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Why Is This Happening?

Exploring the Increasingly Steady Rise in Complaints Against Licensed Mental Health Professionals



Counselor, Social Worker,
and Marriage and Family
Therapist Board

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Executive Summary

Why Is This Happening? Exploring the Increasingly Steady Rise in Complaints Against Licensed Mental Health Professionals

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Ohio Counselor, Social Worker, and Marriage and Family Therapist Board

The article examines the steady rise in complaints against licensed professionals in counseling, social work, and marriage and family therapy in Ohio. Since 2018, Ohio has seen approximately a 65% increase in complaints, with the number of cases opened nearly doubling. Anecdotal evidence from states, including Louisiana, Kansas, Missouri, and California, indicates this may be a broader trend. The authors explore how the types of complaints are changing, the role of online submissions, jurisdictional issues, and how cultural and social changes may be impacting complaints.

Recommended next steps for licensees include staying informed of changes in codes of ethics, seeking regular supervision, and cultivating open dialogue. Fostering an environment of continual learning and mutual support can mitigate issues before they escalate to formal complaints. Boards might consider leveraging technology to triage and process complaints, as well as how information about ethics obligations is shared.

The article serves as an exploration of the current state of complaints and a call to action. Though improved accessibility might explain some of the increased volume, the overall trend raises important questions about professional practice in an increasingly digital and isolated society. Future research could illuminate whether enhanced reporting is uncovering previously unreported violations or if it is an indicator of evolving standards of practice.

White Paper

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In conversations with colleagues from other states, we have found that Ohio is not alone in experiencing an increase in complaints against licensed professionals in counseling, social work, and marriage and family therapy. Since 2018, the number of complaints has increased by around 65%, while the number of cases opened has nearly doubled. Louisiana has experienced around a 40% increase in complaints according to Jamie Doming, Executive Director of the Louisiana Licensed Professional Counselors Board of Examiners. Ohio is also not alone in experiencing changes in the types of complaints received. These trends in Ohio have been noticeable for the last several years and reflect a changing landscape in the area of professional ethics. We noticed an increase after an online complaint form was included on the public portal of Ohio's occupational license system. (Note: Specific data in this article covers all professions licensed by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board [CSWMFT].)



CSWMFT regularly receives complaints about a common set of issues:

- **Improper termination**, involving issues ranging from licensees quitting without notice to not following the required referral rules. David Fye of the Kansas Behavioral Sciences Regulatory Board reports this is an increasing cause of complaints in Kansas as well.
- **Recordkeeping and documentation issues** related to licensees copying and pasting notes or not retaining any notes or documentation.
- **Custody-related complaints** often involving licensees commenting on non-clients (e.g., licensees offering a perspective on a parent who is not a client).
- **Boundary cases**, which can be non-sexual or sexual. Regardless, the licensee has established an inappropriate relationship with the client. Boundary cases, according to Missouri Committee for Professional Counselors Executive Director Gloria Lindsey are a source of increasing complaints, along with custody and court cases, not unlike in Ohio.

- **Impairments**, including those involving licensee substance abuse, mental health issues, and medical problems that impact practice.
- **Teletherapy issues** such as licensees failing to show up for appointments, privacy and confidentiality concerns, and other reasons.

When considering “complaints” as a general topic, we differentiate between a case and a complaint. Ohio has witnessed an increase in both complaints and cases. A case is opened when the Board determines it has jurisdiction or sufficient initial information to start an investigation resulting from the complaint. Many complaints are based on issues beyond the Board’s jurisdiction. The complaint may involve a professional not licensed by this board or a matter that is not clearly the regulatory responsibility of a state agency (e.g., issues that might be termed “professional conduct” or “customer service” issues involving clinicians acting with rudeness or otherwise causing a client to be unhappy). Steve Sodergren, Executive Officer of the California Board of Behavioral Science, states California is also experiencing complaints where “the words and actions of licensees suggest rudeness.” Similarly, in Kansas, David Fye, Executive Director of the Kansas Behavioral Sciences Regulatory Board, reports “some of the increase in complaints is attributable to allegations of unfair treatment that do not relate to practice.”



Some individuals filing complaints are simply seeking someone to help with a problem. There are gaps in how entities are regulated, which can mean that some problems are not the responsibility of a specific public entity. This can lead people with concerns to try a range of options, hoping one of the agencies will respond. Other complaints are efforts to draw attention to a professional but are related to entirely personal matters, such as a dispute between neighbors or former romantic partners. In Kansas, the Kansas Behavioral Sciences Regulatory Board is taking steps to address this type of complaint by “documenting the illegitimate complaints and providing warnings not to abuse the process,” according to Executive Director David Fye.

The Ohio eLicense system, with a public facing portal for applicants, licensees, and the public, was introduced in 2017. The Board moved from the use of a downloadable PDF to an online web form for submitting complaints. Prior to the introduction of eLicense, a complainant would be required to fill out and email the PDF form or download it and write out the complaint by hand, and then either mail or email the form to the Board. It is possible these additional steps created a barrier to submission or extra time to consider a complaint, resulting in only complainants who were most serious and committed to submitting a complaint. It could be that the online system is simply helping to encourage the filing of complaints that would not have been filed under a paper form. It is certainly an area where research could be helpful.

As the eLicense system began its implementation, the Board also began to develop a more robust website. The link to the complaint page on the eLicense portal was also included with information for the public on the Board’s website. The combination of reduced barriers to submission and information on the website that was retrievable by search engines may have contributed to

the increase. Jamie Doming, Executive Director of the Louisiana Licensed Professional Counselors Board of Examiners, has noticed a similar increase in complaints, arising in part from “the access one has to the regulator board.” This access was enhanced through “complaint forms included on the Board website.” Steve Sodergren with the California Board of Behavioral Science notes that online access “makes it easier for an individual to submit a complaint multiple times,” resulting in more work for staff. The question that remains outstanding and is difficult to answer is: Have we experienced an actual increase in complaints, or are we simply better identifying the ethical violations that were occurring prior to introducing an online form?



This also raises questions that licensure boards must consider. First, what is the balance between providing too much and too little information regarding when and how to file a complaint? Second, how much information should be collected at the time a complaint is submitted? Can too little or too much information be gathered when accepting complaints? As complaints have increased, we have added information to our website to help potential complainants submit a complaint. The nature of this information is to help them determine if the Board has jurisdiction.

However, it may increase perceptions about the importance of all types of complaints and lead to an expectation that the Board will act on all complaints, even those that may not be violations of the code of ethics, but rather issues related to business practices or personal conflicts not covered by the law. It could be that some level of “friction” in the system helps to ensure complaints are valid.

Contributing to the overall burden of increased complaints are those complaints where the complainant or client seeks to remain anonymous or is reluctant to provide sufficient information that allows us to quickly review a complaint and determine the next course of action. Unfortunately, without a client name and the ability to obtain client records, licensure boards cannot properly investigate a complaint. Regardless, the Board must still review and assess all complaints received. This can be quite an investment of time. As a result, though we do not state that anonymous complaints are not accepted, we reinforce on our website and in conversations with potential complainants that anonymous complaints often cannot be fully investigated. Without an ability to review the records of a specific client and question the respondent, useful information cannot be gathered to determine any violations.

Calls and emails regarding ethics have also risen as complaints have increased. Licensees appear to be seeking guidance in numbers we have not witnessed previously. We often ask whether they have sought supervision or consultation with a colleague. The response is too often, “Yes, and they suggested I call the Board.” Many of these questions are easy to resolve; however, others present difficult issues. When possible, we answer the questions, but we often must direct the licensee to seek legal advice.



Anecdotally, we see issues with licensees who work in solo private practice. Problems can arise for those clinicians who have few professional contacts with whom they normally interact. Those who work with others, even in co-working arrangements, may encounter colleagues in the breakroom or copy room and find that they have an opportunity to chat about professional matters.

Similar to those working in solo private practice, an issue that bears watching is that, as a society, we appear to be increasingly isolating ourselves. Many people can live their lives online, rarely interacting with others. This may be reflected in some of the boundary violations we see as licensees lose sight of how the online world intersects with clinical practice requirements and codes of ethics. However, it also raises questions about how boards can impact this issue when it is a societal problem.



There are steps that clinicians, agencies and practices, and licensure boards can take to help create the best environment for ethical practice:

- **Continue to monitor the situation.** We clearly need more information about who is responsible for violations but also about who is submitting complaints. This latter question is not unimportant, as it points to opportunities for education and communication by both clinicians and boards.
- **Offer training and communication about the codes of ethics.** This could range from broad guidance to more specific suggestions for practice types and situations. Gloria Linsley, Executive Director of the Missouri Committee for Professional Counselors, notes that Missouri has modified continuing education requirements to focus more specifically on counseling but is also doing outreach to associations and universities.
- **Boards may also want to explore** identifying the type of practice or categories of clinicians in which issues arise more frequently (e.g., among those who work often with custody issues or for those in longer-term solo private practice). Training and outreach can be directed to these clinicians in addition to ensuring general training covers issues arising from these areas of practice.



- **Explore the possibility** of the board offering training on its own or collaboratively with a trainer. For example, the Ohio Board offers a 3-hour ethics program via its continuing education partner, CE Broker. We maintain a robust website of frequently asked questions and other information and include at least one ethics-related article in each newsletter. Also, as time permits, we speak at conferences, classes, and larger agencies and practices about ethics and Board news. Relatedly, Kansas will be introducing a jurisprudence exercise as a means of helping licensees better understand ethical obligations.

- **Collaborate with educators** by creating an open environment. Giving new clinicians a good foundation in ethics is important. This can mean tackling issues as they emerge during practicum and internship experiences, as well as exposing students to the laws and rules in the state where they are training.



Clinicians can also take a few steps to reduce the chance of creating the circumstances for a complaint:

- **Know the law and rules as well as professional codes of ethics.** Too often we find that the code of ethics used by the Board is unfamiliar to many clinicians or is known only vaguely, often through what colleagues and supervisors have mentioned in conversation. We are not suggesting keeping it beside the bed for reading late at night; however, we suggest reading the laws and rules regularly, particularly when updates are issued.
- **Understand your reporting responsibilities.** As difficult as it can be, are there times when you should have reported a colleague? While this seems counterintuitive in an article about an increase in complaints, early intervention may avoid later, more complicated issues. At the same time, be discriminating regarding when to file a complaint. Occasionally we find a complaint that has been filed by a colleague or supervisor as a retaliatory step.
- **Keep up with documentation.** Clinicians need to be mindful of issues as they arise and document them. This helps you understand what happened but can also serve as a good resource if a complaint is filed.
- **Encourage seeking supervision from more experienced clinicians as well as consulting with colleagues.** This applies to both newer clinicians as well as experienced clinicians. We can all benefit from the insight of others—a statement that should be obvious to professionals skilled at feedback.



- **Rely less on your experience and question yourself more.** It is easy to think we know what we do not really know. We say this as mid-career professionals who at times feel like we have seen it all. It is good to cultivate colleagues and mentors who are willing to speak up to highlight possible issues or gaps in thinking.
- **Engage in self-care and pay attention to your levels of stress.** We find many complaints involve clinicians who are facing significant personal issues. When faced with an ethical dilemma, the stress of personal issues can lead to poor choices.

Former Ohio CSWMFT Board Member Jose Camerino, IMFT, LISW, commented during a Board meeting in spring 2024 that he found an ethics course to be helpful if it produced “a sense of unease and mild anxiety.” His point was to suggest that practitioners should have a heightened sense of the consequences of ethical misconduct and have some sense that they may need to exercise greater diligence and awareness.



All the stakeholders in the mental health community should be concerned about any rises in complaints, as well as any emerging trends related to the types of violations reported. These impact both the care provided to clients and perceptions of the profession. Addressing these issues also uses resources that can be directed to other priorities such as issuing licenses and providing other services that ensure professionals are in the field assisting those with mental health needs.

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