my recommendation to stop exploiting the legal loophole. Furthermore, I was at a loss as to why they would consider the lavishness and coed structure of the sober houses to be a nonissue or even a benefit. This unpleasant mixture of hope and apprehension would continue characterizing the moral uncertainty that kept me at Liberation Way for the next one year and seven months.

Over the course of my employment at the facility, the moral distress that took root during those first few weeks was fueled by numerous instances in which I was left questioning whether or not a particular apparently unethical or illegal practice or event were simply the new face of client care within the for-profit substance use disorder treatment industry. This moral uncertainty undermined my resolution to always do the right thing for clients. This confusion regarding ethics and legality kept arising because the for-profit substance use disorder treatment industry has been experiencing exponential growth for years, making it difficult for legal and jurisdiction bodies to monitor all new practices and procedures to create a baseline of what treatment looks like

and establish appropriate laws to govern that baseline. (For discussion of the problem of lack of evidence-based practices within the for-profit substance use disorder treatment industry, see Morgan et al. [2021] and Bachhuber et al. [2014]. As for why private equity is powerfully drawn to this industry, see Rayasam & Farmer [2023], Kodjak [2016], and Whalen [2017],) Considering all of this largely-unmonitored growth and change, I was never completely certain when a practice or procedure that appeared completely unethical and illegal to me would end up being deemed a facet of normal industry practice once the legal and jurisdiction bodies were able to catch up and add it to the baseline.

Within those first few weeks, I attempted to reduce the apprehension in that unpleasant mixture of hope and apprehension by going to staff members and my counterpart, the other clinical director, with my concerns. My hope in that endeavor was that they would mirror my conflicted state and be willing to act as a united front in case we needed to bring other issues to the authority figures' attention. However, I quickly learned that their collective viewpoint was that everything was fine because all practices and procedures would turn out to be legal in the end, as captured in the following journal excerpt:

I went to the staff, to voice my concerns. Everyone tried to reassure me that these tasks were simply part of the new form of treatment. They all tried reframing my doubts by claiming we were on the cutting edge of the future of rehabilitation. Citing that the owners were the modern-day Steve Jobs of the treatment industry, this model of treatment is the latest iPhone.

Their attempts to allay my fears were unsuccessful, as indicated in the following journal entry: “Full of fear, I constantly battled with myself. Administration again and again reassured me via staff and peers that we were doing the right thing and that we represented the frontier of the future of the industry.” One of the negative consequences of their collective viewpoint for me was that I did not feel I could go to them for their input and advice whenever incidents occurred at the facility that fueled my moral uncertainty over being employed at this institution. As will shortly become clear, many such incidents were to arise over the duration of my time at Liberation Way.

One incident in which I struggled with this moral uncertainty occurred in January 2017, when I learned from a Liberation Way clinician that the authority figures were paying Tony, a clinician at a standalone detox called The Carrier Clinic, $500 per new client that he sent to Liberation Way from the detox. I was instantly horrified at this information, considering that these payments were clearly kickbacks, an illegal practice within all industries. This led to an immediate crisis of consciousness in me regarding my employment at the facility, as indicated in this excerpt from my journal:

I am a person who has to feel that the place where I work is aligned with my ethical code, which does not allow for clients to be put at any form of risk. This dissatisfaction quickly led into existential concerns that began drastically impacting my sense of wellbeing as an ethical counselor.

I called my mentor, Dr. Jeremy Frank, to solicit his advice on this matter. I had worked under Dr. Frank, a PhD psychologist, while pursuing my undergraduate degree at Temple University, and I had continued to call him regularly over the years to get his

advice on various professional and clinical matters. When I fearfully informed him of the rumor of the $500 payments to Tony, Dr. Frank sought to calm me by entertaining the possibility that these payments were not verified and could simply be part of the potential new face of marketing within the for-profit substance use disorder treatment industry.

By the time our conversation was concluded, I was significantly calmed from my previous highly-agitated state by this possibility offered by Dr. Frank, but I still could not shake the strong sense that the payments were fundamentally unethical and illegal. I therefore proceeded forward with my entrenched moral uncertainty from knowing that I was employed at a facility that was offering these highly questionable payments to Tony, payments which might or might not ultimately be ethically and legally okay. It would be later this very month that Dr. Frank would become extremely alarmed when I called to inform him that I had discovered that authority figures were paying $2700 a piece to new clients to be admitted to Liberation Way and promise to stay there for a minimum of ten days. It was this practice that would constitute part of my testimony regarding insurance fraud at Liberation Way in front of the Grand Jury on January 12, 2018. In other words, my moral uncertainty essentially finally ended a few weeks before I left Liberation Way. By the time I was getting ready to depart the facility, I unequivocally knew that the authority figures were complicit in mandating practices and procedures that they knew were unethical and illegal. These practices and procedures were not part of the new face of client care in the for-profit substance use disorder treatment industry, but rather schemes to bilk insurance for major profits so the authority figures could amass personal fortunes. Client welfare was not at all a priority, simply a means to an end. If all of this

knowledge and insight had come about for me much earlier on in my employment at Liberation Way, I feel certain I would not have ended up putting myself through the moral distress that came about from working at that corrupt facility for the one year and seven months.

Theme 2

Jason originally hired me on as a clinical coordinator at Liberation Way. We had met once at Seabrook House, a known non-profit substance use disorder treatment center in Bridgeton, New Jersey, where I was working as a newly-graduated Masters-level counselor from August 2013 to October 3, 2015. After he sat in on one of my group sessions, he approached and gave me what I did not realize at the time was an impromptu job interview; I simply thought he was generally interested in my role at Seabrook House. In August 2015, I received my official offer letter from Liberation Way. I then put in my notice at Seabrook House and had my first day at Liberation Way on October 5, 2015, where I visited the two sober houses. As clinical coordinator, I was supervising a 12-member staff of counselor interns. Even though some of them had earned their master's in counseling or social work, they required supervision because none were licensed counselors. My own licensure as a counselor was imminent: October 21, 2015. Once I had my license, I was able to supervise the staff, having taken the days up to that point to get to know them. The authority figures were eager to promote me to Clinical Director upon learning that my licensure had come in. Within one year, in July 2016, they promoted me a second time, to Executive Director. Throughout these promotions, I continued supervising the staff of unlicensed counselor interns. Whenever staff members

were terminated, I announced the terminations and supervised the new hires. Throughout the terminations and replacements, the staff remained at 12 members. In addition to the staff, I interacted daily with another Clinical Director, and a tech who was eventually promoted to Director of Operations and was a confidant of sorts for me during my time at the facility. Liberation Way had its own marketing department, whom I did not interact with regularly, especially considering I was continuously taken aback by their overreaching of authority in directing client care (which I eventually learned was under the authority figures' auspices). I did interact with Jason on a daily basis. In short, the organizational culture I experienced on a daily basis mainly involved approximately 15 professionals, with the marketing department and authority figures other than Jason more at the shadowy periphery.

Staff members began mentioning certain facility issues to me during our individual supervisions, in which I would meet with each staff member one on one. The individual supervisions began almost immediately after I received my first promotion, to Clinical Director. In other words, staff members were voicing concerns to me within my first few weeks at Liberation Way. Granted, as I discussed in Theme 1 above, whenever I went to them with issues during this time, they simply assured me that everything was okay at this fledgling facility, that it would eventually achieve a better footing. Their comments during our one-on-one meetings mainly took the form of joking about two issues at the facility: clients sleeping with clients and medication mismanagement. We were all hearing about the clients sleeping with clients from the sober house managers, who would call us on their personal cell phones (itself a breach of HIPPA) to alert us to

the problem. The house managers would also tell us on their personal cell phones that medication was randomly going missing and clients were abusing the medication. The joking from the staff members during the individual supervisions had the running tagline of: “Another day at Liberation Way.” This theme is captured in the following journal excerpt: “I found myself on a merry-go-round of complaints. Business carried on as usual.” The staff members overall seemed to have a low level of concern for the behaviors and faulty practices because they assumed that, as a startup, Liberation Way simply had some kinks to iron out on its way to becoming a better functioning facility in the future. During this time, the clinical director and director of operations likewise joked about the same issues at Liberation Way.

At my regularly scheduled meetings with authority figures, I told them about the staff’s concerns. The authority figures seemed receptive to hearing these concerns, reassuring me that Liberation Way would eventually be able to overcome those problems. Over the course of these meetings, they repeated their mantra: “We don’t want to hear problems; we want to hear solutions.” Based upon their assurances, I followed the staff members in believing that the facility was simply experiencing some growing pains. And anyway, as I was quickly learning, my new role as Executive Director was not enabling me to convince authority figures to change problematic practices and procedures.

By the time my sixth month at Liberation Way came around, the 12 staff members and I all knew that the authority figures were not going to address the two problems. Clients sleeping with clients and mismanaged medication had been rampant over the course of those six months, with no apparent directives having been put into

place by the authority figures to correct the issues. Additionally, during this time the authority figures issued us the directive that we were not to report any client relapses to overseeing bodies such as drug court and probation. Jason even threatened one of the counselors, with firing if she were to go through with reporting a particular client relapse to drug court. The following journal excerpt details the event. Jason said:

> [The counselor] was monitoring a client on Felony Drug Court, an alternative to incarceration which provides a non-traditional approach to working with criminal offenders addicted to drugs and/or alcohol. It is a five-phase program lasting from 18 to 24 months, consisting of individual counseling, group therapy, education, monitoring and regular drug testing. Counselor's client, in treatment for nine months, was progressing well.

Then one day she took a mandatory drug test and failed it. The counselor was in the process of preparing a letter to Drug Court to that effect, when CEO Jason intervened: "You're not going to do that, because Drug Court will take them away from us." Counselor replied that if she did not report the positive drug test, her license would be in jeopardy. Jason threatened to fire her if she sent the letter. She didn't send it. The client stayed.

Once news of Jason's threat got around the facility, morale was significantly impacted. Yet another newer issue was that the marketing department was overstepping their bounds by keeping clients at an inappropriate level of care to maximize the insurance money coming in for each client. This is when the joking tone of the staff members' voiced concerns shifted to outrage, frustration, and urgency. Jason said:

> Counselors who honestly were trying to do their best for patients. But as often as possible, marketers would intervene, meddle in treatment priorities by countering the counselors, with the single goal of generating revenue for the company, and transitively gaining more income. No matter how often counselors suggested innovative methods of care, their ideas were countered with the question from the higher-ups: "Is it billable?"

They were now coming to me and insisting that we needed to do something. I then approached Jason for us to have a facility-wide meeting for clinical staff so that the 12-member staff could voice some of their concerns and receive responses directly from Jason. He readily agreed to the meeting, at which all 15 of us (the 12-member staff, clinical director, director of operations, and me) were present. The meeting rattled everyone further because Jason essentially responded to questions about his threat to the counselor by unequivocally stating that he was standing by his directive for us not to ever go to overseeing bodies in the case of client relapses. To the concerns about the marketing department directing client care, Jason simply said that he would take these concerns under advisement, with no promise to further address them. As for the issue with medication mismanagement, he said that we would have to address it with Muhammad, the sober housing operator. At the meeting's end, Jason told us that he hoped our conversation had resolved our concerns and that we could all now move forward into Liberation Way's future.

The 12-member staff and I were horrified in the days following that meeting. Staff members came to me and expressed that they felt forced to accept what all was

occurring. Throughout the remainder of my employment at Liberation Way, additional unethical and illegal practices became business as usual at the facility. The staff members would continue expressing their frustration and fear to me over the months, but the meeting with Jason had begun organizational silence in them regarding bringing up their concerns openly to him or the other authority figures. I could tell that whenever a staff member would voice a concern to me, the staff member felt they had done all that they could possibly do under the circumstances, namely follow the directive in the ACA Code of Ethics and NBCC guidelines to go to your supervisor with any issues in terms of how the facility is being run. It was not that the staff members necessarily expected me to be able to do anything about the problems; it was simply that they had now done their part to address the issue. After the staff adopted compliance and nonaction regarding the facility's unethical and illegal activities, my moral distress surged. I was now dealing with the institutional constraint of the organizational silence that was now an indelible part of the organizational culture among the 12-member staff, along with the institutional constraint of the authority figures' corrupt directives. I then said:

> Progressively as my time went on there, I continued to research and study the 'why' behind things as they occurred. I fell into the trap of doing as I was told. […] Over the months incidents became more egregious. So as to nearly parallel clients' war stories with clinician war stories of the most failure offered to a client.

This organizational silence was an institutional constraint because there was no collective effort that could now be mounted within the facility to address the unethical and illegal activities. The sole responsibility for addressing these activities now lay

squarely on my shoulders, yet I was prevented from doing the right thing by Jason and the authority figures. My unwilling participation in the organizational silence was to continue throughout the rest of my time at Liberation Way.

Theme 3

Jameton's (1984) stated professional moral distress will cease when he or she leaves the situation in which institutional constraints are preventing him or her from doing the right thing. However, I came into this study with the strong sense that moral distress still plagues me today from my time at Liberation Way, even though I left the facility back on April 20, 2017, and eventually even did "the right thing" by whistleblowing. From my data emerged the realization that a broadened definition of "institutional constraints" accounts for my years of moral distress. In Jameton's (1984) study, "institutional constraints" were the doctors' orders that medical subordinates (i.e., residents, interns, and nurses) had to navigate to advocate for patients' best interests. From his study and definition, we may infer that the medical subordinates' moral distress was only relevant to their experience when employed at the hospital. After all, as per Jameton's (1984) definition, institutional constraints could only occur when the medical subordinate was subject to the institution itself, not later when the professional was no longer employed at that medical institution.

When I began my study, I knew that I was already extending Jameton's (1984) definition by introducing the idea that moral distress could occur in a for-profit substance use disorder treatment counselor–i.e., a professional outside of the medical field. I further assumed that I would be building an argument that my moral distress has continued

somehow despite the fact that I am no longer an employee of Liberation Way and therefore no longer subject to its institutional constraints. However, when I was applying open coding to my autoethnographic data, the theme emerged that institutional constraints were still a significant factor in my ongoing moral distress. It is simply that the institutional constraints are from the larger institutions and codes that failed and currently fail to specify a clear, direct, efficacious pathway for reporting unethical and illegal activities within the for-profit substance use disorder treatment industry: ACA Code of Ethics, NBCC, The Joint Commission, and DDAP. As will shortly become clear, two of these–DDAP and The Joint Commission–further were faulty gatekeepers in terms of Liberation Way's unethical and illegal operations in that both institutions sent representatives to investigate issues that had been brought to their attention yet never cited the facility.

Within this theme of field-scale institutional constraints, three subthemes thus emerged: Subtheme 1 was directives from industry codes for a counselor dealing with unethical and illegal activities at a facility are vague, ambiguous, circular, and insufficient, leaving me feeling that the field had failed to provide me with sufficient tools to deal with the problems at hand. Subtheme 2 was silence from counseling field jurisdiction bodies after I contacted each of them through email and voicemail made me feel hopeless and isolated. Subtheme 3 was faulty gatekeepers in the form of investigators from counseling jurisdiction bodies failed to address the unethical and illegal activities, undermining my confidence in industry oversight.

While I clearly no longer have an immediate practical use for a clear, direct, efficacious pathway for reporting unethical and illegal activities within the for-profit substance use disorder treatment industry, I have been experiencing a relentless, desperate emotional need throughout my post-whistleblowing years to determine whether or not such a pathway indeed existed at the time or exists now. If I were to discover through my ongoing efforts that there was such a pathway and that I somehow simply failed to find it when I needed it, I would feel I failed Liberation Way's clients when they needed me to help put a stop to their long-term exploitation by authority figures at a much earlier date than what occurred. In other words, I would hold myself accountable for not having found the pathway, no matter how hidden it might have been. However, if I were to discover that there was no such pathway, I would likewise feel I failed Liberation Way's clients when they needed me to help put a stop to their long-term exploitation by authority figures at a much earlier date than what occurred. In either case, I hold myself accountable for not figuring out a pathway, whether one had existed at the time or not, that would have prevented many horrible events that took place over Liberation Way's lifetime. In short, even though my efforts were eventually effective, they just took too long to bring about a resolution, and I cannot help but feel that is on me. If I am ever able to determine if there was or was not such a pathway, I feel I will at least have closure of sorts. Getting out of my long-standing limbo would enable me to move on to either making the existing pathway known or lobbying for establishing a pathway so that I could better assist present and future counselors in their efforts to keep the for-profit substance use disorder industry free from unethical and illegal practices. I

cannot say that the closure would necessarily lessen my moral distress, but it would at least free me from so much of the uncertainty that is a pernicious contributor to it.

Subtheme 1

As for my original efforts to find the correct pathway to reporting Liberation Way's unethical and illegal activities, I had first taken the action of following directives from the ACA Code of Ethics and NBCC that stipulate that the counselor bring the problematic practices or behaviors to the attention of his or her supervisor. As I discussed in Themes 1 and 2 above, I fruitlessly went to Jason and other authority figures many times within those first few months at Liberation Way to ask them to address various issues, including clients sleeping with clients, medication mismanagement at the sober houses, the marketing department directing client care, and Jason's mandate that none of us were to ever report client relapses to drug court or probation officers. Around month nine, I heard the rumor about authority figures paying Tony, the counselor who coordinated higher levels of care for clients at Carrier Clinic, $500 per client referral to Liberation Way (see Theme 1 above). From my knowledge at the time, this fell within the Anti-Kickback Act of 1986, which prohibits attempted as well as completed kickbacks, including money, fees, commission, credit, gift, gratuity, thing of value, or compensation of any kind (U.S. Department of Justice, 2020). Even though I was horrified, I chose not to go to authority figures with this rumor, partly because my mentor, Dr. Jeremy Frank, had suggested that this might simply be part of the new face of client care in the industry.

However, within the month (occurring at some point within months 14-16), I discovered a practice that I knew could not in any way legally be part of a new face of client care. This incident was the death knell of any faith I was trying to muster in Liberation Way. It involved a romantically involved man and woman who were admitted to Liberation Way for treatment. To bring them in from Florida, one of Liberation Way's marketers, Tim, coordinated with a third-party broker named Brandon who served as a concierge for client admittance to the facility based upon the client's insurance policy. Brandon facilitated a flight for the couple to the facility, which gave me pause considering I had never heard of a facility taking this much of a role in transporting clients. On their day of admittance, I did their initial paperwork, back-to-back. I assessed the woman first. While filling out her paperwork with her, I decided to do a bit of under the radar investigating to find out just how Liberation Way was marketing to and processing new clients. The client was eminently forthcoming, explaining that Liberation Way and Brandon had made several promises to her and her boyfriend to become clients. They would be able to reside in the same room while in treatment while enjoying free suboxone (an expensive, regulated medication that has the propensity to make a person high when mismanaged), free food, and free cigarettes. Then came the clincher: they would each receive a payment of $2700 for ten days of treatment. I was stunned. I had never heard of that level of brokering for substance use disorder treatment clients. Furthermore, there are laws against this level of brokering for clients. When I next filled out her boyfriend's paperwork, he corroborated everything she had told me. Both of these new clients appeared unfazed by these promises, as if the promises were simply the deal

they had agreed to, without any apparent nervousness or embarrassment on their parts over what seemed to me to be illegal components to the deal.

Still following the primary reporting pathway stipulated by the ACA Code of Ethics and NBCC, I went to Tim and then Jason about this incident. For the months prior to this incident, I had been keeping my head down at Liberation Way just to make it through day by day, but the clean surge of anger I now felt momentarily cut through my moral distress and anxiety, prompting me to take the action of reporting this incident to the authority figures. As I headed over to talk with Jason and Tim, I figured that what I was about to reveal would be shocking to them and prompt them to immediately take steps to address the issue. I figured they would have these reactions even after all of the questionable activities I had witnessed or gotten wind of since starting at the facility, considering they would surely understand that they needed to distance the facility from this type of egregious client payoff. I first went to Tim and then Jason that day. Individually, both appeared shocked at what I revealed to them. This was detailed in my journal as:

I let the owner [i.e., Jason] know I had documented this information and had spoken to Tim, the marketer responsible for recruiting both of these clients. Clearly this was illegal. He said he'd speak with Carly, the one responsible for sending clients to him. At the close of day, all parties pledged to handle this "uncalled-for" event. At minimum we would know the source. They said that by the next working day these two clients would be referred out. Unsurprisingly, the next day, the contrary to the promised referring out; both clients stayed for the allotted ten days. I watched and documented.

Their Suboxone was filled, and according to my subsequent research, supplied by a man named Brandon. I was certain that the credit card statements would come in showing each had been paid their $2700.

Tim and Jason left our conversations with what appeared to be a clear air of urgency, so I believed them. I believed that they had not known about the deal having been made with the couple. I believed that they were going to shut down any future deals of this sort. I believed that, even for them, the deal had crossed the line, probably brought on by an overzealous marketing department that needed to be reined in. I therefore felt cautiously comforted by their reactions from the thought that the facility perhaps just had some growing pains to endure as it eventually figured out the line between illegality and its various questionable activities and practices.

I proceeded to tell the staff members that the couple was going to be sent to different facilities the next day. They were visibly relieved at this news. As that day wound to an end, I felt supported by the authority figures for the first time in a long time. I held onto a hope in that moment that I had helped to achieve at least a small victory in helping to ethically and legally clean up the facility. In short, I felt that reporting the troubling incident to my supervisors as per the directives of the ACA Code of Ethics and NBCC had worked. The next day, that desperate hope was dashed. The couple remained at the facility throughout that day with no indication that anything was in the works to reassign them to other facilities. Throughout the first part of the workday, the staff and I watched the situation closely, trying to figure out what was going to happen and not going to happen. As the day wound on, we were all in shock and awe that nothing was

occurring. Even though the staff members had previously resigned themselves to the authority figures' problematic activities, they now clearly felt that the authority figures had crossed the line. They verbalized their frustration to Jason and Tim, as did I. Jason and Tim's demeanor was defensive and significantly abrasive as they informed each of us that logistically they just needed a bit more time and that the transfer would occur the next day. In my head, I said, "Bullshit," and resolved to wait and watch. Unsurprisingly for me, nothing occurred the next day. The staff reeled in disbelief. No one to my knowledge went to Jason and/or Tim that day, because we were now understanding that the transfer was not going to happen and that we simply needed to get on with our work. Neither Jason nor Tim said anything to us about the alleged transfer from that point forward. In short, organizational silence was ultimately preserved. I do remember that the topic came up at a staff meeting at which no authority figures were present. Everyone basically just voiced their disbelief, and then we all proceeded forward without mentioning it all again. Clearly, taking the route stipulated by the ACA Code of Ethics and NBCC for addressing issues at a facility had failed.

Immediately after hearing about the $2700 from the couple and going to Jason and Tim, I called my mentor, Dr. Frank. In fact, I ended up talking with him every day for two weeks. When I first told him about the $2700, he was "alarmed." However, he still thought it possible that the $2700 was part of new industry practice that we were just a bit behind on in terms of our knowledge. Feeling that this situation was nevertheless potentially incriminating enough that I needed to seek legal advice, he referred me to a lawyer he knew for a consult, providing me with her phone number and sending her an

introductory text for me. I was to first meet with the lawyer, Dr. Dea Silbertrust, who also has a PhD in Psychology, on March 10. At first, I was very nervous to meet with her, wondering what this obviously brilliant professional would say to me about my overall situation at Liberation Way. Would she yell at me for my potential culpability in the illegal activities? Would she yell at me for basically making something out of nothing? Or would she push for me to instantly quit and make other drastic moves? My main point here is that my anxiety over the upcoming first meeting with her largely arose from me having engaged with the facility's murkiness for so long that I honestly did not know what the correct interpretation of my experiences was or what constituted a logical next move after having unsuccessfully followed the directive in the ACA Code of Ethics and NBCC to go to my direct supervisors with the issue. I was now technically following the followup directive in both the ACA Code of Ethics and NBCC stating that in the case of direct supervisors not solving the issue, then the counselor should next seek outside consultation. Both Drs. Frank and Silbertrust were technically outside consultation. One problem with this form of outside consultation was that Dr. Silbertrust, at best, was only going to assist me in legally protecting myself in the situation, not halt the unethical and illegal activities at Liberation Way. Another problem with this form of outside consultation was that the consult with Dr. Silbertrust was expensive.

I met with Dr. Silbertrust on March 10, 2017, relieved to discover that she was welcoming and compassionate. I asked her to guide me through ways to protect myself, my license, and my family. Upon reviewing my detailed timeline of events, she openly stated that she deemed the owners immoral, without the slightest intention of practicing

compassion in a helping field. She further said that I was in danger of becoming culpable for their actions and gave me a concrete plan for protecting myself. I recorded her plan in my journal as follows:

> **Step One.** Document all of your experience. Notify your malpractice insurer. Contact your state licensing body, as well as the national licensing bodies. Do as much as you possibly can to protect your license.
>
> **Step Two.** Quit your job.
>
> **Step Three.** Reach out to the Joint Commission on the Accreditation of Healthcare Organizations.

Additionally, she provided me with the name of a colleague who she explained would be able to provide excellent additional legal assistance if required. As I left her office that day, I thought about how I had journeyed through 30 years of schooling to get to my current point where I was licensed and credible. I did not want my hard work to have been in vain, so I resolved to carry out all three steps. The next day, on March 11, 2017, I contacted my malpractice insurers, Health Services Policy and Oversight (HSPO), by email and voicemail to alert them that I was concerned about fraud at Liberation Way and was going to alert the Attorney General's Offices to the fraud. I provided my phone number in both the email and voicemail so that they could readily contact me with any questions. I had been hoping that they would at least contact me to provide me with some guidance and support as to my next steps, but I never received any response from them.

When reporting the issues directly to my supervisors, Liberation Way's authority figures, failed to produce results, I took it upon myself to seek personal legal

representation because the stipulation that a counselor should seek outside consultation in the event that the reporting to supervisors did not work was extremely vague. Neither the ACA Code of Ethics nor NBCC provided a single example of which authorities actually constituted outside consultation. Once I had consulted with a personal lawyer, Dr. Silbertrust, in an attempt to ensure my own future legal safety, I decided to effectively go to all jurisdiction bodies for the counseling field to report the unethical and illegal activities. I figured that by contacting all of them, I would have the best chance of contacting the type of jurisdiction body that is implied but not explicitly stated in the two codes. It was also a core component of Dr. Silbertrust's plan for me that I at least contact state and national licensing bodies, including the Joint Commission on the Accreditation of Healthcare Organizations. As my discussion of the next subtheme makes clear, reaching out to the different jurisdiction bodies revealed that the reporting pathway for unethical and illegal activities within the counseling field remained vague and circular at all levels.

Subtheme 2

On March 11, 2017, as per Dr. Silbertrust's instructions, I began contacting my state and national licensing bodies. I also began contacting the Joint Commission on the Accreditation of Healthcare Organizations. While Dr. Silbertrust had instructed me to immediately quit my job and then contact the Joint Commission, I had explained to her that I could not quit that abruptly without significantly jeopardizing my financial situation. She had expressed her understanding that I needed a bit more time to get my financial affairs in order before exiting the facility, but she had affirmed that her

recommendation still stood. I composed an email which I then sent to my state licensing body (the Pennsylvania Board of Social Workers, Marriage and Family Therapists and Professional Counselors), national licensing body (National Board of Certified Counselors–NBCC), the American Counseling Association (ACA), the Joint Commission, Pennsylvania Attorney General's Offices, FBI, and Division of Consumer Affairs for Pennsylvania.

To the above email, I attached a Word document with an extensive, detailed list of questionable activities and practices that needed investigation. I sent the email and attached document from the computer they gave me at Liberation Way so that hopefully they would be able to trace the IP address back to the facility, if that was a thing. Immediately after sending this email to the various bodies, I felt hope that I had gotten the ball rolling to end the unethical and illegal activities by Liberation Way's authority figures. My sense was that one or more of the bodies would take care of the situation from there, allowing me to simply work out a notice at the facility and move forward with my life. After all, I felt I had now fully followed the directive in the ACA Code of Ethics and NBCC to seek outside consultation in the event that reporting issues to the direct supervisor did not work. As part of the protocol I had been taught in my counseling program for communicating with different bodies, I left follow-up voicemails to each body within the next 24-48 hours. After completing both email and voicemail for each body, I assumed that I would receive responses from at least some of the bodies that would include guidelines or other advice for navigating my immediate path forward. I eagerly awaited the replies.

I was only ever to receive two replies to that email. Both were from NBCC. None of the bodies ever responded to my voicemails. The first email I received from NBCC was the day I sent the email to all bodies, March 11, 2017.

Considering the pressure cooker of moral distress and fear I was in at the time, this clearly generic response from the Ethics Department felt offensive. After all, I was reaching out to them with very serious concerns that to my mind were time-sensitive in that illegal activities were afoot at the facility, putting employees at significant legal risk and preventing clients from receiving the level of care they needed and deserved. That being said, I was eager to take any direction from NBCC that I could get. I accessed the URL they provided in the email. It took me to the exact documents that had originally provided me with the email address that I used to email NBCC. I was dumbfounded by the apparent circularity of NBCC's process. Here I was trying to get some direction during a highly stressful, confusing time, and yet I was being put in a nonproductive loop.

In addition to my frustration over the apparent circularity, I was struck by the apparent slowness of the process of reporting ethics violations as indicated by the automatically generated return email from NBCC. For one thing, no time frame was provided in terms of when I could reasonably expect to receive the results of NBCC's "review" of my "submission." The undefined time frame made the stipulation that I would receive the results of the review "via regular mail" seemed off putting and demoralizing. Once I had visited the link and made sure I fully absorbed their email to me, I came to the despairing conclusion that NBCC was not necessarily going to be helpful to me within a reasonable time period. Furthermore, the fact that they rounded out

the email with information on the application process to become a member of NBCC only underscored to me that the response from them was absolutely generic, circular, and unhelpful. Whether or not it was ultimately warranted, I essentially wrote off NBCC after this email.

The second email from NBCC arrived sixteen days later, on March 27. It was from the NBCC Vice President. When I saw who the email was from, I thought it was great that my concerns had finally reached the vice president. However, any hope that I was receiving any sort of guidance or support from NBCC was immediately dashed.

Here, I was frustrated that the vice president had assumed that I was simply wishing to initiate an ethics probe into another counselor's activities. Similarly, the part about the individual in question being "an NBCC applicant or certificant" was not at all relevant to this dangerous, terrifying situation I found myself in, although I was (and am) an NBCC member myself. Her email, at the time, seemed to me to be additional evidence that NBCC was simply going to send me generic emails assuming that whatever situation I was facing fit neatly into a prescribed box and primarily had to do with another NBCC member or applicant. To be fair, when I look back upon my email to NBCC and the vice president's return email, I see that I was too nonspecific in what I had originally relayed to NBCC–at least in the main body of the email, if not the attached Word document. In retrospect, I can also appreciate that the vice president indicated she would personally step in once she had "the full name and location of the counselor." My larger point is that the fear, paranoia, and raging moral distress at that time made the obvious disconnects between the emails I received from NBCC and the actual situation I was going through

utterly frustrate and demoralize me. I felt particularly disappointed by my interaction with them because I was (and am) a member of NBCC, largely as a result of my professors having emphasized to us the importance of having this membership going forward in our careers.

One additional point I want to make about the two email responses from NBCC is what I still perceive as the circularity in the final paragraph of the vice president's response:

> With respect to actions you need to take, please be advised that it is not possible for this office to provide you advice outside of the ethics review process. NBCC recommends the use of formal consultation or supervision when considering ethical responsibilities or developing professional practices.

My understanding at that time was that I was reaching out to ACA and NBCC for "formal consultation or supervision." After all, my ethics professor had repeatedly emphasized to us that ACA and NBCC were the organizations for us to turn to whenever we encountered any ethical violations. They assured us that both organizations would fight for us in any situations that involved such violations. In fact, ACA and NBCC were the only direction they gave us in the event that we encountered any such violations in our future careers. Their emphasis on ACA's and NBCC's roles in helping us in this way was a motif throughout the counseling curriculum, with professors repeatedly stating that ACA and NBCC would be the organizations that would protect us and provide guidance moving forward. Their focus upon ACA's and NBCC's roles in such matters was in turn stipulated by the Council for Accreditation of Counseling and Related Education

Programs (CACREP). In short, my degree program had created the expectation that ACA and NBCC were the correct entities to assist me. I can only assume that this is an issue within the larger field. When I finished reading the vice president's email, I thought: "If NBCC isn't to serve as formal consultation or supervision for me at this juncture, then who?" Even though I did not know it at the time, this circularity was to typify the majority of my upcoming experiences in terms of finding out who was going to help me.

Shortly after I sent the emails and follow-up voicemails to the various jurisdiction bodies, I submitted my resignation email to Jason and Dallas on March 31, 2017, all as part of the plan devised by Dr. Silbertrust. They asked me to stay for two more months, but we negotiated for one month. I just wanted to get out of there. Those final weeks at Liberation Way were punctuated by several threats from Jason, including how there would be legal ramifications if I were to open a private practice and recruit current staff. His demeanor was aggressive towards me, with him seemingly seeking me out for confrontation and repeatedly discrediting my professional judgements in front of staff. The following journal entry succinctly records this point in time:

> Back in my office, I composed my own resignation in an email […] I went to staff separately to voice my concerns of entrapment; everyone on staff seemed to agree with my disgruntlement.

I was very anxious throughout this time. I continued quietly and frantically collecting evidence as per Dr. Silbertrust's advice in the event that I was one day called upon to legally protect myself. Considering I was not receiving email replies and replies to my voicemails from the various jurisdiction bodies, I felt very alone in preparing for

my departure and highly uncertain of my future. Furthermore, I did not know what, if anything, would eventually be done for the clients who were being exploited and abused and the insurance company that was being subjected to fraud, waste, and abuse. By that point, I was pretty hopeless that any of the jurisdiction bodies would get back to me, so it seemed that the authority figures' unethical and illegal activities would continue indefinitely into the future.

Subtheme 3

Contributing to this hopelessness in terms of gaining assistance from different jurisdiction bodies was that DDAP and The Joint Commission had sent representatives to investigate claims made by different parties against Liberation Way in the past and yet the investigations had never resulted in any citations. The first such incident for DDAP occurred in February 2016 when this organization sent one of their top managers, Wenona, to investigate a claim against Liberation Way for lack of supervision at its sober homes. A resident's mother had brought this claim after she visited one of the homes to see her son and witnessed that all clients were unsupervised, cohabitating, smoking cigarettes, and acting like they were, in her words, living in a "frat house." The account as documented in my journal read as follows:

> Shortly thereafter amidst the new normal chaos of Liberation Way, a lady named Wenona, a current former Bureau Director at Commonwealth of Pennsylvania, representing the Department of Drug and Alcohol Programming (DDAP), showed up at our facility unannounced. I again, was announced to provide a PowerPoint presentation on Liberation Way, detailing our mission and model of treatment.

> My voice nervously quivered throughout the talk. I finished in record time–seven minutes flat. I could tell Wenona was not impressed. She went as far to state out loud, "she doesn't put up with nonsense or time waste, she wants to get down to issues at hand." I kept quiet and sat there intently listening.

Wenona and Jason had a long conversation about complaints made by visiting patients' families regarding the disarray of the sober houses. Reports and complaints had been filed. Often when parents dropped their kids off, there was no staff on site. A few family members reported these events directly to DDAP. Wenona reassured the owners that she wasn't trying to shut us down, but she made it clear that DDAP would be watching. After a 30-minute lecture, Jason brought up a name I had heard whispers of–A. Thomas McClellan, supposedly an esteemed founder of Liberation Way. Then he led a tour. Wenona seemed quite pleased with the setup, voicing how pretty things were, and how modern the decor. She left shortly thereafter, laughing and joking with Jason and Mohammed.

I was with Wenona during her entire investigation of Liberation Way, which took place for a couple of hours one morning. As is clear in the above journal excerpt, I started off the meeting with a presentation on Liberation Way's mission as per Jason's instruction. Jason and Muhammad, the housing manager/owner, then cut in to address the accusation so they could hastily resolve her investigation there. They asserted that they were not allowed to operate the sober houses without proper supervision. At one point, Wenona responded that if there was any wrongdoing that had occurred, she would get to the bottom of it. Jason and Muhammad then reassured her that all practices were ethical

and legal. They proceeded to give her a tour of the facility, and by the time she was getting ready to leave, the three of them were giggling together. To my knowledge, she never visited any of the sober homes and we never heard from DDAP on this issue again.

The second incident in which Liberation Way emerged unscathed after a DDAP investigation occurred in April 2017, my final month. Liberation Way had recently opened a detox facility at the end of March 2017 at Fort Washington in Pennsylvania. DDAP representatives twice visited the detox facility to see the progress of the amenities, fire codes, and emergency exits. I was present at the detox during both visits. On the second visit, they did a walk through where clients were present in the detox, yet the representatives failed to inquire as to why clients were there to begin with considering we were not yet licensed to provide services. “Interesting, the stuff that slips between the cracks,” I thought. The final phase was a directive from DDAP to set up a meeting for one of their representatives to start looking at notes at the detox to ensure that the services we would be billing for existed. During this meeting, their state rep was to sit down with a Liberation Way professional for two days to review all the documentation to that end. Jason was adamant that I be that professional. I complied, knowing that this would thankfully be one of my final duties before my departure. My role was to sit there as she looked through the records, ready to answer any questions she might put to me.

My journal entry about the DDAP professional’s visit to investigate before signing off on the Fort Washington detox read as follows:

> The Department of Drug and Alcohol Programming (DDAP) representative came in around eight am one dreary rainy April morning. I sat in an empty office unit.

> There was only a desk, two chairs and a new computer in the room. She introduced herself, recited a list of what she wanted to see, and told us she'd be there for two working days to go through our documents and cross reference with random patients. I complied, introduced myself, my role, and waited patiently, yearning for her to ask specific questions. I stood up to shut the office door to allow an organic interaction with the rep. Just as I did, I noted that Jason re-opened the door about three inches or so, and sat in a chair right outside the office. I saw this as an intimidation tactic. If I were to disclose anything he didn't like, Jason would overhear and storm right in.

I noticed that the rep did not ask many questions. I tried to spark conversation by asking where she was from, and how long she had been with the Department of Drug and Alcohol Programming (DDAP), if she liked her job. Her responses were neutral. She did not appear invested in what she was doing, as she went through the motions of checking documentation. She was on one side of the office units and never once asked about what was occurring on the opposite side. All the while, on the other side there were clients getting detox services prior to any licensure that this representative was present to award the facility to be able to do. She even looked at the notes of said clients receiving detox services, and made no mention, no inquiry, nothing. It was business as usual. Day two was more of the same. More coffee, no inquiries, nothing significant. She closed the day out by offering her business card and left.

While I sighed with relief that the last hurdle was jumped, I could not help but feel floods of guilt, discouraged to be an accomplice to the cancer that was metastasizing

every day before my eyes. Here I was, part of continuing the cycle even as I desperately made my departure. I was disgusted with myself, with my decisions to be employed there, and with its inherent dysfunction. I didn't ask for any of this. Feeling swindled and made a fool of, all for the benefit of folks at the top, I was enraged.

To flesh out the details from my above journal entry, I remember that right after she and I entered the office she would use to look through the records, Jason burst through the doorway, clearing his throat to announce his presence and leaving the door cracked as he exited the room. He then immediately sat on a sofa right outside the office in earshot of whatever was going to be said in the office. Wanting to subtly call her attention to Jason's purposeful presence right outside the office, I walked over and closed the door. Jason immediately reopened it, leaving it cracked once more. Immediately, I got back up and reshut it. Jason instantly reopened it a crack. The state rep appeared completely unfazed by this dance. During the second day, the door remained shut, but Jason still sat right outside the office the majority of the day.

Throughout the two days, the state rep did not ask me any questions other than my name and how long I had been at the facility. It blew my mind that she was investigating to see if DDAP would give us the go ahead for offering the detox services, yet the services were clearly already being carried out literally down the hall. I did not understand how she either did not see this or was otherwise opting not to comment on it. Also, I watched in disbelief as she looked through records of the detox services currently being administered to clients. She departed quietly after the two days were completed, simply telling us that she would be in touch with us regarding the results. Within a few

weeks, she had given Jason the all-clear on the detox facility. I was no longer at Liberation Way by that point, but I learned of her approval from contacts I still had there.

At the beginning of April 2017, approximately two weeks before my end date, a Joint Commission representative came to investigate a claim yet likewise never issued a citation. Like Wenona, he made a single visit to Liberation Way, but his visit occurred with no prior warning. The claim he was investigating was from a mother who found out that her son, a client at one of the sober homes, was having a sexual affair with the mother of another client. The investigator conducted his surprise visit on a Friday, catching everyone unprepared. The rich detail in the following journal entry demonstrated the degree to which the representative's ignoring of the numerous red flags during his visit rattled me:

The rep came down to my office and asked to sit with me and Stephanie, Director of Compliance, a former nurse, previously employed by Seabrook House, in recovery herself. The representative wanted to sift through some of our charting. We complied, and I brought out records of our current clients. He wanted to know if our medical records were stored digitally. I explained that our medical records were still in paper format, and that the paper charts were left in the medical director's office in a large cardboard box that he would routinely transport in his trunk to and from campus. Alarmingly, his reaction when I said that was flat. Pushing to show evidence, I suggested we look through some of those charts. He declined, but asked if medications were listed in each individual's electronic medical record. I admitted to him that our medical recording was poor, hence offering the charts, but showed him where the meds would be

listed if the facility was diligent. Stephanie, peering over the meeting, actively listened to this exchange and did not seem pleased with my transparency and honesty. She instead reiterated that we are 'solution focused' and working to make things better.

After about half an hour into this isolated meeting, Jason walked into the office inquiring how things were going. I sat silently. The representative shared that from what he had observed we were doing "good work." Jason then spent some time inquiring and investigating the true meaning of this man's visit. He went so far as to directly ask for the "real reason" he had shown up unannounced. The rep matter-of-factly stated that there had been a complaint regarding a client's mother reportedly having relations with a current client. Jason replied to say that the client's mother was disgruntled with the services her child received at the sober home. Jason insinuated that the client's mother fabricated the story, and that furthermore, the complaint was completely uncalled for, unfounded, and unsubstantiated. Jason went so far as to detail the specifics of the accusation, naming the clients involved, date of the incident, and concluded by adamantly reporting that the accusations were unfounded.

After another hour, on his way out, the rep said he would write a full summary of the day's meetings and submit it to his authorizing body with The Joint Commission. He also told us that if there were anything significant to be worried about, he would let us know, but that he felt there was nothing substantial to report.

As indicated in the above journal entry, I was by the investigator's side for the majority of the day as he combed through client medical records and interviewed facility staff. During those hours, I kept desperately hoping for him to ask me about

inconsistencies and other red flags that he should have been seeing in his investigative work that day as these issues were abundantly clear. For example, it was clear in the records that the majority of the clients had the exact same home address listed, which was the address of one of the sober living facilities, and the majority of the clients had the exact same type of insurance. However, he never asked me a single question about any of the inconsistencies and outright red flags. I was perplexed as to how none of the apparent issues appeared to raise any concern with him. After all, I was essentially a layperson, not having the level of legal knowledge that this Joint Commission representative should have brought to the site, yet I was able to begin putting together the puzzle when he apparently was not. I cannot help but wonder if part of the issue was that, as he let slip during his visit, he sometimes did pro bono work for the Joint Commission. In other words, he was arguably not sufficiently current in terms of many of the unethical and illegal practices that were occurring.

I bring up the three incidents of representatives of DDAP and The Joint Commission acting as faulty gatekeepers to emphasize that the reporting pathway for unethical and illegal activities failed to work properly even when jurisdiction body representatives investigated claims or had to be on the lookout for unethical and illegal activities before giving accreditation to a new detox. These incidents hence underscore that reporting unethical and illegal activities within the for-profit substance use disorder treatment facility was unclear and inefficacious at all levels. Yet another indicator of this weak, virtually nonexistent pathway was that, of the bodies I had emailed on March 10, 2017, and left follow-up voicemails for, the only body other than NBCC that replied to

me was the Pennsylvania Attorney General's Offices–and that response came a full seven months later. On October 27, 2017, one of their investigative agents, Eric, left me a voicemail. Soon after that, I was meeting with him, and another investigative agent named Doug. These meetings led to my Grand Jury testimony on January 12, 2018. Two months after my testimony, in March 2018, DDAP mandated that the Head Marketer at Liberation Way begin sending as many of the facility's clients as possible to neighboring facilities. On April 5, 2018, DDAP representatives showed up at all three of Liberation Way's clinical campuses and announced that they were about to shut down Liberation Way. However, on April 8, 2018, they replaced Jason with a CEO from a neighboring treatment center as the first move in rebranding Liberation Way into Life of Purpose. In other words, if counting from March 10, 2017, when I emailed the various jurisdiction and legal bodies, to when Liberation Way finally got "shut down" (really only rebranded) on April 8, 2018, then it becomes clear that a full year had elapsed since I had taken action to alert the outside bodies to Liberation Way's unethical and illegal activities.

While the three subthemes emerged from my data on my experiences at Liberation Way from October 5, 2015, to April 20, 2017, their shadow remains in my life. A significant part of the issue is that I cannot help but feel at least partly responsible for the unethical and illegal practices that continued occurring at Liberation Way throughout that year from March 10, 2017, to March/April 2018. In turn, this terrible sense of responsibility fuels my ongoing moral distress. As discussed at the beginning of this section, to this day I have the burning need to know whether or not a clear, efficacious pathway to reporting unethical and illegal activities at a for-profit substance

use disorder treatment facility did and does exist. Either possibility will end up at the same place: the personal sense that, within a reasonable time span, I had failed to protect Liberation Way's clients, keep the insurance industry accountable, and assist the larger for-profit substance use disorder treatment field in what I hope was its original mission to help clients by means of ethical and legal practices.

Adding to this moral distress from the institutional constraint within the counseling field represented by the unclear, inadequate reporting pathway for unethical and illegal activities is the documented fact that terrible things did happen to Liberation Way's clients over the course of that final year. For example, there was a spate of overdoses that occurred from January to March of 2018. In January 2018, I learned from my contacts at Liberation Way that an entire sober house ended up using, which was publicized internally through various emails but never reported to the state. I learned in February 2018 from these same contacts that a client broke into the Fort Washington Detox on January 25, 2018, and stole methadone, with three clients then ending up in the hospital, an incident that likewise was not reported to the state. In this same month, I learned from the contacts that a counselor who was in recovery relapsed with a current client with whom she was in a relationship. The authority figures then sent her to Florida to detox and brought her back to work at the facility. A Liberation Way Recruitment Marketer named Bobby was found dead in his car from an overdose on March 7, 2018, at age 31. Granted, occasional overdoses are to be expected when running a for-profit substance use disorder treatment facility, but this string of them within such a short time span was significantly beyond the norm. I found out about each of these overdoses right

after each one occurred, which meant that I was having to helplessly stand by while Liberation Way's clients suffered and/or met their demise.

Yet another way in which the unclear, inadequate reporting pathway for unethical and illegal activities within the for-profit substance use disorder treatment industry continues fueling my moral distress is that I feel immense guilt over being so focused on my own suffering from the apparent absence of such a pathway when the entire experience ultimately has not been about me. It has really been about the clients who suffered exploitation and abuse at Liberation Way, as well as the clients of current for-profit substance use disorder treatment facilities who are vulnerable to similar exploitation and abuse, with no clear, efficacious pathway to reporting to protect them. It is also about current for-profit substance use disorder treatment counselors who may be witnessing the same or similar unethical and illegal practices at their facilities of employment as I did yet have no idea on how to go about navigating and potentially reporting these practices.

Theme 4

I was a second generation Indian-American at a predominately White facility in terms of authority figures, colleagues, and clientele. All authority figures except one were Italian-American/White, the one African-American authority figure being Muhammad, the owner/operator of the sober living houses. Considering his focus within the houses, it was only the White authority figures, particularly Jason, who I regularly saw within the main facility. Of the 12-member staff, 11 were White and one was African-American. With these particular demographics, I was laboring under a persistent, overriding sense I

somehow had to be perfect to ensure that I would not be a lightning rod as a representative of an ethnic minority. This warning had been reinforced to me throughout my life by my greater Indian-American social circle, as well as by Persons of Color of other ethnicities and cultures I had met along the way. Jason in particular was very racially charged at the facility, eager to escalate *othering* when given the opportunity. For instance, one time he was engaged in aggressive male banter with a staff member over a bet they had made when he suddenly yelled out the main racial epithet historically used against African-Americans. He yelled the epithet right in front of an African-American intern from one of the local universities who was just trying to get into the field. Her face dropped as I briskly took her arm and led her out into the hallway. She started tearing up as we discussed what had just occurred. She quickly composed herself and rationalized that Jason had not "meant it that way" and proceeded forward. I mention this incident with Jason to demonstrate that there was at least some reinforcement for my preconception that being non-White could quickly work to my detriment at Liberation Way.

Early on in my employment at Liberation Way, the determination not to be a lightning rod as a representative of an ethnic minority took on an even more ominous turn. Specifically, I started fearing that Jason and other authority figures were executing certain subtle maneuvers and making certain explicit statements in front of professionals outside the facility to build me as the "fall guy" in case legal authorities ever came looking into the facility's practices. Part of what set the stage for this fear was an article I came across while conducting internet research in an attempt to learn whether or not

Liberation Way paying Tony $500 per referral from the standalone detox was simply part of a new industry standard of practice that I simply had not been knowledgeable of up to this point. Kenny Chatman, the sober homeowner/operator at a substance use disorder treatment facility in Florida, had been sentenced to 27 years in prison for various illegal activities at the facility and its associated sober houses. This theme is captured in the following journal excerpt:

I kept a close eye on happenings in Florida, as it was the Mecca for this model of care. A man named Kenny Chatman showed up in my news feed which provoked in me an Everest of anxiety and alarm. Kenny Chatman was a man who found himself in a high-ranking position overseeing a large treatment facility. He ended up running the facility directly into the ground. There were severe amounts of fraud, money laundering, patient brokering, and reports of converting sober living homes into brothels. He was eventually charged and convicted of felonies and sent to federal prison.

The fact that he is African-American started setting off alarm bells. Fueled by my paranoia, my fear after reading the article was that maybe, just maybe, Chatman's indictment and 27-year sentence were at least partially the result of him being scapegoated at the facility as a BIPOC. After all, Jason was sentenced to a three-year prison term; Branden, Liberation Way's CFO, was sentenced to 37 months; and Dr. Braccia, the facility physician, was sentenced to 37 months. Muhammad, Liberation Way's sober homeowner/operator was sentenced to 11.5 to 23 months in prison. While he is African-American like Chatman, the fact remains that the sentences for the majority-White authority figures at Liberation Way were a fraction of Chatman's

sentence. Granted, Chatman was running a brothel at his sober home in addition to insurance fraud and kickbacks, whereas Liberation Way's authority figures were only found guilty of the insurance fraud and kickbacks, but the length of Chatman's sentencing, considered alongside the fact he is a BIPOC, still raised my eyebrows. Of further note was that Chatman's wife was sentenced to three years in prison, whereas Dr. Braccia's wife, who was a silent owner and scheduler for her husband, did not receive any prison time to my knowledge.

Especially in the context of Chatman's indictment and sentencing, many of the authority figures' words and actions made me exceedingly wary of whether or not I was being set up to be a Kenny Chatman. One instance that chilled me took place during a marketing endeavor that I accompanied Jason on to Carrier Clinic, the standalone detox at which Tony was employed. This marketing endeavor took place shortly before I was to discover the $2700 being offered to the two new clients. It was at this marketing endeavor that I met Tony, which allowed me to put a face to the name of the man who Mark had told me was allegedly receiving the $500 payment for each client sent to Liberation Way. Jason introduced me to around 12 members of the Carrier staff at a luncheon that he had catered by Panera. As people lunched, Jason pitched Liberation Way's program, essentially gloating about the services, amenities, and housing situation. He was aiming for the Carrier staff to begin sending clients through official referrals. At one point, he made an enigmatic statement: "All of these things are Kap's ideas," as recorded in my following journal entry:

Jason turned to me with a smile on his face and said, “All of these things are Kap’s ideas.” Anxiety flooded every single compartment of my soul, “I’m the fall guy.” I was convinced. I get it now. I took notes and said nothing.

This statement was followed by dead silence in the room, during which everyone just looked at me. In the flow of Jason’s pitch, this statement really seemed to come out of nowhere, without any readily discernible concrete context. What were the “things” to which he was referring? What “ideas” of mine had informed these ambiguous “things”? As everyone stared at me in those silent moments, I had the strong sense that they all knew something I did not. Otherwise, how would his statement have possibly made any sort of sense to them, assuming that it did? Was it that Jason was effectively yet unofficially offering them the same deal as he gave Tony? In those moments, it sounded very much to me like an unspoken liability transfer, that Jason was subtly indicating to them that the responsibility for any questionable practices was ultimately on me. After those few moments of awkward silence, Jason resumed his pitch. As I sat there, the combination of that statement with the fact that Tony, the man receiving illegal kickbacks, was present sat very uncomfortably with me.

Very soon after this disturbing incident, another enigmatic statement made by Jason heightened my fear and paranoia that I was being set up as the fall guy in case anything went wrong. This second incident occurred during a leadership meeting at Liberation Way, attended solely by the authority figures and me. Jason suddenly said, “Give Kap some more time and then we’ll fill him in on what we’re really doing,” as recorded in my following journal entry:

A few weeks later Jason made a side comment to Tim: “Give Kap a bit more time, and eventually we’ll tell him what we’re really up to.” I found myself anxious and fearful that the rumors might be true. My mind in that moment flooded with all the past events that were incriminating echoing Chatman’s charges. Am I the fall guy?

This statement immediately set off alarm bells for a number of reasons, one being that I had been worried about what the authority figures had been “really doing” for a long time.

Another, related reason why the alarm bells began going off was that it was my signature that was on a vast amount of the facility’s paperwork involving billing. When I started at Liberation Way, authority figures explained to me that I would be signing off on all paperwork involving billing because I was the most highly credentialed employee and my credentials would stand the best chance of the facility heading off any issues with billing. Technically, there was one other employee as highly credentialed as I was, but when I was quickly promoted to Executive Director, I then had the higher position between us and was therefore the immediate go-to for all signing. Typically, when a facility like this is set up, it is the person with the highest credentials in the highest position who signs off on paperwork related to billing. In other words, what had always been expected of me was the industry norm. Over time, I had therefore signed off on reams of paperwork by unlicensed clinicians and credentialed clinicians. When Jason made the disquieting statement, all I could think about in those moments was how my signature was on the majority of billing documents, yet I apparently had not been granted full disclosure regarding what the authority figures were “really doing.” I had been

signing documents to further plans that I was not privy to. Coming on the heels of Jason's strange comment at Carrier Clinic, his current statement was therefore chilling in that it was looking like the authority figures had plans all along to make me complicit in something so that I could later take the fall for it if needed.

As I indicated in my above discussion of Theme 2, the 12-member staff under me at Liberation Way eventually gave in to organizational silence after realizing that the authority figures were not going to address unethical and illegal activities brought to their attention. There was the brief upsurge of the staff members speaking out immediately after we saw that the couple who were being paid $2700 each for 10 days of treatment were not reassigned to another facility the next day as we were promised. However, once we understood that the couple was not going to actually be reassigned, the staff members quietened again and simply moved forward with business as usual. I also quietened, but I felt that I could not go on indefinitely with business as usual, because, as one of only two Persons of Color represented within the non-authority figures, I did not want to risk ending up being scapegoated like Kenny Chatman. In other words, I felt that the White non-authority figures had the luxury of feeling a bit more comfortable with their legal futures than I did. I therefore, as discussed, put in my notice shortly thereafter and continued quietly collecting evidence at Dr. Silbertrust's recommendation in the event that legal bodies finally caught on to what all had been occurring at Liberation Way. To be clear, I would have left Liberation Way even if I had not been a Person of Color, considering I did not want to be a party to client exploitation and abuse and insurance

fraud, waste, and abuse from a personal, ethical standpoint. However, my departure was certainly made even more urgent by the cautionary tale of Kenny Chatman.

Theme 5

Once applying open coding to my autoethnographic data, it also became clear to me that I have been utilizing various means in an attempt to mobilize my terrible experience at Liberation Way and beyond to make some sort of difference in the current for-profit substance use disorder treatment industry, the vague, ineffective reporting pathway for unethical and illegal activities, and counselors' experiences of moral distress. I feel that my hope has been that effecting change in the industry, including in the industry's overseeing bodies, will help offset my ongoing moral distress. Whether or not effecting such change would release me of a significant portion of my moral distress would be something that only time would tell. These attempts have included the podcast I ran and produced from August 2017 through April 2019; my personal, unofficial investigation of Evolution Way, a for-profit substance use disorder treatment facility in Arizona, while working there from July 2018 through November 2018; the formal complaints I made at two insurance companies I worked for in Arizona regarding Arizona Rehab Campuses, a standalone detox in Tucson, Arizona, from November 2018 through September 2023; being interviewed five years ago for the documentary *$huffle*, "an investigation of massive fraud in the substance abuse treatment industry, as told by those who live it"; and this dissertation. My hope all along has been that these efforts and more would serve as a foundation for desperately needed changes in laws, rules, oversight, and governance of the for-profit substance use disorder treatment industry. It is

my further hope that effecting such change will benefit clients and help ensure accountability of insurance companies, all while allowing me to sleep better at night and get on with my life.

My podcast, *Ill Treatment*, launched in August 2017, four months after I left Liberation Way in April 2017. During those four months, I had become increasingly frustrated with the delay in response from authority bodies such as the Pennsylvania Attorney General's Offices to the email I had sent on March 11, 2017. I was desperately eager to hear that at least one of the authority bodies was going to follow up on my email and start looking into the unethical and illegal activities at Liberation Way. One terrible event that occurred during this time that emphasized to me the utter importance of the issues at Liberation Way being legally addressed was that, in May 2017, Dallas overdosed and died at the Florida facility he was in treatment at after it had become clear that he was still using while working at Liberation Way. When I learned of his death, I could not help but feel that Liberation Way's ethically and legally murky atmosphere had undercut him being able to maintain his abstinence. With no such legal closure anywhere on the horizon, I decided to take matters into my own hands as best I could with the limited resources I had. The following journal excerpt encapsulated much of my anguish and resolution at the time:

I reached out to esteemed professionals in the field. This project nagged at me. I felt exploited. I couldn't sit with this feeling. It was as if I was dying inside knowing all that I knew, but unable to share it with the people who needed to know. I brainstormed on ways that I could spread this information within defined limits knowing there would be

an investigation coming. The first idea was a podcast, so I ran with it. I had everyone I could think of come on the podcast.

I searched high and low and found myself emailing higher ups, directors, executives, anyone with whom I could get myself into proximity. Another job? Yes. I named the podcast 'iIl treatment.' I started the show off with an interview with one of my earliest connections, Greg Horvath, who directed the film The Business of Recovery, a high-quality film covering exactly what I had witnessed firsthand.

As indicated, I decided I would start Ill Treatment as a form of general warning to the public, whom I deeply felt needed to understand what they would likely be getting themselves into prior to going to a for-profit substance use disorder treatment facility. I reached out to individuals who currently or formerly worked for Liberation Way, with the majority of them still employed there at the time who wanted to participate in the movement for change.

From August 2017 until April 2019, I ended up producing 81 episodes. I decided not to make any income from the podcast, and I simply requested for the individuals I was interviewing that they pass along the podcast to people they knew to gain listenership. Despite my basic approach to building listenership through word of mouth, the podcast was soon receiving approximately 400 plays per day. I was excited. Employees from Liberation Way were discussing the numerous unethical and illegal activities occurring at the facility–and people were listening. During these interviews, we were very careful never to mention the name Liberation Way or the names of any of the authority figures, and especially not naming clients at that facility. Also, we never

mentioned my name or the names of my interviewees. Furthermore, we never even explicitly mentioned that the facility we were discussing was in Pennsylvania. Having my interviewees validate my experience was helpful, lending to a feeling of silent camaraderie on my part that other people were likely experiencing a level of moral distress over what was occurring at the facility, even though they were not terming their emotional and psychological state as such. To be clear, they never mentioned that the facility was taking any sort of emotional and psychological toll on them, instead remaining professional as they talked about the various transgressions. Despite me lacking a window onto whatever personal struggles might have been occurring for them because of the facility, I at least did not feel quite as alone as I had for the past couple of years. As I proceeded forward from the initial weeks of the podcast, I was immensely reassured by the fact that I was at least doing something to make a difference in the vacuum of any reply from legal and accrediting bodies. This reassurance was counterbalanced, however, by a persistent fear that Liberation Way's authority figures would learn about my podcast and take some sort of retaliatory action.

Searching for the right answer regarding what channels I *should* have taken for a timely outcome that would have prevented literally years of client exploitation and abuse at Liberation Way led to intense bouts of questioning on my part to representatives of jurisdiction bodies who finally agreed to come on my podcast starting in January 2019. As I discussed, only staff members at Liberation Way had agreed to come on my podcast when I started it in August 2017. Even though I had reached out to various representatives of jurisdiction bodies from the podcast's beginning and on through 2018,

no one had responded to my emails. Suddenly, in January 2019, representatives were very interested in coming on the podcast. To this day, I am not certain why the representatives suddenly were responding to me with their interest; I can only assume that they had caught wind of the case being brought against Liberation Way's authority figures and were interested in now, finally, contributing to the conversation. With some of the representatives, there was some negotiation involved in terms of what questions I could and could not ask on my podcast. For example, both The Joint Commission and The Commission on Accreditation of Rehabilitation Facilities (CARF) required me to email the questions beforehand that I intended to ask their respective representatives, and both bodies emailed me back with the questions they wanted removed. NMSDL was an outlier in that this body did not request my interview questions beforehand. I cannot remember if DDAP required me to email the questions before their representative appeared on the podcast.

Each of these representatives was a significant figure at his or her jurisdiction body, typically serving in an Executive Director role. In other words, these were theoretically the representatives who would be able to provide me with the most complete, unequivocal information regarding my inquiries. I headed into each podcast interview with one main question: If I had awareness that a facility is breaking the law, and I report it, and witness that they are still in play and taking in more clients, what is your organization doing to keep the public safe? This question would have been fully expected by some of the representatives, considering their jurisdiction bodies had required me to email the questions beforehand and, in some cases, make adjustments.

With the other interviews, the representatives had simply agreed to an open format, without previously having set their eyes upon the questions. Even though I had a baseline of anxiety going into these interviews, I deeply felt that these interviews needed to happen so that I could begin to get to the bottom of what specific route a for-profit substance use disorder treatment counselor must take when reporting unethical and illegal activities by authority figures at a facility. To be clear, I had never disclosed my status as a whistleblower at Liberation Way on my podcast. Neither I nor the Liberation Way staff members I interviewed in the earlier days of the podcast had disclosed our names until the sentencing of the authority figures was concluded. While the jurisdiction body representatives I was now interviewing did not officially know that I had been the whistleblower, I can only assume that they would have had an idea that it was me.

By the time I began interviewing the executive-level jurisdiction body representatives in January 2019, I had limited each podcast episode to 20 minutes to keep my listeners' full attention. For the first three-quarters or so of each interview, I would address questions other than my main question about the appropriate route a counselor should take when needing to report unethical and illegal activities at a facility. When I finally reached my main question in each interview, I felt nervous. I knew that it was likely that each representative was not going to be able to adequately answer the question, thereby demonstrating the lack of clear direction provided for counselors who need to report unethical and illegal activities. However, I also experienced some anxiety that maybe one of the representatives would be able to reveal the best route for me to have taken. This would have been a relief on the one hand since it would have brought

some closure, but on the other hand I would have had to face the fact that I had failed to find the correct route much earlier in the process, thereby providing Liberation Way a much longer period of time to continue abusing clients and insurance.

Without an exception, though, each representative demonstrated the lack of a clear pathway that is still a problem within the field to the present day. The Joint Commission representative explained that her organization could not take regulatory action, so the counselor would have to go to law enforcement. The representative further explained that the counselor would be able to file a report with The Joint Commission, although she did not shed any light on what efficacy, if any, that report would have in terms of addressing the unethical and illegal activities. Furthermore, she did not clarify exactly which branch of law enforcement the counselor should turn to. The DDAP representative explained that The Joint Commission would contact DDAP if The Joint Commission determined that there were any concerns in the situation. She further stated that there would be site follow-ups and that the public would be able to see a list of cited facilities on their website. I did not mention to her that I had sent that original email from back in March 2017 to DDAP and had never heard back from them. Also, I did not mention to her that I failed to see how site follow-ups and listing a cited facility on their website would effectively contribute to ending a facility's unethical and illegal activities within a reasonable amount of time.

The CARF representative seemed to become annoyed with me during his *Ill Treatment* interview. Like the representative from The Joint Commission, he stated that CARF could not take any regulatory action, which meant that the counselor would have

to go to law enforcement. In the meantime, CARF could issue citations for remediation to the facility that the counselor reported to CARF. When I asked him what such a citation would do to help stop illegal activities by the facility, he seemingly became frustrated, and reiterated CARFs roles and responsibilities. As in the case of the The Joint Commission's representative, he did not clarify which law enforcement agency the counselor should contact. He seemed so exasperated with me that I did not push it further. The NAMSDL representative basically went off on tangents in response to my questions from the beginning of the interview. It was next to impossible to rein him in. I finally did get him to state that there was no round table discussion that took place among NAMSDL, DDAP, and The Joint Commission. He admitted that he wanted to communicate with DDAP and The Joint Commission so that he could begin to close loopholes that allow fraudulent activities that are common practices for the facilities (though the NAMSDL representative retired prior to having a meeting with DDAP and The Joint Commission; to make matters worse, throughout the Trump Presidency, NAMSDL lost funding and was eventually privatized). Even though I sent multiple emails to NBCC to send a representative to speak on my podcast, this organization never responded.

By the end of the interviews in January and February 2019, I felt I had confirmed what I knew all along, namely that there was no clearcut route in place for a counselor to report on unethical and illegal activities at a facility and have the report acted upon in a reasonable amount of time to end the client abuse and insurance fraud. These interviews were the last to air before I abruptly ended the podcast in April 2019, at the 81-episode

mark. I ended it so quickly mainly for fear of some sort of retaliatory actions by former Liberation Way authority figures. At this point, their sentencing was on the horizon (summer 2020), and I feared how they might react to me speaking on my podcast during this time. The fact that *Ill Treatment* was now being accessed by a wide network of listeners that was growing at an exponential rate daily contributed to my fear that things could get out of hand very quickly. As I look back on the podcast, I have the strong sense that I was grasping at straws for the conclusion that did not exist regarding whether or not I had taken the right path to reporting Liberation Way's unethical and illegal activities. Despite the insight the podcast provided my listeners into the workings of the for-profit substance use disorder treatment industry, I cannot help but feel that, in the end, it was simply a lot of unproductive, circular banter, often consisting of constant complaints about circumstances we could not change.

A second way in which I attempted to make my overall experience serve to make a difference in the field and count in the world is by taking it upon myself to investigate unethical and illegal activities at Evolution Way, another for-profit substance use disorder treatment facility, as well as Arizona Rehab Campuses, a standalone detox, both in Arizona. After my Grand Jury testimony on January 12, 2018, my wife and I decided that our family would likely benefit from a fresh start by moving to another state. We decided that the West Coast would be a great place for such a fresh start for several reasons, including the outdoors aspects of the general culture. Quickly learning that California was too expensive, we decided that we would relocate to Arizona. One benefit was that my wife would be able to transition seamlessly to Arizona with her current job position. I

moved there in July 2018 to get everything set up for us, and my wife moved there with our children in August.

Before I moved, I made sure I had a job waiting for me. This was at Evolution Way–a sister facility to Liberation Way. I had first met the two owners sometime within my first several months at Liberation Way. Evolution Way was still in its infancy at the point of their visit. The owners had visited Liberation Way to learn more about effective business practices and day-to-day facility operations from Jason, the director of operations, and me so that they could make their facility as successful as Liberation Way, as indicated in the following journal excerpt:

At the same time, Liberation Way joined with a sister program in Arizona, ironically named Evolution Way (EW). The owners of this company had multiple liaisons visit us to learn about the inner workings and how Liberation Way operated. Routinely clients were referred to this program in Arizona. Specific clients ineligible for a higher level of care were also sent to a California program called Insights. The two (Evolution Way and Insights) became routine high profile referral agencies directed by ownership.

The two owners were very friendly individuals who seemed very eager to learn from us. The red flags went up for me, however, when Jason had several private meetings with them, one of which was at the cigar bar at which I had been getting the sense for some time that he had been conducting some of his more questionable deals in. When I was looking for jobs in 2018 prior to moving to Arizona, I had come across Evolution Way and decided to apply. In my initial reaching out to them, I figured they knew about

what was occurring with Liberation Way and possibly suspected that I had contributed to that facility's downfall. I was therefore filled with dread over what they would say to me for inquiring into a position. However, within 48 hours of me reaching out, they had hired me as Clinical Director with a salary of $75,000.

The needed salary was only one reason I applied for and accepted the position at Evolution Way. I strongly suspected that they were utilizing the same unethical and illegal strategies as Liberation Way, considering Jason had essentially taken them under his wing back in 2015/2016. While it might seem counterintuitive that I would take a position that would contribute to the crescendo of moral distress I had been experiencing for so long, openly coding my autoethnographic data has provided me with the context to understand that I was still trying to make some sort of difference in the current for-profit substance use disorder treatment industry, the vague, ineffective reporting pathway for unethical and illegal activities, and counselors' experiences of moral distress. I felt particularly desperate at that time to try to make a difference in any way that I could because the many overdoses that had occurred earlier that year were still weighing heavily on me. I resolved to conduct a quiet investigation of Evolution Way while there to see if I could offer any useful information to Eric, the investigator from the Pennsylvania Attorney General's Offices whom I still was texting from time to time. When I texted Eric that I was now employed at Evolution Way, he texted back to tell me that this facility was indeed on their radar and ask me to text him any useful information that I did come across while there.

Trying to have a “fresh start” in Arizona while working at a sister facility of Liberation Way (all while being hit with class action lawsuits from private equity in attempts to get the money back they had invested in Liberation Way) was a ridiculous endeavor. That being said, there was no one with an equivalent personality to Jason overseeing Evolution Way, which resulted in less pressure in my day-to-day work there. Authority figures seemed calm, and the operation was of a significantly smaller size than Liberation Way had been before it had been legally required to downsize. With such a small, manageable clientele, the facility appeared relatively free of many of the larger issues that had plagued Liberation Way. I did request to visit some of the sober houses, just as I had when starting at Liberation Way. However, the authority figures did not ever comply with my request. I cannot say for certain why they did not comply with it. My assumption is that they were getting wind that I had been somehow involved in the bringing down of Liberation Way and wanted to be careful with what they allowed me to see. Supporting this interpretation is the general reserve with which they met my questioning into their business practices regarding insurance. Whenever I did inquire into insurance, they would essentially talk about how important it is to remain ethical when dealing with insurance at the facility, as if to reassure me that they were bringing in high ethical behavior to all of the facility’s dealings. Each time, at the end of the brief talk about the importance of ethics, they would change the subject without having given me any details of or granted me any access to their insurance practices. All of this information was under lock and key at Evolution Way, so I was not able to snap quick photos of documents like I had been able to do at Liberation Way. All I was able to text

Eric about the facility was that it all seemed suspicious to me but that I was not able to collect any hard evidence.

About one month in to my roughly three-month employment at Evolution Way, one of the owners suddenly emailed me, asking if I had a few minutes to come to his office so that he could discuss something with me. Through text, Eric had asked me to let him know if this particular owner initiated any conversations with me about the ongoing investigation at Liberation Way since this owner was of interest to the larger investigation. particularly because Evolution Way was a sister program to Liberation Way. Very nervous, I immediately went to the owner's office, where he had me sit with him for about 15 minutes. He was always kind to me, and this impromptu meeting was no exception. He asked me if I knew the status of the investigation at Liberation Way. He also wanted to know if his name had come up in any way. I basically told him that I knew nothing about the ongoing investigation or whether or not his name was involved. He then made attempts to convince me that he had had no awareness of the unethical and illegal activities at Liberation Way, that his current foray into the for-profit substance use disorder treatment industry was his "first rodeo" of being involved in treatment. In short, the brief conversation essentially consisted of us trying to convince one another that we knew nothing. I do think that he believed me.

After my impromptu meeting with Evolution Way's CEO, I went on a walk through the facility grounds and texted Eric. He told me to call him, so I did and briefly reported the conversation to him. He thanked me and asked me to let him know if anything else occurred. This was my last correspondence with Eric on the topic of

Evolution Way. I ended up putting in my notice at Evolution Way in November 2018, partly because I had gotten the sense from Eric that Evolution Way's days were numbered. This was within three months of starting there, with my last day being at approximately the three-month mark. It was an amiable parting. Approximately nine months after I left, I discovered that Evolution Way had mysteriously closed its doors for good, in August 2019. My assumption is that fear of legal repercussions for any unethical and illegal activities in which they might be involved got to the owners. My next two jobs were at insurance companies in Arizona so that I could get an insider's perspective on what was going on from facility to facility. I ended up lodging official complaints against Arizona Rehab Campuses at both insurance companies regarding insurance fraud. I include the full account of my experiences of attempting to get Arizona Rehab Campuses investigated by the two insurance companies in my full 168-page autoethnographic narrative.

Yet another way in which I have attempted to make my overall experience serve to make a difference in the field and count in the world is by being interviewed for a documentary film entitled *$huffle*, "an investigation of massive fraud in the substance abuse treatment industry, as told by those who live it." The way that my participation in the film came about was that Greg Horvath, who had been the producer on the documentary film *The Business of Recovery*, had seen a posting made by my mentor, Dr. Frank, on a listserv called HAMS, short for Harm Reduction Professionals. Dr. Frank had made the posting to try and see if any professional counselors out in the field had insight into the issues I was contending with at my facility of employment. He made the posting

in February 2017, right after I reached out to him about the couple being paid $2700 each, along with other perks, to stay in treatment at Liberation Way for 10 days. Greg immediately reached out directly to me, and we began a correspondence. Greg, through two of his professional acquaintances, passed along my name to Benjamin Flaherty, a director/cinematographer who was scouting for professionals to be interviewed for *$huffle*. Benjamin then reached out to me, and we began our own correspondence spanning over three years.

In June 2020, we met in an Air B&B in Apache Junction, Arizona for my part of the filming. He gave me the choice of anonymity, and I opted to withhold my face and name out of fear of reprisal by Liberation Way's authority figures. Recently, in May 2024, Benjamin reached out to me to learn how I want to be referred to in the film, and I replied that they can use the name Kap. By this point, I am hoping that using my real first name will help bring about a sense of personal closure for me while simultaneously further building the credibility of my interview in the film. As of the date of this dissertation, Benjamin says that *$huffle* is soon being released, very possibly at Sundance. As in the case of my past podcast, *Ill Treatment*, I am desperately hoping that putting myself and what I went through at Liberation Way out into the world will somehow make my terrible experiences and raging moral distress worth it.

This dissertation is but my latest endeavor to make my overall experience with the unethical and illegal practices at Liberation Way serve to make a difference in the field and count in the world, in an attempt to mitigate the moral distress that follows me through the years. When I entered the PhD program in Counseling, Education, and

Supervision in winter 2022, I knew that I was coming in to do my dissertation on my experiences with Liberation Way. During my first semester, I came across the concept of moral distress while conducting research during that semester. Once I saw that the discussion of moral distress in the literature was fairly scant, with counseling not particularly represented, I was inspired to begin centering all of my papers, discussion posts, and projects on moral distress. The applicability of moral distress to my experiences at Liberation Way to the present day was a significant factor in me becoming so focused on it. Then, approximately two years into the program, I learned about autoethnography in Research Theory, Design and Methods, taught by Dr. Jade Letourneau. I thought: Perfect. This is the ideal methodology for my dissertation, which I want to be focused on my experiences of moral distress from uncovering and reporting unethical and illegal experiences at Liberation Way. I felt I now had the conceptual and methodological tools to best articulate my experiences so that counselors will have the opportunity to get a heads-up regarding moral distress and the unclear, insufficient reporting pathway that a for-profit substance use disorder treatment counselor will likely face when uncovering evidence of unethical and illegal activities at a facility, have to make the decision whether or not to blow the whistle to outside authorities, and ultimately live with the consequences of his or her decision.

Despite my initial enthusiasm, I soon found that I had grossly underestimated the emotional, psychological, and physical toll that “reliving” my experiences from the past several years would take on me while conducting this study and writing this dissertation. Composing my rough draft of Chapter 1 went relatively smoothly. I thought: Okay, good,

I am here. I am doing what I set out to do. However, when I got the rough draft of Chapter 2 underway, I began to spiral. I thought: "Oh God, I am really here." Suddenly, the enthusiasm was replaced by fear, dread, trauma, and paranoia. While much of this was from the past, it was now taking on a different, even more sinister coloring. Leading up to my initial work with Chapter 2, all of the negative mental and emotional states involved in my moral distress had been a constant burden, but it had all become more abstract and academic to me as I diligently worked to generally apply the conceptual and methodological frameworks to my experiences in Chapter 1. Once I was composing the rough draft of Chapter 2, however, everything suddenly became more tangible and realistic, more threatening and actionable by parties I feared. In learning more about moral distress, institutional constraints, and organizational silence in the literature, I suddenly was having to think about my experiences more deeply and profoundly, bringing the trauma more to the forefront. There is the commonplace that naming something will give a person power over it. In my case, being able to apply specific concepts, theory, and terminology to my experiences gave them more power over me for much of my rough drafts of Chapters 2 and 3.

As a result of my spiraling mental and emotional states while composing rough drafts of the two chapters, my drive to write significantly dwindled. There were many days I had fully intended on spending time working on these chapters that I ended up oppressed by so much anxiety, paranoia, and depression that I could not bring myself to revisit my experiences in any way. I hope that the stigma of mental health does not discredit by credibility with my reader, but the paranoia reached such levels that, for

example, there were two different days that I was working on my dissertation and looked out my window to see a man take out his cell phone when he was in close proximity to my car. It was the same man in both cases, and each time I felt the thrill of fear that he might be affiliated with Liberation Way's past authority figures and be trying to take pictures of my car and license plate. I was in therapy at the time, and my psychiatrist and I were trying to figure out the best mood management regimen for me. It took several months to arrive at the correct dosage of the correct medication to best support my mental, emotional, and psychological health. While trying desperately to achieve a sort of equilibrium while working on the rough drafts of Chapters 2 and 3, I struggled with sleeplessness, irritability, fear of being in public spaces, guilt, disgust, anguish that I had somehow not adequately protected myself during all of the past experiences in question, strife with my spouse and other family members resulting from my inability to articulate everything I was going through to them, the sense of having been swindled, and the question of if I wanted to be the one who had to carry this information–in other words: Why me? During this period of time, there were many instances in which I feared that my negative mental, emotional, and psychological states would not enable me to continue with my dissertation, which would effectively end this opportunity for making my overall experience with the unethical and illegal practices at Liberation Way serve to make a difference in the field and count in the world.

The unexpected, immense internal struggle I was experiencing throughout writing the rough drafts of Chapters 2 and 3 represented the next, horrid evolution of the moral distress I had been experiencing from my first day at Liberation Way on October 5, 2015,

to that present point in time. In this particular time period of my moral distress, I finally had to accept that there was no way my spouse and parents were going to understand what all I had been going through over the years and how it had all affected me. Whenever I had gone to them over the years about my fears and moral distress, asking them for advice or seeking their emotional support, all three individuals did their best to provide support but fell back into programmatic behaviors and interpretations based off of birth order. Essentially, Indian culture assumes that the baby of the family (i.e., the last in terms of birth order) will always be seeking attention through any means possible, and this was the interpretation they immediately and explicitly applied to my conduct and commentary throughout my experiences during and after uncovering evidence of unethical and illegal activities at Liberation Way. In other words, I was just acting out, with none of the situations being that serious nor my actions warranted. Furthermore, their interpretation was that this attention-seeking on my part was only bringing unnecessary trouble to self and family. While their collective stance had been painful for me over the years, I held onto the desperate hope that they would one day come to understand that the actions I had taken to address the unethical and illegal activities were necessary and important. My bitter acceptance that this understanding would not ever arrive occurred when I was writing on the whistleblowing literature in Chapter 2, specifically about whistleblower stigma and ostracization, and had to face the fact that the culture of my wife and parents was just too “Eastern” for my perspectives to be presented for serious consideration within their mindspaces. Once I admitted to myself that their

understanding was never coming, all of my ongoing symptoms of moral distress were significantly exacerbated.

The death of that longstanding hope was only one of several ways in which composing the rough drafts of Chapters 2 and 3 made my overall experiences even more *real* than they had seemed before. In a sense, the whole story was now coming to fruition–and that story was inescapably dark and ugly. A significant contributor to this next evolution of my moral distress was that I dreaded starting my fully-detailed chronological narrative, and Chapter 4, which would be based upon that narrative, once I had completed my rough drafts of Chapters 2 and 3. After all, the narrative and Chapter 4 would require me to delve deeply into my 492-page journal and other documents connected with my overall experiences over the years, forcing me to relive specific, traumatic memories. My largest fear was that the subject matter was just so intense, the fear so palpable, that it would be impossible to package up all that emotion and express it in this autoethnographic study. However, I was surprised to discover that composing the 168-page narrative and Chapter 4 have been cathartic in many ways. Instead of needing to take time off during the writing process in a desperate attempt to regain my emotional and mental equilibrium as I often had to do while composing Chapters 2 and 3, I have been able to apply myself consistently, without nearly the same level of emotional and mental anguish as with the previous chapters. I think that part of this surge of positive energy and focus has been resulting from a growing hope that my dissertation will be able to contribute a force of good to the world. In other words, despite all I have been through with moral distress, I finally have the renewed sense that my efforts may help to

bring about the needed changes in the for-profit substance use disorder treatment industry, the teaching of moral distress in counseling curriculums, the necessary elaborations and other adjustments in codes and laws pertaining to this particular industry, and the establishment of a clear, efficacious pathway for reporting unethical and illegal activities at for-profit substance use disorder treatment facilities. Time will only tell if I am, once again, getting my hopes up for changes that will ultimately not be occurring.

Summary

To answer the research question, I combined data from my 492-page journal, court documents, emails to and from jurisdiction bodies, podcast episodes, and news articles with my personal recollections and current perspectives to compose a chronological narrative.

I then applied open coding to the chronological narrative, yielding five themes regarding my lived experiences of moral distress: moral distress leading to protracted stay, compliance and nonaction promoted by organizational culture which contributed to moral distress, institutional constraints within the counseling field in the form of the unclear and inadequate reporting pathway for unethical and illegal activities,, lack of willingness to investigate and report on unethical and illegal activities due to fear of reprisal, and ways to make overall experiences serve to make differences in the field. Regarding Theme 3, three subthemes emerged from data: vague and ambiguous directives from industry codes a, silence from counseling jurisdiction bodies, and faulty gatekeepers who failed to address unethical and illegal activities, undermining my

confidence in industry oversight. For each theme and subtheme, I drew direct evidence from my chronological narrative and its associated documents (492-page journal, court documents, emails to and from jurisdiction bodies, podcast episodes, and news articles).

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative autoethnographic study was to add to literature and contribute to the definition of moral distress and phases of whistleblowing by providing data and insights from my lived experience as a whistleblower at a for-profit SUD treatment facility to address gaps in literature in terms of moral distress in the for-profit SUD industry resulting from counselors discovering evidence of unethical and illegal activities at their facilities, whistleblowing to outside agencies by counselors, and lack of efficacious and clear route to reporting these activities according to ACA and NBCC guidelines that result in immediate and decisive actions. By addressing these literature gaps, this study could serve as a call to action for the ACA and NBCC to make provisions for efficacious and clear reporting pathways, as well as provide prospective whistleblowers with key information and insights to gain a better understanding of this process.

My goal was to add to existing literature on moral distress within the helping professions, which previously focused almost exclusively on nurses' moral distress. Further, I addressed discovery and subsequent exposure of unethical and illegal practices at facilities in terms of burnout and compassion fatigue, the revolving-door phenomenon, and nurses' outmaneuvering of authority figures to advocate for patients. Finally, I also

focused on private equity's role in terms of unethical or illegal practices and insurance fraud in the for-profit SUD industry.

This study was significant in that it addressed gaps in the NBCC and ACA codes of ethics. I addressed emotionally and ethically preparing future counselors through school curricula for potentially finding evidence of unethical and illegal activities by authority figures at their future facilities of employment, regardless of facility status (for-profit or nonprofit). My study provided key information to future counselors in the for-profit SUD treatment industry regarding moral distress that will likely arise in the event of discovering evidence of unethical and illegal activities. Neither the NBCC nor ACA made provisions for such instruction in their codes of ethics, nor do their guidelines provide clear actionable items, and accordingly, this topic was never broached in any of my classes. Another, related gap in terms of the NBCC and ACA is that neither stipulates clear actions counselors perform when uncovering evidence of unethical and illegal practices. It was through my lived experience in this study that gaps were identified. Furthermore, I provided a list of action items for counselors in a SUD facilities who find themselves in similar positions.

I applied open coding, going line by line through my journal, looking at commonalities among open codes and grouping them order to discern themes and subthemes connected with moral distress, along with efficacy of pathways for counselors to report unethical and illegal activities. Through open coding, five themes emerged.

In addition to five themes, three subthemes emerged: vague and ambiguous directives, silence from counseling field jurisdiction bodies, and faulty gatekeepers failed

to address unethical and illegal activities, undermining confidence in industry oversight. This study was an opportunity to detail these themes and subthemes. For each theme and subtheme, direct evidence was presented from my chronological narrative, which was composed using data from various associated documents (my 492-page journal, court documents, emails to and from jurisdiction bodies, podcast episodes, and news articles).

Interpretation of Findings

Themes and subthemes that emerged from open coding of data expanded upon literature involving moral distress of for-profit SUD treatment counselors, including causes of, contributors to, and effects of moral distress on counselor decision-making. No study has explored situations in which counselors or other helping professionals stayed at their places of employment longer because of moral distress and uncertainty. While researchers do argue for moral uncertainty as a potential feature of moral distress, they do not state moral uncertainty can lead to more time spent employed at institutions.

Similarly, no studies mentioned that moral distress in any form could protract a helping professional's time at an institution. There were other typical strategies discussed in the literature that counselors and nurses have adopted in an attempt to offset moral distress. For example, Nuttgens and Chang (2013) found that in both the counseling and nursing professions, strategies included fearfully remaining silent, taking a significant risk by directly articulating concerns, and quitting the job (p. 286). As discussed at length in Chapter 4, I adopted the first two strategies at different points throughout my time at Liberation Way, and I did eventually quit the job. However, my time of employment ended up spanning one year and seven months. Within that time, I utilized the first two

strategies alongside the critically unattested strategy of remaining employed there in the attempt to collect and evaluate evidence to determine if the facility was, at its core, corrupt and unlawful on the one hand, or if it simply needed to go through the growing pains that staff and fellow directors had assured me were all that was needed to get it on track, especially considering the strong possibility of practices that appeared at that time to be illegal eventually becoming formally legalized. In short, my Theme 1 added the strategy of remaining employed at a facility to investigate the unethical and illegal activities to the small list of attested strategies for offsetting moral distress in the literature.

By forcing myself to continue my employment at Liberation Way for that one year and seven months, I was at the mercy of the "reactive distress" that Jameton (1993) explained followed the "initial distress" of a nurse first finding himself or herself restricted from pursuing what he or she felt was the right course of action. Other researchers have worked with Jameton's (1993) concept of reactive distress, connecting it to the closely-related concepts of "moral residue" and the "crescendo effect" (Webster & Bayliss, 2000; Campbell et al., 2016; Epstein & Hamric, 2009, (pp. 330-342). Through Theme 1, my study was the first to consider these three closely-related concepts in the context of the lived experiences of a counselor (or any helping professional, for that matter) who essentially forced himself to remain at his facility of employment to learn if the facility was simply going through growing pains while waiting to see if questionable practices would eventually become legalized or, in contrast, if the facility was irredeemably corrupt and unlawful at its core through machinations of its authority

figures. In other words, my Theme 1 positions a fourth strategy, in addition to the three discussed by Nuttgens and Chang (2013), to be viewed through the lenses of reactive distress, moral residue, and the crescendo effect. My Theme 1 therefore opens the door to considerations of additional strategies, unattested in the literature, that a for-profit substance use disorder treatment counselor (or other helping professional) will adopt in an attempt to offset moral distress.

Theme 2, "The compliance and nonaction promoted by this for-profit substance use disorder treatment center's organizational culture contributed to my moral distress," provided an unprecedented window in the literature onto an organizational culture of organizational silence and nonaction by authority figures on issues brought to their attention within a for-profit substance use disorder treatment facility. The literature never addressed this kind of organizational culture within this specific industry, instead focusing on the healthcare industry. However, many of the specific findings in the literature reflected prime aspects of what I witnessed and experienced at Liberation Way in terms of an organizational culture of organizational silence and nonaction. For example, several elements of the manner in which Mannion et al. (2018), drawing upon various past studies, found that organizational culture in the healthcare industry encouraged nurses not to speak up when they witnessed questionable practices directly applied to the forces brought to bear upon the 12-member staff, my fellow directors, and me by authority figures at Liberation Way (see my Chapter 2 for discussion of relevant findings on organizational silence in the healthcare industry by Jones & Kelly, 2014, Kingston et al., 2004, St. Pierre et al., 2012, and Henriksen and Dayton, 2006).

My Theme 2 also provided a detailed account of an organizational culture in the process of gradually adopting organizational silence because of various actions and nonactions by authority figures. None of the various studies on organizational silence in the literature offered such a detailed account, instead looking at instances of organizational silence that were already in place within different healthcare organizations. Within Theme 2's detailed account, I built a case that even before Jason and the other authority figures began stringently enforcing organizational silence, the 12-member staff and my fellow directors demonstrated inconsistency of conviction in terms of addressing the authority figures' questionable practices and behaviors. On a number of days during individual supervision, they would reassure me that everything was fine at the facility, that I was worrying over nothing, when I brought up my concerns to them. On other days, they would bring up questionable facility practices by making jokes about them, with the tagline of, "Another day at Liberation Way." Interspersed with the days in which they were either unconcerned or joking about facility practices, they would be frustrated and deeply concerned about certain practices, insisting that we needed to do something about them. However, their conviction to make a change would inevitably be followed by instances of individual supervision in which they would be joking again or reassuring me that everything was fine at Liberation Way. No studies within the literature addressed this type of inconsistency on the part of employees within an organization before authority figures strongly enforced organizational silence. My Theme 2 hence introduced the idea that inconsistency of conviction by employees in terms of addressing

authority figures' questionable practices and behaviors can be a significant factor in organizational silence.

Theme 3, "An institutional constraint within the counseling field itself in the form of the unclear, inadequate reporting pathway for unethical and illegal activities continues to feed my moral distress," addressed a gap in the whistleblowing literature from no studies having looked at instances in which a counselor or other helping professional could not determine an efficacious, clear pathway to whistleblowing. Instead, studies within the whistleblowing literature focus on the negative effects of whistleblowing on whistleblowers' lives. For example, in Fotaki et al.'s (2015) discussion of the "stages of whistleblowing," they discuss the stress of the whistleblower secretly collecting proof of ethical infractions in Stage 1, incurring additional stress when revealing their evidence within the public sphere in Stage 2, experiencing further deterioration of their mental and emotional wellbeing when moved against by their organization in Stage 3, quitting their organization either because they had had enough or had been essentially forced by the organization to leave in Stage 4, and dealing with even further deterioration of their mental and emotional wellbeing during widespread media coverage of the whistleblowing in Stage 5. For all of the interviewees in Fotaki et al.'s (2015) study, none apparently reported that the pathway to whistleblowing was unclear or inefficacious–just harrowing and damaging to their personal lives. My study's Theme 3 demonstrated that the lack of a clear and efficacious reporting pathway likewise was harrowing and damaging to my personal life, thereby introducing into the literature a heretofore

unattested potential negative effect of the whistleblowing process on a whistleblower's life.

The three subthemes I openly coded from my research data for Theme 3 represent distinct facets of the unclear and inefficacious reporting pathway. The three subthemes hence constitute calls to action in three different areas regarding a counselor needing to report unethical and illegal activities at a for-profit substance use disorder treatment facility. Subtheme A, "Directives from industry codes for a counselor dealing with unethical and illegal activities at a facility are vague, ambiguous, circular, and insufficient, leaving me feeling that the field had failed to provide me with sufficient tools to deal with the problems at hand," is a call to action for revisions of the ACA Code of Ethics and NBCC reporting pathways so as to provide clear, actionable directives for a counselor who uncovers unethical and illegal activities. Subtheme B, "Silence from counseling field jurisdiction bodies after I contacted each of them through email and voicemail made me feel hopeless and isolated," is a call to action for jurisdiction bodies that oversee the for-profit substance use disorder treatment industry to build in protocols to be responsive to counselors who reach out to them for assistance in dealing with corrupt practices at a facility. Subtheme C, "Faulty gatekeepers in the form of investigators from counseling jurisdiction bodies failed to address the unethical and illegal activities, undermining my confidence in industry oversight," is a call to action for the jurisdiction bodies to build in protocols to ensure that their investigators conduct thorough, efficacious investigations of claims brought against a for-profit substance use disorder treatment facility. No past studies have looked at the need for the types of

revisions and protocols indicated by my three subthemes for the past and current reporting pathway for the for-profit substance use disorder treatment industry

Theme 4, "I did not feel that, as a Person of Color, I could afford not to investigate and report on unethical and illegal activities," introduced into the literature the experience of a for-profit substance use disorder treatment counselor who saw indications that he was likely being set up to take the fall in the eventuality that legal bodies began investigating unethical and illegal facility practices. This theme also addressed my strong sense that my White coworkers, including my fellow directors and the 12-member staff who reported to me, felt a comfort that I did not experience in terms of being kept safe if and when legal bodies began investigating unethical and illegal facility practices. I reasoned that their relative comfort was based on the fact that they, as members of the majority ethnicity, had not been raised with the idea that they were in danger of being scapegoated within majority White spaces. My fears along these lines were exacerbated by the case of Kenny Chatman, the African-American sober home owner and operator in Florida who was sentenced to 27 years in prison, with his wife being sentenced to three years, from unethical and illegal practices. As discussed in Chapter 4, there is a significant disparity between his sentence and those of the Liberation Way authority figures. There were no peer-reviewed studies in the literature discussing People of Color feeling more at risk than White coworkers to be blamed for unethical and illegal activities at workplaces by outside legal bodies, so I cannot further contextualize my fears in an ongoing scholarly conversation in the literature on race and ethnicity in the workplace.

Theme 5, “My ongoing moral distress prompts me to continuously look for ways to make my overall experience serve in making a difference in the field,” details a response to moral distress that was unattested in the moral distress literature. Batho and Pitton (2018) discussed three “prominent models of responses to moral distress” in healthcare workers: *rebellion, acquiescence,* and *rediscovery*. My longterm response to my moral distress does not fit any of the three attested models. The first model, *rebellion*, is when the healthcare professional psychologically and/or emotionally turns away from the upsetting situation, allowing them to preserve the sense that they are still following their own exemplary moral compass. The second model, *acquiescence,* is when the healthcare professional fully remains in the morally distressing situation instead of partially or completely removing themself from it. The third model, *rediscovery*, is a more complicated response than *rebellion* and *acquiescence* in that the healthcare professional simultaneously rebels from and acquiesces to the morally problematic situation. Batho and Pitton (2018) did not present any cases in which a moral distress sufferer who left their place of employment afterward relentlessly looked for ways in which they could improve the overall field so that the morally distressing activities and behaviors they witnessed would be eliminated from the field. My Theme 5 demonstrates that there are additional longterm responses to moral distress to be studied and included in the literature.

Limitations of the Study

A number of researchers spoke to autoethnography’s limitations. One frequently discussed set of criticisms was that the autoethnographic researcher is at risk of bias from

attempting to generate data from self-indulgent or even narcissistic interpretations of life experiences that in turn are often incompletely remembered or did not occur in the first place (Atkinson, 1997; Coffey, 1999; Walford, 2004, p. 411; Buchanan, 2007). This particular set of criticisms falls under the umbrella of dependability in a study. With concerns for such potential bias and the problem of the mutability of memories kept firmly in mind, I repeatedly turned to my meticulous journal entries spanning what I specifically term as the pre-whistleblowing and whistleblowing phases (amounting to a few hundred pages of digital text). To further assure I was able to construct a highly accurate timeline of events and their associated emotions, I repeatedly turned to the various court documents from both the investigators and the Grand Jury, my email correspondences with various entities such as the FBI, and other relevant documents. While I consistently fact checked at every possible turn when carrying out this study, I acknowledge that emotions influence memories both at the time of a memory's formation and when the memory is later retrieved, affecting objectivity (Buchanan, 2007). Considering that this study focused upon my moral distress from the documented and discussed experiences, much of my data was from my remembered, intense feelings and emotions, which could have altered my memories and colored my interpretation of events to some unspecified degree.

The literature similarly pointed to potential issues with confirmability and transferability for an autoethnography (Nowell et al., 2017, p. 3; Tobin & Begley, 2004, p. 392). Regarding confirmability, it stands to reason that a reader would think to question my account of events, wanting some degree of verification of key details,

considering the eminently personal nature of my research and data. Accordingly, a fundamental strength of my study was that many of the key facts underpinning the hard data–i.e., that the facility's authority figures committed unethical and illegal acts and were indicted, that insurance fraud occurred, that my legal fees amounted to approximately $55,000 at the time of writing, and that I received emails accusing me of blowing the whistle for financial gain and threatening me not to go public with information–were evident in the original documents appearing in my Appendices section. In other words, while I was not able to "prove" that moral distress arose from my experiences, researchers and other readers will have immediate access to the documents proving that the various events did take place. Regarding transferability, the literature indicated that, to enhance generalizability, "the researcher is responsible for providing thick descriptions, so that those who seek to transfer the findings to their own site can judge transferability" (Nowell et al., 2017, p. 3). Dependability was established by triangulating information of my account, news articles, and legal documents. Throughout the study, I hence worked to ensure that the types of "thick descriptions" indicated by Nowell et al. (2017) did occur so that its findings will be able to be applied to what will hopefully be future studies involving individuals who struggle with moral distress from the various contributors I discuss.

There were two additional limitations to this study. One was that I did not transcribe any of the 81 episodes of my podcast that ran from August 2017 through April 2019. While transcriptions aid the researcher in coding of data from an interview or other recorded spoken account, the episodes did not represent a significant portion of my data

for this study and were easily revisited by me on an individual basis whenever I needed clarification on a particular point. For the reader who wants to learn the fuller context of the data I did take from individual episodes for this study, *Ill Treatment* is currently available at http://www.kapilnayarlpc.com/podcast.html. The second additional limitation was that, at the time of writing, timeline strife exerted additional pressure on me. As discussed in Theme 5 in Chapter 4, I was interviewed for a documentary, *$huffle*, that will explore fraud in the treatment sector as told by the people who lived it. This documentary is in its final stages before release, and I was warned by a Walden faculty member that there could be a copyright issue with my dissertation if the documentary were to be released first. Another contributor to the timeline strife was that I felt compelled to publish this study as quickly as possible in the hope that it would make a difference in the lives of clients in for-profit substance use disorder treatment facilities who were currently in treatment at the time of this writing. Throughout this process, I understood that there was risk that the pressure on me to publish before the documentary is released and to help current clients in facilities would affect the delivery of this topic in some manner.

Recommendations

Based upon my study's themes and subthemes, there is a clear need for significant revision to the ACA Code of Ethics. Considering that this code underpins CACREP, which itself refers counselors to the NBCC when ethical issues arise at facilities, the ambiguities within this code lead to problems for counselors who are desperate to find a clear, efficacious reporting pathway. In other words, revision to this code will be the first

step in correcting the issues within CACREP and NBCC involving their respective roles within the reporting pathway. Bersoff (1995), commenting on the moral foundation of the American Psychological Association's code of ethics, described the proper function of a code of ethics as follows:

> Ideally, a code of ethics should serve as a guide to resolving moral problems that confront members of the profession . . . with its primary emphasis on protecting the public . . . Realistically, what a code does is consensually validate the most recent views of a majority of professionals empowered by their colleagues to make decisions about ethical issues. Thus a code of ethics is inevitably anachronistic, conservative, ethnocentric, and the product of political compromise. (p. l)

Regarding the idea that "a code of ethics should serve as a guide to resolving moral problems that confront members of the profession," the ACA Code of Ethics is too vague in its recommendations for a counselor who uncovers evidence of unethical and illegal activities at a facility to lead to any sort of resolution of the moral problems. As my study made clear, the following key recommendation from the code, appearing under "Resolving Ethical Issues" and "Reporting Ethical Violations," failed to provide me with unambiguous, actionable direction when faced with authority figures' unethical and illegal practices at Liberation Way:

> Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. [...] If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and … is not resolved properly,

counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. (ACA Code of Ethics, 2014, I)

While the ACA Code of Ethics does offer a general list of unnamed bodies and boards to which a counselor can turn for guidance in the event of resolving ethical issues and reporting ethical violations, my experience proved that this recommendation does not outline a clear, efficacious reporting pathway. DDAP, ACA, and the Joint Commission never returned my emails or follow-up voicemails. NBCC responded to my email with an automatically generated email and then an email from the NBCC vice president, both of which put me onto a circular trajectory where I ended up being referred back to NBCC's ethics department, with which I had started. The Pennsylvania Attorney General's offices eventually did contact me–approximately seven months after my email and follow-up voicemail. Based upon my experiences, the ACA Code of Ethics must be updated to outline an actual clear, efficacious reporting pathway. Once that pathway is clearly articulated within the code, CACREP will be able to infuse this directive into their national curriculum as far as standards are concerned. Future counselors will then be taught this pathway, and counselors already working in the field will see it when researching the ACA Code of Ethics for guidance on next steps after uncovering evidence of unethical and illegal activities at their facilities. In short, the ACA Code of Ethics will be in line with Bersoff's (1995) stipulation that a code of ethics must both productively assist a counselor and protect the public.

Unfortunately, as Bersoff (1995) pointed out, “a code of ethics is inevitably anachronistic, conservative, ethnocentric, and the product of political compromise (p. l). In other words, this code will undoubtedly prove highly resistant to the change needed. For the foreseeable future, the following recommendations to individual counselors and counseling curriculums based upon my experiences are in order. Regarding Theme 1, “Moral distress from moral uncertainty protracted my stay at this for-profit substance use disorder treatment facility,” individual counselors and counseling curriculums will be best served by understanding that there are an undetermined number of reactions that a counselor’s moral distress can elicit from the counselor. By being aware that there are an undetermined number of such reactions, a counselor who is uncovering evidence of unethical and illegal activities at their facility will have a much better context for however they find themself reacting to the moral distress. This will in turn stand to provide the counselor with a lifeline of sorts regarding their sense of mental health and a better sense of the choices available to them throughout the experience. To better arm a future counselor for such situations, counseling curriculums must go ahead and teach that moral distress can elicit any number of reactions in a counselor, from the few that are attested in the literature to undetermined ones. Finally, a recommendation for future research from my Theme 1 is specifically that additional studies determine counselors’ reactions to moral distress that remain unattested in the literature so that we can get a much fuller picture of counselor moral distress.

Regarding recommendation for my Theme 2, “The compliance and nonaction promoted by this for-profit substance use disorder treatment center’s organizational

culture contributed to my moral distress," future counselors must be taught in counseling curriculums that an inconsistency of conviction by fellow counselors and staff in terms of addressing authority figures' questionable practices and behaviors will possibly be a significant deterrent to ending these practices and behaviors at the facility. Thus, armed with this information, the counselor will be able to see warning signs when their fellow counselors and staff at a facility are not ultimately going to maintain a concerted group effort to bring about the needed change at the facility. For example, one warning sign that a counselor must be made aware of is when staff consistently reassures them that everything at the facility is fine even while complaining to the counselor about ethical breaches. One recommendation for future research based upon the findings of my Theme 2 is for studies to focus on inconsistency of conviction by groups within the counseling professions, other helping professions, and beyond to get a much better idea of the full role played by inconsistency of conviction in organizational silence and moral distress.

My Theme 3, "An institutional constraint within the counseling field itself in the form of the unclear, inadequate reporting pathway for unethical and illegal activities continues to feed my moral distress," must be addressed in counseling curriculums to give future counselors forewarning of the current inadequacy of the pathway. Based upon my larger findings regarding this theme, the counseling curriculums, in lieu of an upcoming substantive improvement in the guidance provided by the ACA Code of Ethics and counseling field jurisdiction bodies, will then need to instruct future counselors that their immediate best course of action will be to seek legal consult at their own expense. The attorney will then be able to walk them through steps that hopefully will prove

effective in legally protecting the counselor if and when the facility's unethical and illegal activities come to light. My attorney instructed me to contact the state and national licensing bodies in the counseling field, but, as I have indicated, that endeavor did not result in any useful guidance from those bodies. However, my attorney's instructions that I reach out to my malpractice insurance was helpful in that it ultimately helped protect my license, and her directive for me to document evidence during my remaining time at Liberation Way was similarly helpful in that I was ultimately able to prepare this information for the Attorney General's offices for when they finally contacted me back. As for what guidance that instructors can provide future counselors regarding contacting legal bodies, the best course of action that I have been able to determine is that the counselors should immediately contact their state Attorney General's offices and do what they can to wait patiently for a reply.

When considering recommendations based upon my Theme 4, "I did not feel that, as a Person of Color, I could afford not to investigate and report on unethical and illegal activities," I was surprised to discover that the literature was very sparse in terms of studies on the perspectives of Persons of Color in the U.S. American workplace regarding their range of choices when presented with various types of scenarios. My experiences arguably highlighted an aspect of race relations in the workplace that apparently has not been studied. Future research into the intersection between workplace race relations and whistleblowing will be instrumental to shed needed light onto the type of situation in which I found myself, namely that I did not feel that, as a POC, I could just sit back and hope for the best after uncovering evidence of unethical and illegal activities at

Liberation Way. This future research would further enhance the work of DEI initiatives in providing businesses and organizations with the knowledge that while they might have the best of intentions regarding workplace equality, they might not have their finger on the pulse of the fears an employee might be experiencing based upon race or other factors of the employee's lived experiences.

Regarding my Theme 5, "My ongoing moral distress prompts me to continuously look for ways to make my overall experience serve in making a difference in the field," my recommendations strongly align with those for my Theme 1. After all, both Theme 1 and Theme 5 describe specific effects that my moral distress has had on me. In the case of Theme 5, the effect is a long-term one that is still prevalent in my life. Based upon this theme, my recommendation is that future counselors be made aware through their counseling curriculums that there are additional long-term responses to moral distress that were unattested in the literature. This awareness will then support the future counselors in their ethical journeys by preparing them for the possibility of any number of long-term responses to moral distress, attested within the literature or not, resulting from their discovery of unethical and illegal practices by authority figures at their facilities of employment.

Implications

My experiences with whistleblowing lend themselves to the center of this research study, in hopes to inform others when deciding the next steps in their life while seeking to determine the larger significance of the challenges they are facing. Also, the purpose of my whistleblowing was improving the world for everyone through social

justice (Adams et al., 2015, p. 2), considering I understood the dire implications of the unethical and illegal practices at the for-profit substance use disorder treatment facility for the population of vulnerable individuals needing substance use disorder treatment, both at this facility and within the larger industry. In light of the lack of literature on moral distress of counselors and staff within the for-profit substance use disorder industry sector who encounter unethical and illegal practices by authority figures, utilizing the array of specific qualitative tools within autoethnography's toolbox was the ideal strategy for me to begin addressing this gap. The data provided of my moral distress during what I term as the pre-whistleblowing, whistleblowing, and post-whistleblowing phases (the latter of which I am still in) proved to be an opportunity to make a useful contribution to the literature. My contribution will be unique, considering it would be difficult to find other whistleblowers for a similar study because of the exacerbation of moral distress their participation would likely cause.

Using the added information found from this study and applying it to existing literature, one would hope this serves as an impetus for further research considerations. Specifically, an area for future research could be a cross comparison between counselors working in the non-profit substance use disorder treatment facility could be compared with counselors working in the for-profit substance use disorder treatment sector. This comparison could depict further similarities between moral distress experienced by clinicians in both the non-profit and for-profit sectors. Further, this could also depict similarities in antics that exist in both sectors resulting in moral distress of the overall substance use disorder industry. Further research could be conducted including cultural

aspects affecting counselor moral distress and influencing the decision of whether or not to whistleblow as it relates to the first-generation counselor. A cross comparison could be conducted comparing a first-generation counselor's moral distress after whistleblowing with someone of the identified majority and their moral distress after whistleblowing. Additional research could be done to figure out why the Federal False Claims Act is designed the way it is; as it stands, the Federal False Claims Act does not apply to the private sector thus there is no incentive for anyone to whistleblow (conversely with Medicaid and Medicare there is an award of 10-30% of restitution fees to the government). Lastly, a correlational study could be conducted between ACA Code of Ethics, NBCC Code of Ethics, APA Code of Ethics in which professionals respond to questions around the vague nature of these organizations.

Conclusions

This study has demonstrated the gaps in the literature regarding my study's larger concerns involving whistleblowing, the phases of whistleblowing (i.e. what I term as pre-whistleblowing, whistleblowing, and post-whistleblowing), the for-profit sector, moral distress, and expansion of the definition of moral distress. Thus, while moral distress of nurses is well represented in the literature, only one study looked at clinician moral distress at a nonprofit substance use disorder facility, and no study even mentioned clinician moral distress at a for-profit substance use disorder facility. Similarly, despite the considerable literature on moral distress of nurses, none of these studies considered the possibility that moral distress can continue to plague a nurse once the nurse has taken ethical action and followed their moral compass. And finally, despite the rich literature

on whistleblowing, no studies looked at points of intersection between the whistleblower's experience and the experience of moral distress in for-profit substance use disorder counselors. This study has depicted and applied the excellent existing scholarship in the literature to the various aspects of my experience as seen throughout Chapters 3 and 4.

My hope is that this study proves the need for the new wave of substance use disorder treatment counselors to be further educated and trained at and through universities, a call to action is required for the ACA and NBCC to use information from my lived experience to create, enhance, and revise current ethical standards so that the counselors will have adequate direction for the eventuality of encountering unethical and illegal practices at the facilities at which they will gain employment. This information could further be used in rippling out to other accrediting, credentialing bodies, as well as legislative branches and insurance companies to mend current laws and policies in hopes of tightening loopholes that currently exist allowing for such practices to occur in the first place. In addition to offering my experiences to the reader to shine a light on the moral distress that awaits an unprepared counselor in this field, I also have the secondary purpose of providing a needed roadmap for whistleblowing within this industry in order to compensate for the lack of clear direction in such situations within the NBCC codes. This roadmap will include discussion of the likelihood that the counselor will have to deal with questions of the culpability of private equity and insurance companies in the unethical and illegal actions.

Regarding specific changes, the need for revisions in NBCC standards, the ACA Code of Ethics, and school counseling curriculums; policy reform that will close loopholes in laws that allow unethical and illegal practices to take root in the for-profit substance use disorder treatment sector; and the need for whistleblower protections within this sector in the spirit of qui tam, the protections provided by the Federal False Claims Act for businesses and organizations within the public sector. enhance the ACA code of ethics to include more behavioral language including but not limited to what to do in specific fraud, waste, and abuse instances like the one mentioned at the center of this study. Further, these behavioral language directives could also be listed with the NBCC and more macro APA.

Ultimately, I envision my study findings to be a catalyst for social change by leading to structures being put into place to empower, support, and protect counselors in the for-profit substance use disorder treatment industry to step up and help end unethical and illegal practices within their facilities of employment. Such structures would not only help to ensure that the counselors will not have to take on the burden of moral distress and incur other dire consequences in their professional and personal lives but would also ensure that the United States is doing all it can to support and protect substance use disorder sufferers on their healing journeys. Furthermore, these structures would support and protect the proper functioning of the insurance industry by empowering counselors to alert legal bodies to any insurance fraud, waste, and abuse at the facilities. Thus supported and protected, the insurance industry would be better equipped to serve the needs of the substance use disorder sufferer population. In short, I think that my findings

can lead to structures that empower, support, and protect all parties involved in substance use disorder treatment care.

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