

HOW TO MANAGE THE THREE SOURCES OF RISK

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As a starting point when discussing any conceptual model, it is important to remember the adage of British statistician George Box, Ph.D. (1953, Mathematics Genealogy, University of London) who wrote the famous line: "All models are wrong; some are useful" (1976, p. 972). His point was that we should focus more on whether something can be applied to everyday life in a useful manner rather than debating endlessly whether an answer is correct in all cases.

At least one way the proposed model is wrong is that there are not only three risk factors.¹ In reality, there are so many factors that the purpose of this article is to simplify the multitude of factors into only three for the sake of simplicity. Although most lists begin with client factors, as counselors and therapists, we should begin with examining ourselves first. However, because it is easier to focus on others, the lists in this article will begin in the traditional way by focusing on others. This article is organized in terms of both risk factors and protective factors. Because students often prefer the short answer first, these lists begin with the three-item lists followed by the longer and more in-depth lists.

Risk Factors

Client or patient factors

- Borderline, dissociative, narcissistic, or paranoid personality features
- Sense of entitlement (e.g., litigious, privileged, wealthy)
- Imminent danger or credible threats to self or others

Counselor or therapist factors

- Professionally isolated, emotionally dysregulated, emotionally vulnerable, or narcissistic personality features
- Boundary violations based on one or more of the Seven Deadly Sins (e.g., pride, greed, wrath, envy, lust, gluttony, sloth)²
- Excessive positive or negative countertransference with clients

Contextual or situational factors

- Third-party referred evaluations, in which the third-party and the recipient have different expectations
- Forensic practice, child custody-related cases, fitness for duty
- Negligent supervision involving multiple unlicensed independent contractors

Anyone who has ever taught courses or taken classes in an undergraduate college or university graduate program will notice how this model also applied to academic and educational settings. In these settings there are risk factors and protective factors that relate to the three sources of risk: (1) Students; (2) Professors; and (3) Departments, Programs, Universities, and Internship Placements.

Protective Factors

Client factors

- Healthy boundaries (i.e., agreeable, cooperative, intact, the walking well)
- Low expectations (i.e., expecting little, realistic, underserved, oppressed)
- Realistic sense of hope, future-mindedness, and reasons for living

Counselor or therapist factors

- Professionally active, with satisfying social and intimate relationships.
- Strong sense of self-awareness and emotional regulation (e.g., HALT)³
- Mindful actions based on cardinal virtues (e.g., humility, generosity, patience, gratitude, kindness, chastity, diligence)

Contextual or situational factors

- Insight-oriented, individual psychotherapy with clients who take responsibility for themselves
- Group practice with weekly peer consultation group
- Supervision of well-trained clinicians in low risk practices in agencies that respect and support their professional staff

The following lists are longer ones, originally derived from bullet points used in presentation slides in graduate courses in professional ethics and legal standards. Some of these factors are addressed in an article titled “How to Avoid a Licensing Board Complaint” (Doverspike, 2022). These factors are also relevant when teaching and discussing Chapter 2 (The Counselor as a Person and as a Professional), Chapter 7 (Managing Boundaries and Multiple Relationships), Chapter 8 (Professional Competence and Training) and Chapter 9 (Issues in Theory, Practice, and Research) in Corey et al. (2023).

Risk Factors

High Risk Clients

- Clients involved in domestic litigation related to child custody and visitation
- Clients with a history of litigation in civil suits unrelated to practice
- Clients seeking validation of alleged child abuse by a domestic partner
- Clients who complain about their previous counselors or therapists
- Clients with unrealistic expectations about efficacy and limitations of psychotherapy
- Cluster B personality disorders (i.e., borderline/narcissistic/antisocial)
- Clients who were abused as children or who are currently in abusive relationships
- Clients seeking validation of recovered memories of child abuse
- Clients with dissociative identity disorder (e.g., DID/MPD)
- Clients with complex post-traumatic stress disorder
- Clients with non-compliance in therapy
- Clients who are actively suicidal
- Clients who are homicidal⁴

High Risk Counselors/Therapists

- Failure to recognize how one is being affected by a clients’ problems
- Being unwilling to seek consultation, supervision, or therapy when it is needed
- Living in isolated ways, both personally and professionally
- Absence of camaraderie with colleagues and friends
- Difficulty maintaining intimacy in one’s personal life
- Desire to have friendships with clients or former clients
- Marital discord or recent separation or a divorce

- Inadequately trained counselors who want to “help” people⁵
- Excessive preoccupation with financial success, money, and wealth
- A need for reassurance about one’s attractiveness
- Lack of empathy and a sense of entitlement
- Accepting clients beyond one’s competence
- A need to help, protect, or rescue clients
- Absence of firm boundaries with clients
- Substance use disorder

Low Risk Counselors/Therapists

- Ability to recognize how one is being affected by a clients’ problems
- Being willing to seek consultation or therapy, even when it does not seem needed
- Being connected and belonging, both personally and professionally
- Presence of camaraderie and mutual support with colleagues and friends
- Maintaining intimacy in one’s personal life with family and friends
- Marital harmony and a sense of being loved and valued in an intimate relationship
- Living within one’s financial means and avoiding large debt
- Defining vocational success internally rather than externally
- Good personal hygiene and grooming with acceptance of one’s physical appearance
- A sense of empathy, kindness, and respect toward others
- Only accepting clients within one’s scope of competence
- A sense of service toward others without need to protect or rescue others
- Presence of boundaries that are the right balance between being firm and flexible
- Moderation in use of legal substances

High Risk Contexts and Settings

- Settings involving divorce and custody of minor children⁶
- Settings that promote litigation or contemplation of civil litigation
- Settings seeking clinicians or others to serve as “abuse validator”
- Settings requesting counseling for “recovered memories”
- Settings with non-compliance with treatment plans
- Settings with homicide, violence, or destruction
- Settings with suicidal or self-destructive patients
- Settings promoting a sense of entitlement
- Settings with unrealistic expectations
- Settings that externalize blame
- Settings lacking empathy

Low Risk Contexts and Settings⁷

- Avoiding child custody evaluation, letters, and testimony related to minor children
- Avoiding settings that promote litigation or contemplation of civil litigation
- Avoiding settings seeking clinicians to serve as “abuse validator”
- Avoiding settings that request counseling for “recovered memories”
- Avoiding settings with clients who do not comply with treatment plans
- Avoiding settings with high prevalence of homicide, violence, or destruction
- Avoiding settings with suicidal or self-destructive individuals
- Avoiding settings that promote an unrealistic sense of entitlement
- Avoiding settings with unrealistic expectations of administrators
- Avoiding settings that externalize blame onto professional staff and therapists

Ethical Risk Management Practices

Doverspike (2015) considers that there are three practices that mitigate risk in many situations. These practices have been emphasized as cornerstones of liability risk management since the early days of the American Psychological Association Insurance Trust (APAIT) workshops (e.g., Bennett, Harris, & Remar, R., 1995, 1996; Bennett, Harris, & Remar, 1997; Harris & Remar, 1998) and through the era of the Harris (2004, 2010) and Younggren (2005, 2006) workshops. Because these factors are often emphasized at The Trust workshops, they have become known as “The Trust Trifecta,” which represent “the three speedbumps that slow us down” (Zelechowski, 2020).

- Informed Consent: Use adequately informed consent.
- Documentation: Maintain good records and documentation.
- Consultation: Obtain ongoing peer consultation.

As a matter of professional bias from an ethics perspective, my [WFD] belief is that informed consent may be the single most important cornerstone of ethical risk management. It was for this reason that my first ethics articles were based almost exclusively on the topic of informed consent (see Doverspike, 1996, 1997), which was also a foundational chapter in my first ethics book (see Doverspike, 1999).

When a fourth protective factor is presented, and sometimes discussed as one of the three factors in The Trust Trifecta, it is usually a systematic Decision-Making model.

Notes

1. As pointed out by book editor and spiritual director Deborah Midkiff, MS, NCC, SD, the use of the definite article “the” in the title implies that the article refers to the definitive three dimensions of life (i.e., rather than simply three dimensions of life). Of course, there are many dimensions of life, and the use of the definite article (“the”) in the title is not to imply literal reality but rather it is simply a literary device to add impact and to pull the reader into the text.

2. For readers who may not feel comfortable with the word *sin*, it is perfectly acceptable to use the term *vice*. In fact, none other than St. Thomas of Aquinas (c. 1225–1274) used the *vice* in his most famous works: “A capital vice is that which has an exceedingly desirable end so that in his desire for it, a man goes on to the commission of many sins, all of which are said to originate in that vice as their chief source” (*Summa Theologiae*, II–II, 153, 4). The word *vice* is derived from the Latin word *vitium*, meaning “defect or failing.” In this respect, these terms are similar to the “defects of character” used in the Twelve Steps of Alcoholics Anonymous (Alcoholics Anonymous World Services, 1953).

For readers who do not think they have any character defects, consider getting into a relationship and then you’ll find out. Character defects are actually character traits—or even survival skills—that are either no longer adaptive or that are used too often (frequency), too strongly (intensity), too long (duration), or in the wrong places (contexts). In this sense, character strengths and character defects are like the opposite sides of a coin. They can also be considered shortcomings, or falling short of the mark.

3. The acronym HALT refers to the relapse risk factors of being hungry, angry, lonely, and tired. Therapists who are feeling and functioning well are well nourished (not hungry), emotionally regulated (not angry), interpersonally connected (not lonely), and well rested (not tired). The term HALT is used to remind therapists—as well as their clients—to monitor their internal states and use opposite action to maintain balance. Here are some examples of opposite action: When *hungry*, don’t skip a meal; take a break and eat. When *angry*, don’t start a fight; relax. When *lonely*, don’t isolate; call someone. When *tired*, take a nap.

4. Some ways to mitigate risk are discussed in an article titled “How to Manage the So-Called Duty to Protect” (Doverspike, 2018).

5. Stephen Behnke, J.D., Ph.D., M.Div., former Director (2000–2015) of the APA Ethics Office, once observed: “There is no one thing that has gotten more therapists in trouble than the desire to be helpful” as cited in Tjeltveit & Gottlieb, 2010, p. 76). Hundreds of years earlier, St. Thomas Aquinas observed: “People normally do not consciously choose evil, but they choose something that appears good inside their own framework.”

6. Some of these factors are also discussed in the article “How to Avoid a Licensing Board Complaint” (Doverspike, 2022).

7. Low risk contexts and settings not only include avoidance of high-risk areas but also the presence of low-risk areas of practice. Low-risk counseling or psychotherapy includes practices focused on clients with good self-awareness, realistic expectations, personal insight, personal accountability, and healthy interactive skills.

Figures

Figure 1

Three Sources of Risk



Note. Adapted from Doverspike (2015)

Figure 2

Three Sources of Risk Collide



Note. Adapted from Doverspike (2015)

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On Slide 58 on Page 29 (PDF Page 30), The Trust workshop slides, the main heading depicts Potential Areas of Concern and below are listed Clinical issues, Ethical issues, Legal issues, and Risk Management Issues.

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