

# Managing Overprotective Psychologists ( $\psi$ )

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# Managing Overprotective Psychologists

## Preface 1-Your Problem Solving Kit

- Information = Power Point of presentation - contact [martin@walshandassociates.com.au](mailto:martin@walshandassociates.com.au) and will email it to you)
- Hard copy
  - Martin Walsh's profile (green)
  - Range of services (cream)
  - Information Sheet – Work and Mental Health (white)
  - Case Studies (white)

# Managing Overprotective Psychologists

## Preface 2 - Martin's relevant history:

- Uni
- Incarcerated young offenders
- Human Resources
- Lecturing/tutoring (management and psych)
- Management (GM: Voc Rehab)
- Psychologist – private practice (practical, behaviour driven, repetitively goal oriented, use of validated effective psych'l models, many resources i.e. Information Sheets such as Work and Mental Health – see your Kit )

# Managing Overprotective Psychologists

## Overview of presentation

- **Managing** – close look at Mgt = POLC
- **Psychologists** – registered ?
- **Overprotective** - what? how? when? why?

# Managing Overprotective Psychologists

## Management

- Managing (MBA, TAFE, private colleges) – registerable?
- Scientific Management = Henri Fayol (1841 – 1925)
  - Planning
  - Organising
  - Leading
  - Controlling (re psych's > challenging, expecting, asking, ??)

The easiest and most effective way for the employer to influence the psychologist providing services to an injured worker is through the employer exercising the *control* function of management.

# Managing Overprotective Psychologists

## Psychologists?

- Psychologists registered ?
- AHPRA 1300 419 495
- Examples of non registered 'psychologists'
  - Woman at psychic fare
  - EEG and psychological treatment of learning disorders! etc
- No reg'n number and provider number = no payment by RTW, but SISA employers?

# Managing Overprotective Psychologists

## Overview of presentation

- Managing – close look at Mgt = POLC ✓
- Psychologists – registered ? ✓
- Overprotective - details ?

# Managing Overprotective Psychologists

Q. How shall we look at  
Overprotective ?

A. Step by step  
What ? How ? Why ?



# Managing Overprotective Psychologists

*What* is being over protective, (so you can identify overprotection) ?

- *What* is overprotection ?
  - has more of a 'welfare' tone (= victim mentality?) than the tone of a professional health service
  - crosses a healthy professional boundary, 'saves' person, often by exercising a decision > dependance
  - does not allow the person to 'fail' and let them take responsibility for their decision/s

# Managing Overprotective Psychologists

- *What* is being overprotective (so you can manage /control them) ?
  - hides client away from others (isolates)
  - indulges client (wrapped in cotton wool)
  - delaying communication (tel calls, rpts, non-attendance case conferences etc)
  - opaque communication (high use of jargon, complex tech'l descriptions)
  - catastrophises (cog'y distorts) extent of worker's injury

# Managing Overprotective Psychologists

*What* is being overprotective? (so you can manage /control them) ?

- infrequent progress reports – intermittent
- inadequate progress reports – insufficient information
- long periods of time treating the inj'd worker without
  - \* clear progress – or adequate explanation
  - \* relapse prevention

# Managing Overprotective Psychologists

- *What* is being overprotective (so you can manage /control them) ?
  - erecting unrealistic barriers to progress without adequate explanation

# Managing Overprotective Psychologists

- ***What* is being overprotective** (so you can manage /control them) ?
  - involved in industrial matters
  - not responsive to requests for information
  - is only one in health team who is objecting to planned work

# Managing Overprotective Psychologists

*Just one of any of the above barriers may not be reliable.*

*But two, or more, barriers creates a red flag for the injured worker being over protected*

# Managing Overprotective Psychologists

- *How* do they overprotect (so you can manage / control' them)?
  - use confidentiality to block or filter information (common in welfare)
  - duration of treatment (atypically long time)

# Managing Overprotective Psychologists

## *How do they overprotect ?*

- over complicated treatment / treatment plan
- ambiguous treatment goals, sometimes unrelated to work injury. (Example: SP and serious crush injury).
- other ?



# Managing Overprotective Psychologists

- How do they overprotect?
  - erecting barriers to RTW (access to inj wkr; information about inj wkr),
  - putting in an unjustified complaint or supporting wkr to put in an unjustified complaint?

# Managing Overprotective Psychologists

## Why do they overprotect ?

- poor training
- welfare mentality
- Poor grasp of professional boundaries ie client and psych
- Political or ideological reasons
- Transference and counter transference

# Managing Overprotective Psychologists

## Control function

- inspection
- limitation
- check (review work)
- monitor (intermittent overview of work)
- influence (communicate)
- restrict or limit (create barrier e.g. funding)

# Managing Overprotective Psychologists

## Case studies

- Case Study One
- Case Study Two
- Case Study Three

# Managing Overprotective Psychologists

## Case studies

- Applying info and tools to Case Study  
One to problem solve
- Applying info and tools to Case Study  
Two to problem solve
- Applying info and tools to Case Study  
Three to problem solve

# Managing Overprotective Psychologists

## Discussion and Questions

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# Managing Overprotective Psychologists

Close