

# Subsequent Therapist Syndrome: Are we each our own worst enemy?

By Ofer Zur, Ph.D.

I have coined the term "Subsequent Therapist Syndrome" (STS) to refer to those circumstances where the subsequent (current, next or new) psychotherapist may act unethically or even illegally when providing an "expert opinion" regarding a former therapist's (supposedly) unethical or illegal conduct.

These are the cases where the subsequent therapist's evaluation and judgment are solely based on personal theoretical bias, rigid view of therapeutic boundaries, and/or a client's self-report. These are the situations where the "ST" arrives at firm and clear conclusions without reviewing the psychotherapy records or other relevant collateral evidence – or without consulting the former therapist.

While this is a serious, destructive professional phenomenon among psychotherapists, the term which I coined, Subsequent Therapist Syndrome, is somewhat tongue-in-cheek.

Of course, some therapists do cross the line of decency and exploit or harm their clients. Needless to say, these therapists must be sanctioned appropriately and their clients must be protected. I coined the term Subsequent Therapist Syndrome to identify situations where, regrettably, self-righteous mental health practitioners are eager to tell their current clients that their former therapists acted unethically or illegally just because the former therapist used different approaches, methodologies or interventions than the ones to which the subsequent (current) therapist subscribes.

Without the actual data and the basis to develop an informed opinion, the ST proceeds to put fire underneath the client and urges, encourages and supports them to file a board complaint and/or civil malpractice suit.

Psychotherapists, as a group, have not been known to be highly tolerant or flexible. In spite of the token commitment to individual differences and cultural diversity, psychotherapists often fail to acknowledge or say, "I disagree." Instead, they inaccurately say, "It is unethical."

In my long experience as a forensic and expert witness, I have come across numerous times when subsequent therapists con-

demned a legitimate, effective and ethical intervention by a former therapist. For instance, when the former therapist:

- \* Used ethical and clinically effective physical touch to soothe a distressed client;
- \* Made a clinically appropriate home visit to an agoraphobic client;
- \* Used clinically beneficial, extensive disclosure of personal information with a client;
- \* Texted extensively with a young suicidal client late into the night;
- \* Signed an email to a long-term-intermittent client of 20 years with "Love, xxx;"
- \* Went for a walk on a nearby trail with a client who loves the outdoor environment or prefers side-by-side type communication;
- \* Was involved in unavoidable, common social multiple relationships in a small town.

While psychotherapists have the clear duty to protect the public from incompetent, predatory harmful therapists, they also must be very careful in drawing premature or unsubstantiated conclusions that are solely based on a client's self-report. Rather than giving a conclusive "expert opinion" about the former therapist's conduct, a concerned

and prudent therapist can tell a client something such as:

*"If what you told me is correct, I am 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 true, here are your options.... What would you like to do about it?"*

There are clearly situations where an ST must report the misconduct of the former therapist, such as when the former therapist has had a sexual relationship with a minor client. STs who end up writing reports about the former therapist's conduct or testify as an expert witness regarding harm and standard of care may be involved in unethical forensic dual relationships and may operate outside their scope of expertise.

The hope is that this article will help psychotherapists become more reflective and thoughtful about concerns they may have regarding a former therapist's conduct. (Consult, if necessary). It is important that psychotherapists protect the public from incompetent or predatory professionals, but this must be done in an ethical, rational and conscientious way so that psychotherapists cease being their own worst enemies. CE

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