

WHO WILL FILE A LICENSING COMPLAINT?

By Dr. Bob Woody

In representing psychologists and other mental health practitioners faced with a licensing complaints, I frequently hear the question: "How could I have detected that this particular past client would eventually file a licensing complaint against me?" Often, a lament follows: "In hindsight, I should have noticed that no matter how good my services, this client would not have been satisfied." Thus, the answer to the question is simply: The psychologist should watch for telltale signs, and be wary of accepting any service user who reveals a propensity for complaining.

A careful psychological evaluation should be a precursor for accepting any potential service user (i.e., client). When the psychologist determines whether the particular would-be service user is likely to benefit from his or her professional competencies, both parties to the clinical relationship are well served. That is, there is at least a modicum of assurance that there will be quality of care for the service user and risk management for the psychologist.

A common risk is that many psychologists accept anyone who requests services, often adopting the nonselective approach because of the negative economics of today's competitive mental health marketplace. Nonetheless, the prudent psychologist should be cautious and define his or her competency in a conservative manner (i.e., there should be no foolhardy ventures into techniques for which the psychologist does have clearly established skills), accepting only clients who appear likely to adhere to the designated treatment plan. Limited competence for the given clinical issues and the probability of noncompliance are valid reasons for not accepting a would-be service user, as well as for terminating a service user after treatment has begun.

There are no scientifically determined criteria for screening clients for risk management purposes. Brock and Barnard (1999) say: "Risk-free therapy simply does not exist; we only can minimize and manage the risk we create" (p. 199).

Admittedly lacking a research basis, my experience in defending psychologists and other mental health professionals faced with licensing complaints leads to the following guideline: *Carefully scrutinize each and every potential service user for any trace of narcissism.* As is well established, narcissism is inherent to numerous diagnoses, such as several personality disorders, e.g., with hysterical, psychopathic, sociopathic, or paranoid features.

As a screening framework for whether a would-be service user would be apt to unjustly blame or condemn the psychologist, consider the acronym: CONDEMN. The psychologist should investigate whether the would-be service user shows these traits:

C = COMPLAINS about his or her lot in life.

O = OWNING responsibility for self is absent (e.g., blames someone else or bad luck for problems).

N = NARCISSISTIC thought processes or verbalizations.

D = DEFENSIVE behavior in many interactions.

E = EXECUTIVE functions are impaired (e.g., faulty planning and decision making).

M = MONEY is an obsession or constant worry, even if unrealistic.

N = NONCOMPLIANT tendencies show up immediately.

S = SUSPICIOUSNESS is a pattern.

Any of the foregoing characteristics could be a harbinger that the service user might, at some juncture, file a licensing complaint against the psychologist. There is reason to closely evaluate persons suffering chronic pain, those embroiled in a custody/visitation dispute (Kirkland & Kirkland, 2001; Woody, 2000a), or those experiencing multiple personality or recovered memories (Knapp & VandeCreek, 1997), as they have a high potential for filing complaints. Additional information on this topic may be found in Woody (2000b).

References

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