

HOW TO AVOID A LICENSING BOARD COMPLAINT

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Dear Reader,

The State Licensing Board would like to meet with you at an informal fact finding inquiry before members of the Board's Investigative Committee.

Please be advised that your participation in this proceeding is strictly voluntary, and that your failure to appear will not be used against you at a formal hearing and will not be an admission to any wrongdoing. If you choose to appear, any statements you make or information gathered may be used against you at a formal hearing and may be further used by the Board in determining what sanctions, if any, may be appropriate in your case. You may appear with or without an attorney, although you are responsible for any legal expenses incurred. After an investigative interview is held, the Board may determine that an informal disposition of the case is appropriate or may decide that no action is warranted. If you decline to accept the Board's informal disposition, a formal hearing may be scheduled.

Upon receipt of this letter, please provide written notification regarding whether you will attend. A date and time will be scheduled for you. If you have any questions or concerns, please do not hesitate to contact the undersigned directly.

Sincerely yours,

Executive Director
Professional Licensing Board's Division

If you are like most practitioners, some variation of this letter would be your first notice that a regulatory board complaint has been filed against you. Because the role of licensing boards is to protect the public, you might be required to cooperate in a "preliminary inquiry" without being informed of the name of the person who filed the complaint. In some cases, you may be required to defend a complaint without knowing the allegations contained in the complaint. Although a malpractice lawsuit may be a practitioner's worst fear, the statistical probability of a licensing board complaint is at least five times greater than a civil suit (J. Younggren, personal communication, May 17, 2009).¹ In contrast to filing a malpractice lawsuit, submitting a licensing board complaint does not need to be accompanied by an affidavit. To make matters worse, board complaints can be filed anonymously.²

Protective factors and risk factors related to complaints can be conceptualized from three perspectives: Contextual or situational factors, client factors, and therapist factors (Doverspike, 2015a, 2021). Although there are articles and books written about how to avoid liability lawsuits and regulatory board complaints (e.g., Barnett, 1997, 2015; Doverspike, 2015a; Ebert, 2006), the purpose of this article is simply to list some of the most common practices that help practitioners avoid ever having to deal with a complaint. To use an old adage, the smart practitioner gets out of situations that the wise practitioner would never get into.³ There are also some tips on how to respond to a complaint if one ever occurs.

**Risk Management Tips:
Top 10 List (Short form)**

1. Obtain adequately informed consent, manage expectations, and maintain open communication with clients.
2. Maintain ongoing consultations with respected peers who will challenge and disagree with you.
3. Practice only within your area of competence based on your education, training, and certification.
4. Promptly provide a written report that explains assessment results any time you evaluate someone.
5. Do not provide an opinion of anyone unless you have conducted a formal evaluation of that person.
6. Do not voice or state any opinions related to divorce, parental fitness, visitation, or custody.
7. Pay attention to privacy and confidentiality in storage, transmission, and disclosure of digital and online communications.
8. Do not let a client accumulate a bill that the client will have difficulty or resistance paying.
9. Never drive a vehicle after drinking alcohol or while using a controlled substance.
10. Never have sex or use drugs with a patient or former patient.

**Risk Management Tips:
Avoiding Complaints (Long form)**

Establish Informed Consent

Obtain adequately informed consent, manage reasonable expectations, and maintain open communication with clients. From the outset, it is wise to establish and maintain realistic expectations. Obtaining *adequately informed* consent is a dynamic process that is more a matter of ensuring that a client understands your policies and less a matter of simply having someone “sign off” on forms that are not even read. Treating others with kindness and respect will go a long way in maintaining a good relationship. When mistakes occur, people are usually more forgiving when their provider has had an open and honest relationship with them.

Maintain Ongoing Consultation

Consultations help reduce confirmation bias. A *reactive* approach to ethical risk management involves obtaining a peer consultation in high risk situations, whereas a *proactive* approach involves maintaining ongoing consultation with a peer consultation group. Rather than talking to a colleague who will simply agree with whatever you are thinking, maintain ongoing consultations with respected peers who will disagree with you. Even better, consider joining a peer consultation group that meets regularly. One cautionary consideration about peer consultation groups is to be aware of the possibility of *groupthink*, which is “a phenomenon that occurs when a group of individuals reaches a consensus without critical reasoning or evaluation of the consequences or alternatives” (Kenton, 2020, para. 1). It is based on a desire to maintain harmony and to avoid creating conflict or upsetting the balance of the people in the group (Janis, 1972; Irving & Mann, 1977).⁴

Maintain Competence

Practice only within your area of competence based on your education, training, and supervised experience. Maintain continuing professional development and education in the areas in which you practice.

Provide Psychological Reports Promptly

There is an area of documentation that requires special consideration. Psychologists who provide psychological testing should document and explain the assessment results in writing, otherwise known as a psychological report. Although prospective clients often state they do not want a written report, it is typical that they will later request a report. If they perceive a delay in receiving a report, they may file a complaint. Such complaints can be avoided by maintaining good communication and creating realistic expectations from the outset. A preventive strategy is to always provide a written report in a reasonable period of time.

Maintain Good Documentation

Remember the adage, “If it wasn’t written, it wasn’t done.” In retrospective review, contemporaneous notes are the best—and sometimes only—evidence that a practitioner has been careful, conscientious, and concerned. Whenever in doubt, put it in writing. One note too many is far better than one too few. Attorneys often recommend writing your notes the way you would like to read them in court. Even better, “Write your notes the way you would like someone else to read them in court” (J. D. Doverspike, personal communication, November 1, 1996). Write your notes in a risk-managed way that you would want your client’s attorney to read them in court, but also write them in a user-friendly way that you would want your client to read them in your office.

Have Reasonable Basis for Opinions

Do not provide opinion of anyone unless you have conducted a formal assessment and evaluation of that person.

Avoid Domestic Litigation

Because the category of *loss from evaluation* continues to be one of the main sources of complaints to ethics committees⁵ and licensing boards, the best single piece of advice might be to never state or voice any opinions related to divorce, parental fitness, visitation, or custody. Forensic psychologists who practice in arenas that involve domestic litigation cannot avoid formulating such opinions—but they can be prepared for board complaints. Some attorneys, particularly those who represent litigants who have had an unfavorable finding in domestic litigation, may try to use regulatory boards as discovery bodies. That is, they will wait for a licensing board to make a determination and issue a public sanction, and then will use the sanction as evidence to support an affidavit for a civil suit. Forensic examiners are wise to accept cases only after both litigants have agreed on the examiner, who is then specifically named in the court order. If you are not a forensic psychologist, beware of a client’s request for a letter to a lawyer. For counselors and psychotherapists, the unethical boundary crossing from a therapeutic role to a forensic role often begins with the seemingly innocent client request for a letter. In the words of one risk management consultant, “What does a letter have to do with conducting psychotherapy? You shouldn’t be writing that letter at all” (J. Younggren, personal communication, March 17, 2022). As always, it is important to establish and maintain reasonable expectations from the outset, which can reduce requests for “the dreaded letter.”

Privacy and Confidentiality

Protect privacy and maintain confidentiality in the storage, retrieval, transfer, disclosure, and disposal of digital and online communications.

Admit Mistakes When They Occur

Maintaining open communication includes admitting when you have made a mistake. A cover up is always worse than the mistake, and a mistake is not the same as professional misconduct. The 10th Step of Alcoholics Anonymous (AA) is known as *relationship glue* because it makes relationships stronger: “Continued to take personal inventory and when we were wrong promptly admitted it.” The operative word is *promptly*, whereas the best way to a ruin relationship is for a person to never admit when wrong. Chen et al. (2018) studied therapeutic ruptures in psychotherapy and found that a therapeutic rupture, if repaired, may lead to better outcomes than if the rupture had never occurred in the first place. Chen et al. found that therapists’ recognition of alliance rupture in non-rupture sessions was positively associated with clients’ alliance ratings in the next session. Therapists’ recognition of alliance ruptures abolished the negative effect of ruptures on clients’ symptom ratings.

Avoid Fee Disputes

Do not let a client accumulate a bill that the client will have difficulty or resistance paying. One of the best ways to push a client into filing a complaint is to turn over a past due account to a collection agency. Although licensing boards do not get involved in fee disputes (Georgia Secretary of State, 2022),⁶ a client angered by a billing dispute may decide to file a complaint on some other grounds. Practitioners who have done nothing wrong can find themselves having to respond to licensing board inquiries.

Avoid Substance Use

Never drive a vehicle after drinking alcohol or using a controlled substance. Further, do not carry prescription drugs in your vehicle unless they are contained in a prescription bottle with a current (unexpired) prescription on the label. To carry this advice to a seemingly ridiculous extreme, be careful about carrying generic forms of aspirin, acetaminophen, or ibuprofen. If you do carry over-the-counter medications in your vehicle, it is best to carry a branded drug with the brand name imprinted on the capsule or tablet. If you happen to be pulled over for a minor traffic violation, it may be difficult to explain “a white powdery substance” that an officer might find in your vehicle.

Maintain Respectful Boundaries

Although the conventional wisdom has been, “Never have sex with a client,” the best advice is to manage boundaries in a respectful manner. Managing boundaries includes monitoring one’s thoughts and statements—as well as overt actions—to avoid engaging in inadvertent comments or actions that could be misinterpreted by a client or others. With some clients, it is wise to assume that almost any neutral statement you make could be interpreted out of context in a negative manner. The smart therapist knows how to get out of situations that the wise therapist would not get into in the first place.

Avoid a Therapeutic to Forensic Shift

Do not take on a forensic role with anyone with whom you have had a prior or current therapeutic or other relationship. Greenberg and Shuman (1997, 2007) provide a detailed explanation of the irreconcilable differences that exist between therapeutic and forensic roles.

Risk Management Tips: Managing Complaints

Managing and responding to complaints is addressed elsewhere, including Chapter 7 (Responding Ethically to Ethics Complaints) of *Risk Management* (Doverspike, 2015a).⁷ A few of these considerations include responding to investigative proceedings in a timely manner, being a colleague rather than an adversary when interacting with other professionals, being a behaviorist when explaining details (who, what, when, where), showing concern for the welfare of your client or former client, and not blaming the client.

There is no such thing as a frivolous complaint. In reality, a *frivolous complaint* is one that, if true, would not involve any type of unethical, unprofessional, or illegal conduct. As a practical matter, however, given the amount of time and the enormous emotional (and often financial) resources that may be required to resolve a formal complaint, it is important to take all client dissatisfactions seriously. The goal would be for a client (or a colleague) to speak to you directly rather than filing a complaint with a third party, which would often have the unintended consequence of making it more difficult or even impossible to address the original dissatisfaction.⁸

After a formal investigation is in process, a licensee's well intentioned attempt to informally resolve the complaint by talking with a client can be viewed as a type of "witness tampering." The bottom line is that it is important to resolve any perceived dissatisfactions, miscommunications, or misunderstandings before they become a problem.

A former chair of a state professional association ethics committee offers some excellent advice:

"Psychologists who take personal responsibility, acknowledge mistakes (even if unintended), and then cooperate with remediation and education on the relevant issues receive greater consideration and leniency. By contrast, psychologists who approach the adjudicatory process defensively and hostilely are much more likely to be viewed negatively and as greater potential threats to the welfare of members of the public" (Spears, 2014, p. 20).

When you have done nothing wrong, "Humility and an understanding of another's feelings is compelling" (McGarrah, 2011, p. 20).

Maintain Board Coverage

Maintain liability insurance that includes coverage for representation during board investigations. Consider the benefit versus cost of an additional premium of \$75.00 per year for "licensing board defense" (\$100,000.00 per proceeding), "deposition expense" (\$5,000.00 per insured), and "other governmental regulatory body defense" (\$15,000.00 per proceeding). Governmental regulatory bodies include Medicare and the U.S. Department of Health and Human Services (Bryant, 2022).

Use Legal Representation

Do not meet with a board investigator or attend a board hearing without legal representation. Choose an attorney who understands mental health laws. If you need legal advice, consult an attorney rather than a psychologist.

Virtue Ethics:

Most serious ethical violations are related to character deficits in *internal virtues* rather than lack of knowledge of *external principles*. Here is the important distinction: *Principle ethics* deals with knowledge and application of ethical standards, obligations, and methods that focus on solving ethical dilemmas (i.e., “What shall I do?”). *Virtue ethics* deals with cultivation and practice of internal virtues, character traits, and non-obligatory ideals to which a person aspires (i.e., “Whom shall I be?”).

As St. Thomas Aquinas (1225-1274) observed, “People normally do not consciously choose evil, but they choose something that *appears good* inside their own framework.” To paraphrase Albert Einstein, our thinking creates problems that the same kind of thinking cannot solve.⁹ We can get stuck in our own mental frameworks when we become isolated from others or when we surround ourselves with others who think like us.

Groupthink can become worsened by the *echo chamber*, which refers to situations in which beliefs are amplified or reinforced by communication and repetition inside a closed system that is insulated from rebuttal. A voice of dissent, such as a group member attempting to introduce a rational argument, can be pressured to agree with the consensus and may even be censored from the discussion. Examples include the Bay of Pigs fiasco (1961), Watergate cover-up (1972–1974), Vietnam War escalation (1965), *Challenger* space shuttle disaster (1986), *Columbia* space shuttle disaster (2003), U.S. invasion of Iraq (2003), Russian invasion of Ukraine (2022), and the *Titan* submersible implosion (2023).

The Seven Deadly Sins: Virtue Ethics Risk Factors

Although most psychologists do not like to talk about *sin*, the reality is that the most serious ethical violations are related to what has been variously termed character defects, shortcomings, or simply sins. The Seven Deadly Sins are also known as *cardinal sins*, derived from the Latin *cardinalis* (“chief,” “essential,” or “principal”), from *cardo* (genitive *cardinis*), meaning “that on which something turns or depends,” and *cardin* (“hinge of a door, pivot, that on which something turns; thus principal, chief”). In other words, cardinal sins are the chief sins on which all other sins hinge. They are also called *capital sins* (Saunders, 2013), derived from the Latin *caput* (“head”).

In his book aptly titled *Why Smart People Can Be So Stupid*, psychologist Robert Sternberg (2002), describes how smart people may be particularly susceptible to certain fallacies in thinking because they have been so rewarded for their intelligence that they lose sight of their humanity. A former president of the American Psychological Association in 2003, Sternberg observed that very smart people—such as professionals, corporate executives, and political leaders—are often very foolish because of flawed thinking. Sternberg (2003, p. 5) uses the term “fallacies in thinking” to describe the blinding effects of egocentrism, omniscience, omnipotence, and invulnerability.

According to Sternberg, *egocentrism* involves taking into account one’s own interests, but not taking into account the interests of others. The fallacy of *omniscience* involves the belief that one knows everything, when in fact one may

only know a lot about a little. The fallacy of *omnipotence* involves the grandiose belief that one is all-powerful and can do whatever one wants to do. Finally, the fallacy of *invulnerability* involves thinking that one can get away with anything and, in the unlikely event that one gets caught, thinking that one can get out of it.¹⁰

In reviews of cases of professional misconduct adjudicated by ethics committees and licensing boards, Doverspike (2015a, p. 117) has observed, “These fallacies of thinking lead to arrogance, and arrogance leads to ethical slippage.” In the context of capital sins or vices, fallacies of thinking are akin to character defects that can be one’s downfall. Although the concept on sin may seem archaic by contemporary standards, one need only review a few state licensing board cases (e.g., Ebert, 2006) to see concrete examples of the seven deadly sins in action. Lazarus (2000) described greed as a major source of ethical violations by psychotherapists. Haas and Malouf (2005) describe how professional practitioners may be vulnerable to a number of ethical problems associated with character virtues that are lacking, such as the absence of discretion, integrity, fidelity, or prudence.

The following list includes the Seven Deadly Sins, as well as their synonyms and examples of how they can manifest in our daily lives and work. Some of the examples are taken from observations in academic settings and practices seen in mental health professionals (Doverspike, 2021). Listed in what has become somewhat of a standard order, pride is always considered the primary capital sin or vice.

1. Pride

Pride derives from the Latin *superbia* (pride) or *vanagloria* (vain glory or vanity, in the contemporary narcissistic sense). Pride involves excessive admiration or boasting of oneself. In his classification, Thomas Aquinas lists pride first—to emphasize that it is the source of all sin. When someone is completely full of it—honoring only one’s own will—pride is said to be “complete.” Pride is the basis of Sternberg’s (2003) trifecta of egocentrism: omniscience, omnipotence, and invulnerability.

Pride is often the downfall of those who think of themselves as powerful or omnipotent. As stated in the *Book of Proverbs*, “Pride goeth before destruction, and a haughty spirit before a fall” (Proverbs 16:18). The phrase *haughty spirit* is often translated as a spirit that is arrogantly superior and disdainful. Arrogance—by whatever name it is called—can permeate culture and society as well. A culture that worships itself cultivates a sense of entitlement in its members. At best, self-interest manifests itself as individualism or “What’s in it for me?” (Kelly, 2002, p. 17). At worst, self-inflation reveals the ugly face of pathological narcissism.

Here are some examples to monitor for signs of arrogance, egocentrism, and pride:

- egocentrism, omniscience, omnipotence, and invulnerability (Sternberg, 2002)
- being inflexible, rigid, or stubborn (e.g., “It’s my way or the highway”) with clients
- absolutistic thinking, such as when one’s beliefs are equated with reality (i.e., “If I think it’s so, then it’s so”)
- giving advice to someone when it has not been requested (i.e., “I know best”)
- exaggeration of academic degrees or professional credentials
- displaying excessive *individualism* or “What’s in it for me?” (Kelly, 2002, p. 17)

- listing institutional, professional, or university affiliations for purposes of self-aggrandizement
- listing vanity board credentials on one's résumé, website, Facebook, LinkedIn, or social media
- listing a degree that is not in the field of competence in which one is practicing
- accepting testimonials from clients or former clients or patients
- listing on one's curriculum vitae or résumé a degree that has not been conferred
- listing on one's automated email signature a degree that has not been conferred
- confirmation bias, also known as "myside" bias, regardless of the actual facts of a situation
- blaming a client for one's own behavior or misconduct
- expressing incredulity at being investigated

2. Greed

Greed derives from the Latin *avaritia* (avarice, covetousness). Avarice is "the inordinate love of having possessions or riches" (Prümmer, 1957). It involves an excessive acquisition of money, status, or power. Greed can become an obsession with acquiring, having, or hoarding more—yet more is never enough. Greed can also take the form of being *miserly* (being stingy or unwilling to share with others)—which is not the same as being *thrifty* (using money and resources carefully and not wastefully)—with money, time, or other resources. It involves doing only what will benefit ourselves—rather than others. Greed makes us blind and indifferent to the needs of those who are less fortunate. Greed can distort our attributions, such as when we attribute our fortunes to our own efforts and we attribute the misfortunes of others to their laziness.

Greed also manifests as a fear that we will not get what we want or that someone will take what we already have. In this sense, greed is at the core of *envy* (the resentful desire to have what others have) and *jealousy* (the resentful anxiety that someone will take what we have).

Envy involves two people, whereas jealousy involves three.

Professional envy and *turf protection* are two reasons that professionals file complaints against other professionals. Although the complaints may be founded in misconduct, it is noteworthy that envy is often a significant motivator of a professional actually filing a complaint against another professional who practices in the same geographic or specialty area. When the complaint is founded, it is often related to greed on the part of the accused.

Here are some examples to monitor for signs of greed and selfishness. There is the focus on *self*, which illustrates how this vice is also related to the foundation sin of egocentric self-focus.

- "padding" supervision log by reporting indirect hours as direct service hours
- overbooking appointments in order to increase billable hours
- failing or "forgetting" to fully explain fees in advance, as evidenced by client becoming angry when presented with a statement of charges
- overcharging a client or, more likely, overcharging a third party payer
- diagnosing for dollars (i.e., pathologizing a normal condition as a mental disorder) so that a third party will pay for the services rendered
- diagnostic up-coding (e.g., diagnosing adjustment disorder rather than a partner relational problem) so that a session will be covered by third party reimbursement
- diagnostic down-coding (e.g., diagnosing adjustment disorder rather than major depressive disorder) so that a client will continue to come for sessions rather than dropping out due to pejorative diagnosis
- insurance fraud (e.g., coding a conjoint session as 60-minute individual psychotherapy session [90837] rather than as 45-minute individual psychotherapy session [90834]) so the 45-minute session will be paid at a higher rate.
- insurance fraudulent (e.g., coding a conjoint or couple session as 60-minute individual psychotherapy session [90837] rather than as family psychotherapy with patient present [90847]) because 90847 is not a covered benefit.

3. Wrath

Wrath derives from the Latin *ira* (rage, anger, rabies). It involves a strong and non-cooperative response to a perceived hurt, provocation, or threat. In contrast to *righteous anger*, which involves perceiving an injustice and a desire to restore justice, *wrongful anger* involves “the inordinate desire for revenge” (Prümmer, 1957).

Here are some examples to monitor for signs of inappropriate anger or wrath.

- cursing or using profanity with a client
- aggressive displays of anger or irritability
- expressing contempt toward another person
- touching a client when angry (i.e., assault)
- trying to control another person’s behavior
- harboring or holding on to a resentment in a way that affects one’s work with clients
- passive aggressive, hostile, or sarcastic speech
- eye-rolling or sighs that express contempt
- displaying hurry-sickness or impatience during the workday
- certain types of depression that include turning one’s anger inward
- acting out a loss of temper such as raising one’s voice in anger
- inappropriate anger (e.g., anger that is out of proportion to the stimulus)
- having unrealistic expectations that become premeditated resentments
- lodging a complaint against someone rather than speaking to that person directly
- engaging in passive-aggressive behaviors such as arriving late to meetings or not returning emails or phone calls
- complaining or gossiping about a person rather than speaking directly to the person

4. Envy

Envy is derived from the Latin *invidia* (insatiable desire). Aristotle defined envy as an emotional pain at the sight of another’s good fortune, stirred by “those who have what we ought to have.” It involves a desire of another person’s superior quality, achievement, or possession. In this sense, it is a type of mental greed or sense of entitlement. Envy is also a

more specific, narrower, and personalized type of greed. That is, whereas greed is a strong desire for possessions, envy is a strong desire for the possessions or success of another person.

In Chapter 6 of *The Conquest of Happiness*, Bertrand Russell (1930) considered envy to be the most potent form of unhappiness. In some ways, the sin of covetousness can include both *envy* (resentment toward someone who has what we want to have) and *jealousy* (anxiety, fear, or resentment that someone will take what we have). As clarified earlier, jealousy involves three people, whereas envy requires only two. Both emotions can push a professional to complain or talk negatively about a rival professional. Psychologists are often envious of psychiatrists because they are “real doctors” (i.e., Doctor of Medicine) who make more money by prescribing drugs than psychologists make by providing psychotherapy.

Here are some examples to monitor for signs of inappropriate envy.

- (noun) resentful longing aroused by someone else’s luck, opportunities, or possessions
- (verb) desire to have a quality, possession, or other attribute belonging to someone else
- resenting a hard-working peer who earns bonus points or a pay increase
- *schadenfreude*, or the experience of pleasure or self-satisfaction that comes from learning of the troubles or failures of another person
- engaging in professional gossip by listening to a peer talk negatively about someone who is not present at the same time and place of the discussion
- attributing a colleague’s honest success in an endeavor to dishonest practices on the part of the colleague
- engaging in slander (oral or verbal) or libel (written or posted comments) about another person such as a client, colleague, or student
- filing a frivolous complaint against a competitor because the other practitioner is more successful

5. Lust

Lust derives from *luxuria* (intense desire) and *fornicatio* (fornication). It is an intense or excessive desire for an object (sexuality, money, power) while already having a significant amount of it. *Luxuria* is based on *want* rather than actual *need*.

The worst forms of lust are when it is acted out by someone in a position of power over someone who is vulnerable. Sexual relations in psychotherapy are a form of “professional incest” (Bates & Brodsky, 1989). In their survey of 958 patients who had engaged in sexual intimacies with a psychotherapist, Kenneth Pope and Valerie Vetter (1991) found that one-third (32%) of these patients had experienced incest or other sexual abuse as children and 10% had a history of rape.

Here are some examples to monitor for signs of inappropriate lust.

- lust is an excessive desire, whose goal is gaining pleasure for oneself, which contrasts to passion, which is intense love, enthusiasm, or excitement directed toward another person or activity
- lust includes an unrealistic belief or expectation that hedonic pleasures will lead to happiness
- a focus on *hedonism* or the philosophy “If it feels good, do it!” (Kelly, 2002, p. 18)
- engaging in reaction formation by sexualizing neutral comments of others
- asking inappropriate and sexualized questions without any clinical necessity
- professional voyeurism, which involves seeking information beyond the need to know
- encouraging the confession of sexual secrets in the psychotherapist’s office
- vicarious sexual curiosity expressed, inadvertently or otherwise, by focusing work on sexual trauma
- sexual trauma tourists and therapists obsessed with treating sexual addictions
- sharing one’s sexual experiences, history, or trauma with a client
- inappropriate hugging or touching of a client, patient, student, or supervisee

- covert sexualized thoughts about another person
- overt sexual impropriety expressed by acting out of sexual behavior or boundary violations

6. Gluttony

Gluttony derives from *gula* (from Latin *gluttire*, “to gulp or swallow”), which means over-indulgence and over-consumption of food, drink, or wealth items—particularly as status symbols. It is especially considered a sin—a major vice—if the excessive desire for food causes it to be withheld from the needy.

St. Thomas Aquinas listed five forms of gluttony: *laute* (eating too expensively), *studiose* (eating too daintily), *nimis* (eating too much), *praepropere* (eating too soon), and *ardenter* (eating too eagerly).

The excessive desire and compulsive behavior of withholding food from oneself can be viewed as a type of *reverse gluttony*. Reverse gluttony (Doverspike, 2021) refers to forms of restrictive eating, purging, or self-starvation characteristic of deadly disorders such as anorexia nervosa. Reverse gluttony does not refer to the physically and spiritually healthy practice of fasting for religious purposes. Instead, it refers to someone with a serious mental disorder such as anorexia nervosa, particularly when that person is a therapist who is attempting to work through his or her personal “issues” by working with others.

Here are some examples to monitor for signs of gluttony.

- poor management of body weight
- eating too much or more than is needed
- eating during classes or counseling sessions
- drinking coffee or colas during therapy sessions
- skipping meals, which can be a form of *reverse gluttony*
- bingeing or purging before or after sessions with clients

- process addictions such as pathological gambling (as opposed to social gambling)
- driving while intoxicated, or simply drinking and then driving
- having an alcoholic drink at lunch before seeing afternoon clients in the afternoon
- having the scent or odor of alcohol or ketones on one's breath
- alcohol or substance abuse or dependence
- being at work with a withdrawal tremor
- falsifying or forging a prescription
- going to work with a hangover
- passive dependency on others to do the work or carry the load on a board or committee
- neglecting responsibilities (e.g., not replying to emails, missing meetings)
- displaying *citation bias* (i.e., engaging in confirmation bias rather than critical analysis)
- engaging in *minimalism* or "What is the least I can do?" (Kelly, 2002, p. 19)
- using secondary sources rather than making the effort to access and read the primary sources
- citation of articles without having read them
- expecting others to bear the cost of a work assignment that benefits us
- failure to complete reports in a timely manner
- *assignment crises*, which is failing to complete an assignment because an "emergency" occurs at the last minute
- making excuses for not meeting deadlines
- failure to review the literature on a topic
- arriving late to class, internship, or for office appointments
- leaving internship site or supervised work setting early
- using another person's slide deck rather than developing one's own presentation
- use of obsolete or out of date tests or therapy methods
- failure to obtain minimal continuing education requirements by the deadline known in advance

7. Sloth

Sloth derives from *ascedia* (discouragement) or *socordia* (laziness). Interestingly, sloth is considered to be the only *sin of omission* (*omission* Latin: *omittere*, "to lay aside, to pass over"). It is an act of the omission of desire or performance. In contrast to the other deadly sins that are considered *sins of commission* (i.e., resulting from actions performed), sloth is an act of omission. Technically, an act of omission is considered a sin of omission only if it is committed by intentionally, willingly, and willfully not performing a certain action that one can and ought to do (Delany, 1911).

Here are some examples to monitor for signs of sloth.

- professional negligence
- forgetting appointments
- forgetting an assignment
- failure to maintain competence
- carelessness, negligence, or laziness
- procrastination of assignments or tasks
- forgetting to renew a professional license or membership
- habitual late arrivals at meetings or for appointments
- indifference to one's commitments, duties, or obligations
- letting a license lapse or practicing after a license has lapsed or expired
- allowing or expecting others to do the work on group or team projects
- passive dependency on others to do the work in a state professional association

The Seven Cardinal Virtues: Virtue Ethics Protective Factors

1. Humility

Humility (from the Latin *humilitas*) is the virtue that provides a counterbalance to the sin of Pride. In its purest form, humility is reflected in the Latin phrase *ama nesciri*, transliterated as “love to be unknown,” which means “do not seek fame.”

- ✓ being humble
- ✓ showing respect to others
- ✓ asking for help from others
- ✓ expressing accurate empathy
- ✓ giving credit where credit is due
- ✓ listening and learning from others
- ✓ letting go of always having to be right
- ✓ accepting—rather than judging—others
- ✓ admitting it when one has made a mistake
- ✓ being flexible and letting go of the need to control others
- ✓ learning to listen and letting go of the need to dominant others verbally (i.e., by frequency, intensity, or duration of talking)
- ✓ practicing anonymity can be a way of cultivating humility
- ✓ showing respect by using a professional’s title or rank when referring to the person
- ✓ being respectful of others in authority (e.g., toward licensing board members)
- ✓ being particularly respectful toward those who are vulnerable (e.g., licensing board members during oral examinations and investigative interviews with those who may be anxious)

2. Charity

Charity (from the Latin *caritas*) or **Generosity** (from the Latin *liberalitas*) stands in contrast to the vice of Greed. In the *Book of Wisdom*, it is known as The Common Good.

- ✓ being generous
- ✓ providing pro bono services
- ✓ giving anonymously to charities
- ✓ giving without expectation of return
- ✓ being generous with time on the clock
- ✓ supporting professional organizations without expectation of anything in return

3. Patience

Patience (from the Latin *patientia*) is a virtue that provides a counterbalance to the sin of Wrath. In the *Book of Wisdom*, this virtue relates to Prudence.

- ✓ being patient
- ✓ taking one’s time
- ✓ avoiding being in a rush
- ✓ letting go of resentments
- ✓ being comfortable with silence
- ✓ waiting and listening attentively
- ✓ showing endurance and forbearance
- ✓ avoiding pushing for outcomes with others
- ✓ genuine listening rather than thinking of a rebuttal
- ✓ having realistic expectations about time
- ✓ forgiving others without saying anything (unless asked by them)
- ✓ forgiving oneself for judging (mentally or otherwise) the actions of others
- ✓ allowing others to experience their choices (i.e., loving detachment)

4. Gratitude / Kindness

Gratitude (from the Latin *gratiam*) or kindness (from the Latin *humanitas*) can overcome the sin of Envy. Gratitude is an antidote for the poison of envy. Gratitude not only combats the vice of envy, but practicing is a key to abundant living. Gratitude also combats a sense of entitlement, shifting our focus from what we think we deserve to what we already have.

Kindness has little or nothing to do with being “nice” but it has everything to do with the three Cs of being caring, concerned, and compassionate toward others. In the *Book of Wisdom*, kindness is related to Justice. Kindness can be as simple as leaving people a little better than we found them when they crossed our path that day.

- ✓ being kind
- ✓ being thankful
- ✓ begin thoughtful
- ✓ practicing gratitude
- ✓ showing compassion
- ✓ speaking in a kind voice
- ✓ expressing appreciation to others
- ✓ showing empathy and compassion
- ✓ being grateful for one's skills or talents
- ✓ being aware of that which one has been given but did not have to earn (grace)
- ✓ being aware of that which one does not have to bear (aka, "negative grace")
- ✓ being fair and impartial with others (justice)

5. Chastity

Chastity (from the Latin *pudicitia*) provides proper boundaries for controlling the sin of Lust. It involves maintaining proper boundaries and being pure in thought and action.

- ✓ being pure
- ✓ maintaining clear and firm boundaries
- ✓ providing a safe office environment
- ✓ being a safe person toward those may be vulnerable (e.g., with LGBT)
- ✓ being careful about making comments that relate to someone's attire or appearance
- ✓ avoiding sexist or sexualized comments, language, or slurs
- ✓ being aware that some clients have a tendency to sexualize neutral comments
- ✓ being careful about the therapeutic use of touch
- ✓ being careful about non-sexual touch with people who sexualize neutral actions
- ✓ avoiding sexist or sexualized comments, language, slurs, or words
- ✓ avoiding inappropriate hugging or touching of a client or congregant
- ✓ avoiding covert sexualized thoughts about another person
- ✓ avoiding "counselor voyeurism" (i.e., seeking information beyond the need to know)
- ✓ avoiding encouraging the confession of sexual secrets, whether in the confessional booth or the psychotherapist's office

6. Moderation / Temperance

Moderation (from the Latin *moderatione*) or temperance (from the Latin *temperantia*) controls the insatiable appetite of Gluttony. In the *Book of Wisdom* 8:7, this virtue is known as Temperance.

- ✓ being moderate
- ✓ avoiding extremes in eating
- ✓ maintaining a healthy bodyweight
- ✓ exercising restraint and self-regulation
- ✓ avoiding eating in the office between sessions
- ✓ abstaining from drinking coffee or colas during psychotherapy sessions
- ✓ abstaining from drinking coffee during a licensing board oral examination or investigative interview

7. Diligence

Diligence (from the Latin *diligentia*) combats the vice of Sloth. In the *Book of Wisdom*, this virtue is related to Fortitude. Diligence requires a careful, steady, persistent effort.

- ✓ being diligent
- ✓ willingness
- ✓ perseverance
- ✓ showing effort
- ✓ taking the lead
- ✓ displaying initiative
- ✓ admitting a mistake
- ✓ showing persistence
- ✓ keeping a commitment
- ✓ being careful and conscientious
- ✓ editing and proofing articles and papers
- ✓ making amends when one has made a mistake

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This 42-page document was prepared by three members of the CAPP/BPA Task Force (Patricia Bricklin, Ph.D., Bruce Bennett, Ph.D., and William Carroll, Ph.D., J.D.) with assistance from two members of the APA Practice Directorate (David Nickelson, Psy.D., J.D., & Billie Hinnefeld, J.D., Ph.D. The document was approved by the APA Committee for the Advance of Psychology (CAPP) on March 2003 and approved by the APA Board of Professional Affairs (BPA) on April 2003.

Notes

1. According to Daniel O. Taube, D., Ph.D., J.D., Trust Risk Management Advocate, “A psychologist’s lifetime prevalence of a licensing board complaint is between 30% and 45%” (D. Taube, personal communication, April 29, 2021).

2. Complaints filed with state licensing boards are more common than complaints filed with state or national ethics committees for several reasons.

1. Many practitioners do not join state or national professional associations. The ethics committees of these organizations have no jurisdiction over non-members. Therefore, someone having a grievance has no recourse other than to file a complaint with a regulatory board. One might speculate that practitioners who do not join professional associations are less knowledgeable of ethical and professional standards.

2. The ethics committees of most state associations no longer adjudicate complaints. Further, when complaints are filed with the ethics committees of national professional associations, the complaints may never be investigated. A Hoffman et al. (2015) uncovered in their independent review related to APA ethics guidelines, “Since 2000, the number of ethics complaints investigated by the Ethics Committee each year has declined drastically, from an average of 50 cases per year from 1995 – 2000 to two cases per year in 2012 and 2013” (Hoffman et al., 2015, p. 463).

3. American society has become more of a culture of narcissism, with a sense of entitlement that permits everything and forgives nothing. When an entitled person feels aggrieved, the person often takes action in a manner that requires the least effort and that is associated with the most adverse consequences for the perceived perpetrator.

3. The anonymous adage is difficult to trace because it has appeared in several variations over the years. One variant is attributed to Albert Einstein, although there is no evidence that he ever used the phrase (i.e., “A clever person solves a problem. A wise person avoids it”).

On April 11, 1969, a short editorial piece (“Nobody Ever Asked Me, But”) appeared in the *Jewish Journal* of New Brunswick, New Jersey:

Q: Do you know the difference between a clever man and a wise man?

A: A clever man gets out of situations that a wise man would never get into.

Because Jerome Halprin is listed as editor on the masthead of the *Jewish Journal*, he might be credited with the adage but it was circulating with an anonymous origin before 1969.

4. The term *groupthink* was coined by the American journalist William H. Whyte Jr. (Whyte, 1952). The term was later popularized in a 1971 article in *Psychology Today* magazine (see Janis, 1972). Most of the initial research was conducted by Yale University social psychologist Irving Janis, Ph.D. (1918–1990) and summarized in his influential book, *Victims of Groupthink* (Janis, 1972), which was revised in 1982. In his original book, Janis (1972) used the 1941 Japanese attack on the U.S. Naval base at Pearl Harbor (1941) and the 1961 U.S. failed invasion of the Bay of Pigs (in Fidel Castro’s Cuba) as his two prime case studies. Parenthetically, one might add that the Russian invasion of Ukraine (2022) meets the same criteria.

5. According to the Hoffman Report, which was authorized by a Special Committee of the Board of Directors of the American Psychological Association, “Since 2000, the number of ethics complaints investigated by the Ethics Committee each year has declined drastically, from an average of 50 cases per year from 1995–2000 to two cases per year in 2012 and 2013” (Hoffman et al., 2015, p. 463).

6. “Most boards generally do not have legal jurisdiction over business practices/billing/fee disputes. The boards have no authority to set business fees or settle business fee disputes. Seeking legal counsel or seeking a remedy in the civil court arena for issues dealing with business practices/billing/fee disputes is an option” (Georgia Secretary of State, 2022, Business Practice/Billing Disputes, p. 2).

7. Chapter 7 (Responding Ethically to Ethics Complaints) of Doverspike (2015, pp. 311–322) contains 15 recommendations that can be useful to respondents when addressing formal complaints or initial inquiries of ethics committees or state licensing boards.

8. Chapter 8 (An Alternative View: The Myth of Risk Management) of Doverspike (Doverspike, 2015, pp. 323–326) could have been titled “The Risks of Risk Management.” The central hypothesis is this one: “Clinicians may be using risk management strategies that are not necessarily needed in the first place” (Doverspike, 2015, p. 323). The idea is explained further in the following:

This hypothesis maintains that such strategies do not necessarily reduce malpractice complaints, but rather they simply give the appearance of doing so because complaints and lawsuits are such low frequency events in the first place.

Statistically, with respect to what has been termed the *base rate phenomenon* (Monahan, 1981), it is difficult to predict low frequency events precisely because they are relatively uncommon. For example, an event that has a 10% probability of occurring is relatively difficult to predict, even when using the best of assessment instruments, whereas an event that has a 90% probability of occurring can be predicted the majority of the time simply by guessing. (Doverspike, 2015, p. 323).

Doverspike (2015a, pp. 323–326; 2015b, Slide 8) describes three considerations that provide a counterpoint or alternative perspectives to the risk management strategies:

Myth of Risk Management

- ✓ Critical incidents are low base-rate phenomena.
- ✓ Practices maintained by negative reinforcement of anxiety.

Curse of Risk Management

- ✓ Today’s guidelines become tomorrow’s standards of care.
- ✓ By raising the bar, we increase the chance of not clearing it.

Worst of Risk Management

- ✓ Motivation is by fear rather than compassion.
- ✓ By avoiding doing any harm, we may be avoiding doing good.

9. Various iterations of this quote have been attributed to Albert Einstein. According to Paul Mainwood, Ph.D., the quote appeared a year after the first use of an atomic bomb. According to Mainwood (2021), in 1946 Einstein had installed himself as the chair of the newly formed Emergency Committee of Atomic Scientists, whose members included Hans Bethe, Leo Szilard and Harold Urey. The original statement appeared as part of a telegram written by Einstein: “We need two hundred thousand dollars at once for a nationwide campaign to let the people know that a new type of thinking is essential if mankind is

to survive and move toward higher levels” (Einstein, 1946, p. 11). There are other variations of the quote, including “The significant problems we face cannot be solved at the same level of thinking we were at when we created them” and “we cannot solve our problems with the same thinking we used when we created them.”

10. A related cognitive error known as the Dunning-Kruger effect was originally proposed by social psychologists David Dunning, Ph.D. and Justin Kruger, Ph.D. It is related the *better-than-average effect*, which holds that the average person, when asked to provide a self-rating on some specific skill, typically claims that he or she is above average—which is statistically impossible (Kruger & Dunning, 1999).

The Dunning-Kruger Effect is a cognitive bias in which people with low ability, skill, or experience regarding a specific type of task or area of knowledge tend to overestimate their ability or knowledge. Unskilled individuals may reach erroneous conclusions because their relative incompetence denies them the metacognitive ability to realize their mistakes. Dunning (2011) describes a phenomenon of meta-ignorance (or “ignorance of ignorance”) that leaves poor performers with a double burden: their incomplete knowledge leads them to make mistakes and these exact same deficits prevent them from recognizing they are making mistakes.

The unskilled suffer from *illusory superiority*, rating their own ability as above average, much higher than it actually is, whereas the highly skilled underrate their abilities, suffering from *illusory inferiority*. Less competent people tend

to rate their own abilities higher than do more competent people. Conversely, actual competence may weaken self-confidence, because competent individuals falsely assume that others have an equivalent understanding (Dunning, 2011).

In teaching ethics classes, Doverspike (2006) has used a Biaxial Construct of Competence consisting of a two by two factorial model that combines the dimensions of *competence* and *confidence* to conceptualize four types of emerging professionals. In this model, the term confidence is actually more related to a dimension ranging from being humble and teachable at one end and arrogant and self-assured at the other end of the continuum.

Low competence–low confidence characterizes the *humble novice*, who is an ideal student and learner. Having a self-assessment of low confidence in one’s knowledge or skills, this person is typically curious and wanting to learn.

High competence–low confidence characterizes the *humble expert*, who is often a good teacher, therapist, or supervisor. Having a self-assessment of low confidence in one’s knowledge or skills, this person is typically curious and wanting to learn.

Low competence–high confidence characterizes the *arrogant novice*, who is the type of person who does not need to know much about something to think that he or she is an expert at it. Having a self-assessment of high confidence in one’s knowledge or skills, this person may lack curiosity and be resistant to learning new ideas or skills.

High competence–high confidence characterizes the *arrogant expert*, who no one really wants to be around. Having a self-assessment of high confidence in one’s knowledge or skills, this person may lack curiosity and can seem like a know-it-all.

The Class Diagram depicted in Figure 1 (Doverspike, 2006, p. 12) illustrates how the two dimensions of competence and confidence can result in four types of professionals.

Class Diagram

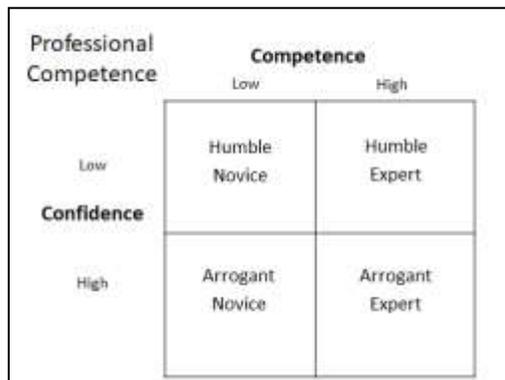


Figure 1. Biaxial Construct of Competence

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Published May 01, 2022 | Last updated January 01, 2024

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Content last updated 2024.

The correct citation for this article is Doverspike, W. F. (2022). How to avoid a licensing board complaint.
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