Subsequent Therapist Syndrome

Nola Nordmarken, MFT interviews Ofer Zur, Ph.D.

Nola Nordmarken: Welcome to the Zur Institute's audio reporting on Subsequent Therapist Syndrome. I'm your host, Nola Nordmarken, MFT. I have private practices in both Santa Monica, California and South Pasadena, and as well I have co-authored several CE courses and articles with Dr. Zur. Those include Touch in Psychotherapy, Home Office Practice, The Professional Will, articles critiquing the DSM.

It's my pleasure today for this program to interview Dr. Ofer Zur about his views and concerns regarding how subsequent therapists respond to their clients when they report what might be somewhat questionable information about a former therapist. This recording is part of an online course on Subsequent Therapist Syndrome by the Zur Institute at ww.zurinstitute.com. Dr. Zur, are you with us?

Dr. Ofer Zur: I am with you. I'm very excited to talk about this new and kind of interesting topic, so thank you for the interview.

Nola Nordmarken: Thank you so much for joining us.

Ofer Zur is a licensed psychologist, fellow of American Psychological Association. He's an instructor, a lecturer, an ethics consultant, he's an expert witness in private psychotherapy practice. His office is in Sonoma, California. He's been practicing for over 20 years and is also director of the Zur Institute, LLC.

He's most known for his effort to humanize the field of psychotherapy and counseling and he is a fierce advocate for the use of appropriate and flexible application of therapeutic boundaries. He's been a visionary in the field for a long time, going way back to the 1980's, warned us about the potential problems with managed care, and he's taught many of us how to practice outside managed care on a fee-for-service basis. I happen to be one of those who benefited greatly in many ways by making that change.

In the 90's he advocated strongly to humanize the field of psychotherapy and counseling, by teaching us how to apply therapeutic boundaries with

flexibility and care, rather than rigidity and fear. Then, in 2002, he saw HIPAA coming our way and he wrote the HIPAA Compliance Kit.

These days, he has shifted his attention to tele-health or tele-mental health, which he views as one of the most important developments in our field of psychotherapy and counseling. In today's unique audio, or may I say pioneer recording, Dr. Zur will explore the complexities that are facing us as therapists when we have a client who reports the conduct of a former therapist. This might include behavior that we think is ethically or legally out of bounds, or simply below what we believe should be the adequate standard of care.

So, let's start.

Nola Nordmarken: Would you just start with a definition of the term "Subsequent Therapist Syndrome?"

Dr. Ofer Zur: Yeah, the definition of the Subsequent Therapist Syndrome: it's a term that refers to those circumstances where the subsequent therapist - subsequent therapy's current, it can be next or new therapist - act unethically or even illegally when providing an "expert opinion" or "formal assessment" regarding a former therapist's supposedly or reportedly unethical or illegal conduct. So these are the cases where subsequent therapist's evaluation and judgment are solely based on their theoretical bias, their rigid view of therapeutic boundaries, and also only based on client's self-report without any review of psychotherapy records of the former or the other therapist, without consulting with the former therapist or reviewing any other collateral evidence.

Nola Nordmarken: I don't believe I ever heard this term before. Did you coin it yourself?

Dr. Ofer Zur: I did coin this term "Subsequent Therapist Syndrome" to identify, again, this situation where, regretfully, ill-informed or at times self-righteous mental health practitioners are eager to tell the current client that the former therapist acted unethically or illegally just because the former therapist used different approaches, different methodologies or interventions that one subsequent therapist doesn't subscribe to. So kind of it's subjective opinion. While some subsequent therapists respond to client's complaint without their former therapist’s knowledge or interviewing them, many of them put fire under the client who doesn't even have a negative evaluation of their past therapists by telling them about a wrong that the former therapist did or urge them to file a lawsuit or to file a board complaint, etcetera. But in short, yes, I did coin the term. When you go to Google and you Google "Subsequent Therapist

Syndrome," only my two or three articles will come up and now this course, too.

Nola Nordmarken: So when you use the term "syndrome," do you mean it literally, or...?

Dr. Ofer Zur: You know, not really. While we are dealing with serious and destructive professional phenomenon among therapist, counselor, social worker, the term itself "Subsequent Therapist Syndrome" is somewhat tongue-in-cheek. It's not a real syndrome as we know it in psychotherapy or a DSM kind of syndrome.

Nola Nordmarken: I know you've been pretty critical of psychotherapists in the past for not being very flexible in regard to boundaries or also not being tolerant with regard to other theoretical interventions and there's some strong relevancy to those issues in this discussion, I'm sure.

Dr. Ofer Zur: You're absolutely right. Psychotherapists in my view have not been known to be highly tolerant or flexible. In spite of our token commitment to individual differences or cultural diversity, therapists often fail to acknowledge or to say, "I would have approached the situation differently." They don't say, "the theoretic orientation to which I subscribe would not endure such an intervention." Or simply, therapists don't know how to say, "I disagree." Instead, what they often say, "It is inappropriate" and even more common for them to say, "It's unethical." So instead of saying "I really don't have a basis to which form an opinion on a matter of how you other therapist perform," they'll say it's illegal or it's substandard care. So we don't know how to say, "I disagree," or even "I don't know," or "I don't have enough information.

Nola Nordmarken: You seem to hold the view that subsequent therapists are often the initiators of board complaints or civil lawsuits against their client's former therapists. Is that the case?

Dr. Ofer Zur: I have talked to fellow experts and attorneys and it seems like every one of them that I ask the question have encountered Subsequent Therapist Syndrome who started the whole idea of board complaint or civil lawsuits. In my own forensic and expert witness work as well as consultants with therapists over many, many years, I've come across numerous times when the subsequent therapist condemns a legitimate, effective, and ethical intervention by the former therapist just because they don't endorse such interventions and indeed put the fire underneath the client who didn't even know in the first place that anything was not okay or not right.

Nola Nordmarken: Could you share some examples with us?

Dr. Ofer Zur: Yes. An example that comes to mind that I have encounter in my consulting or forensic work is when the former therapist, for example, uses ethical and clinically effective physical touch, something you and I wrote about, to soothe or de-stress clients and they'll say, "No, touch is not part of psychotherapy, or not part of social work. And it's substandard care."

Or, a critique if a former therapist will make a clinically appropriate home visit, even when the client is agoraphobic. I consulted one time on a case like that. Or when the former therapist used clinically beneficial extensive self-disclosures and the subsequent therapist will be critical of that. They'll be critical of texting done by former therapist even when it was done with a young suicidal client late into the night. They sexualize it the way they sexualize touch or sexualize everything that doesn't fall within their limited scope of what is supposed to be in therapy.

So I have tons of example. One example, I heard a subsequent therapist criticize a former therapist for signing an email with a long-term intermittent high-functioning client of twenty years with "Love, so-so." Just signing the email with a generic "love" and his name. So yeah, I have tons, I can spend an hour just on examples.

Nola Nordmarken: So these therapists actually go ahead and initiate board complaints or civil lawsuits against the therapists. That's concerning.

Dr. Ofer Zur: Not really. The therapists usually do not. Sometimes the therapists write a letter to the board, the complaint board, or to support the client and they don't even say they don't have any objective information, they just take it as if it's true. Most of the time, they put the fire underneath the client to file the complaint or to file a lawsuit.

Nola Nordmarken: Okay. So when you say "initiators of board complaints," they do it through the client.

Dr. Ofer Zur: Yes, absolutely. Sorry. Most of the time. Sometimes they initiate themselves. I have definitely seen enough subsequent therapists who wrote directly to the board. It's not so much that they wrote it to the board, the way they wrote it to the board as if these are facts and if this a verified proven fact rather than is the hearsay from the client.

Nola Nordmarken: So, I'm looking at the humor in your tongue-in-cheek presentation of "STS" as you call it, where you seem to imitate the DSM and provide

certain criteria or qualifications for this syndrome. Can you expand on that a little bit for us?

Dr. Ofer Zur: Yeah, you're right, it is a little bit tongue-in-cheek in my presentation even though, again, it's a very serious problem among our profession.

Nola Nordmarken: I just like the way it starts out: "To qualify for the Subsequent Therapist Syndrome, STS, at least five (5) of the following ten (10) symptoms must be present in order to make an assessment of STS." That sounds very DSM-ish.

Dr. Ofer Zur: Yeah, it is DSM-ish and it's a little bit tongue-in-cheek but the content is very serious and I write it to give quickly a list of this ten qualifications.

One, the subsequent therapist arrives at negative assessment of former therapy based solely on the client's self-report without having any data to support it.

Two, subsequent therapist unquestionably accepts client self-reporting regarding the former therapist at face value, again, believing it's true, complete, accurate, and valid.

Three, subsequent therapist's disapproval of former therapist is made on their own subsequent therapy, theoretical, or other biases.

Four, subsequent therapist's disapproval of the former therapist's conduct is based on subsequent therapist's inflexible, narrow, or misinformed view of therapeutic boundaries, such as touch, leaving the office, bartering, home visit.

Five, subsequent therapist self to be self-righteous.

Six, subsequent therapists tend to ignore the fact that false accusation by clients are not uncommon. Sometimes clients do not perceive reality correctly and this is part of why they're coming to see us in therapy.

Seven, subsequent therapists do not seem to be aware that they have strong theoretic orientation bias. This is so common in our field.

Eight, subsequent therapists fail to say "I respectfully disagree" and instead claim "this is unethical."

Nine, subsequent therapists strongly encourage and often insist the client file licensing board complaint or malpractice suit against the former therapist.

Ten, subsequent therapist goes beyond the role of therapist or clinician and enter into ill-advised and potential unethical forensic dual relationship when serving as a therapist, as well as forensic expert. This is a very important one. They often write letters, reports to the client's attorney or to the board, as if they are experts who did investigations, while they really just heard the client's version and the client's complaint.

Nola Nordmarken: I could see where a therapist doing that may actually put themselves at risk of malpractice. Is that true?

Dr. Ofer Zur: Potentially. I don't think the subsequent therapists have really encounter this problem yet. My hope is that it will bring enough awareness that people will be more cautious, because usually the boards kind of use their testimonies whether they are ethical or not. So I think it should result in some risk. It hasn't yet, hopefully this is a new way of presenting a problem, making therapists cautious before they step into expert while being just a subsequent therapist or start writing long letters to boards or to the courts.

Nola Nordmarken: Did I give you a chance to finish your ten?

Dr. Ofer Zur: Yeah, yeah. This was a ten and again a little bit tongue-in-cheek. Five of them they will qualify.

Nola Nordmarken: But a lot of seriousness as a basis.

Ofer, some would say that therapists have a moral, clinical, ethical, and maybe even legal obligation to protect the public from an incompetent or predatory therapist. What are your thoughts on that?

Dr. Ofer Zur: It's so true. I'm so pleased you brought it up. We do have an obligation to protect our clients, so there are situations where indeed we hear outrageous behavior by former therapists and there are ways to express it. For example, rather than giving a conclusive expert opinion about the former therapist’s conduct, a subsequent therapist can say something like, "If what you told me is correct, I'm very concerned about the conduct of your former therapist. However, I am aware that I only have one side - your side - of the story and I really don't have a basis on which to form a conclusive opinion on the matter. Nevertheless, if it is true what you said, I'm ready and open to explore some options with you."

And I know therapists don't use these things, afraid their clients will be insulted, "Oh, you don't believe me" or whatever it is, but the fact is that we don't know and we need to tell the client and it's so true what you said that there are situations, we here, for example in California, if you hear that the client told you they had sexual relationships with the former therapist within two years after therapy or during therapy, in state of California, you must provide a client a pamphlet of professional therapy never involves sex, which informs clients about the righst and the therapist's responsibility.

So there are sometimes situations where we need to respond. For example, if a subsequent therapist hears about sexual relationship of former therapist with a minor client, that of course involves a mandated reporting. So you're right, we do have an obligation to hold the standard of our profession and there are therapist who are crossing the line and providing substandard care and we need to protect the public. But we need to protect it in an ethical and legal and appropriate way, not just running the information that the clients give us and drawing conclusions.

Nola Nordmarken: So, basically we're saying we're not the judge and jury.

Dr. Ofer Zur: We're not. And we are not experts. We are not forensic experts, either.

Nola Nordmarken: You've advocated embracing appropriate or helpful dual relationships. You seem to view forensic dual relationships in a much more cautious way and in more negative terms.

Dr. Ofer Zur: You're so right. People ask me this question, they say, "You of all people," who with Lazarus we wrote the book about dual relationship back in 2002 and that some dual relationship are mandated, others are normal and some others are even helpful. However, we see that forensic dual relationships are not compatible with therapists, because as a forensic expert, you need to be objective and to give the judge or the jury or the board expert opinion, but as a therapist you have an obligation to preserve the wellness, the welfare, you have an obligation for the welfare of the client and these two things are not really compatible. Sometimes an expert's report in forensic situation can end up in client being sentenced for life, if you find them fit to stand trial or whatever it is. So, these two roles are incompatible and most associations agree with that, the forensic expert role and therapeutic role are not compatible and I agree with that. Now, in some situations you don't have a choice and it's a mandated dual relationship, like sometimes it can happen in prison, but this is beside the point.

Nola Nordmarken: Ofer, in the span of your long career, have you witness subsequent therapists taking inappropriate action?

Dr. Ofer Zur: Tons of them, as I mentioned. Not only me, many others. Marty Williams wrote about this issue years ago - Dr. Williams from California. And I have seen it many times. I would say that more than half of the forensic cases that I've reviewed, it's a subsequent therapist that came up not only with the wonder or questionings of the conduct of the former therapist but actually with an assessment that it was substandard care and inappropriate, et cetera. So yes, I have seen a lot of it, this is why I came with terms, this is why I wrote the articles about it available on the website for free and also part of this course so, yes, I've seen a lot and my colleagues have seen quite a bit and so other attorneys that I've worked with.

Nola Nordmarken: So subsequent therapists may be acting out of the scope of their own expertise, which may in itself constitute an ethical violation.

Dr. Ofer Zur: It's so true. Another potential area of unethical conduct by the subsequent therapist is when they testify as experts and they don't have the expertise of being an investigator, they are not an investigator, they do not have the expertise to make a harm assessment, because how they can say somebody was harmed without getting the data of what was the level of functioning or what was happening in the person's life prior to the so-called violation. So they are acting out of scope when they make harm assessments and they're acting out of scope sometimes when they testify that the other therapist had a substandard care because they are not experts on the substandard care. Now, acting out of scope is a potential unethical or illegal action of the therapist, so you're absolutely right, acting out of scope is a major concern here.

Nola Nordmarken: Ofer, we're coming to the end of the interview and I wonder if you could just summarize for us, what is it that you're hoping to accomplish by raising these issues and coining this term, STS?

Dr. Ofer Zur: My hope is that this interview, the article, or this online course will help psychotherapists, counselors, social workers, psychiatrists become more reflective and more thoughtful about the concerns when they hear certain information from clients regarding the former therapist's conduct. The intention of my work in this area is to help therapists to be more aware of their own biases, not much different than what I've done around issues of boundaries, and to use better judgment and much better wording when they help clients sort out the evaluation of the former therapist. It is important, as you brought up, that therapists

protect the public from incompetent or predatory professionals. But it must be done in an ethical, rational, and conscientious way, that when we do not continue to be our own enemies and turning each other in and sometimes inappropriately unethical.

Nola Nordmarken: Thanks, Ofer, for once again bringing us another intriguing idea, for challenging the field to think critically, to fight dogma and so much more. I'm looking forward to seeing what develops next. Again, thank you, Ofer.

Dr. Ofer Zur: Thank you so much, really, for a fantastic interview and bringing the main issue so clearly to the front. Thank you so much. Bye-bye.