What do we tell your next therapist? A collaborative approach to forced termination of therapy and case handover.

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*The end of therapy arising from circumstances outside of the control of the client is a common but relatively neglected psychotherapeutic phenomenon. This article explores the typical reactions of both clients and therapists when confronted with such a situation. It then proposes a framework for the collaborative co-management of forced termination, which opens opportunities to address potentially negative effects especially through effective handover. Case material is used to explore these issues.*

The unilateral or “forced” end of a therapy relationship is not uncommon in the experience of clients and therapists. It occurs where the termination of therapy arises in a non-negotiable manner, for previously unanticipated reasons located outside the therapeutic dyad. For example, therapists employed in agencies or clinics sometimes change jobs, and are confronted with having to wind up their caseload, usually at relatively short notice. Here the decision when to end the therapy is largely and unexpectedly taken away from clients. Similarly, private practitioners who relocate to another town or city, or retire, impose an end on their current client group, although they may have some more flexibility in the notice and timing they give their clients. The ultimate forced termination is the unexpected death of a therapist, an event not unknown in the therapy world (Beder, 2003).

Despite the commonality of forced termination, most discussion of termination in the psychotherapy literature focuses on completed therapy, rather than treatment cut short by
factors or events out of the control of the client. In addition, those writers who have looked at forced termination have tended to provide an overview of general issues (Bostic, Shadid and Blotcky, 1996; Dewald, 1980; Mikkelsen and Gutheil, 1979; Penn, 1990), rather than collaborative strategies and approaches to its management, especially in relation to handover to another therapist.

This article draws on the existing literature on forced termination, and summarises common reactions of both clients and therapists. It then outlines a framework for the collaborative co-management of forced termination – one which opens opportunities for amelioration of negative effects especially through effective handover practices.

**Reactions to Forced Termination**

Many issues associated with forced termination are similar to those that arise during any termination (Penn, 1990). However reactions can become more extreme or severe as a result of the circumstances of a forced termination, and require focused handling. In addition, there are some unique features of a forced termination for both client and therapist that warrant specific attention.

Unique aspects of forced terminations that impact on reactions include:

- The lack of any client input into the decision which gives rise to the ending, leading to feelings of loss of power and *lack of control*. Forced terminations are by definition the outcome of a unilateral decision or course of events involving someone else, which do not take into account the needs of the client. This in turn may be experienced as a
repetition of arbitrary and selfish behaviour of previous key figures in the client’s life (Dewald, 1980).

- The *unexpected* nature of the change. At some point the therapist simply has to inform the client of the change in the previously agreed or understood contract. This is a shock.

- The *lack of notice* that occurs, leading to insufficient time to fully address and do justice to the termination. This dovetails with the always existing potential for client and therapist to deny or delay the processing of a termination, and lead to little or no termination work at all.

- The *premature* nature of the end in relation to the process of therapy. In these situations there is some reality basis for the client’s feeling betrayed or abandoned at a time when they believe they are not fully prepared to cope with the demands of life on their own (Dewald, 1980). This factor also impacts upon the review of what has been achieved, and brings on imminent judgments about how, if, and when further therapy for the client might occur.

Common termination reactions that are exacerbated by the circumstances of a forced termination include: rage at abandonment, sadness in relation to loss, shame over feelings of dependency towards the therapist, denial of ending, delaying discussion of feelings about the ending, devaluation of therapy, and an increase in symptoms (Anthony & Pagano, 1998; Bostic, Shadid and Blotcky, 1996; Dewald, 1980, Penn, 1990).

In addition, where a therapist chooses to leave a treatment setting, clients can experience self blame, with thoughts occurring along the lines of: “If I had been good enough/interesting enough/likeable enough, or the therapist really cared for me, then they would have found a
way to stay and continue the treatment,” (Penn, 1990). There may also be an impulse to terminate immediately to either avoid dealing with the painful feelings about the situation, or in order to reclaim some semblance of control in a context of loss of control. Mikkelsen and Gutheil (1979) describe other reactions reflecting phases of responding to loss, including: “I’ve been thinking of leaving anyway” (denial); “I won’t see anyone else” (anger); “There’s just no point to this” and “You are leaving because I am too difficult to help,” (depressive). Forced termination can also reinforce perceptions within the client that “nothing ever works out for me”.

There are a variety of therapist reactions that arise in response to their own forced departure, and which impact on termination. Penn (1990) describes a range of possible therapist responses including: feeling guilty for abandoning a client or letting them down; experiencing gratification at the loss response of the client, believing themselves as therapist especially needed; minimising the significance they have for the client; and experiencing relief, especially if time with the client to date has been fraught, complex or challenging. Finally, they may struggle with tolerating the client’s rage or sense of loss (Anthony & Pagano, 1998). Such reactions can get in the way of full exploration of the impact of the forced termination, and disrupt the possibility of a collaborative approach to the situation.

**Collaborative Approaches to Forced Termination**

The collaborative tradition in psychotherapy is now well established. It emerged out of the intersection of postmodern ideas with family therapy (Anderson, 2001; Anderson and Goolishan, 1992; Hoffman, 1993). From there it has influenced solution focused theory and therapy (Berg and DeJong, 1998; Bertolino and O’Hanlon, 2002). Collaborative approaches
draw on a social constructionist account of language that emphasises meaning as an intersubjective phenomenon, created and experienced by individuals in conversation and action with others and themselves (Friedman, 1997). The process of therapy is viewed as a therapeutic conversation, an exchange, and the activity of generating meanings which might potentially transform experience through collaborative dialogue. In this process, both client and therapist are active participants, and the work is “competency based”, giving particular emphasis to client strengths rather than weaknesses, futures rather than pasts, and building on what a client is able to do, rather than on therapeutic archaeology and client inadequacies (O’Hanlon and Beadle, 1998).

To speak of collaboration in the context of forced termination is immediately to countenance an irony. For the termination has come about usually in the absence of any collaboration, or even possibility of collaboration, with the client. Nonetheless, once the die is cast, considerations of what constitutes a collaborative response from that point are relevant. Comments on management of a forced termination from a collaborative perspective, some of which are illustrated in the case example below, now follow.

*Informing the client.* An open respectful, collaborative handling of a forced termination begins with informing the client of the circumstances at the earliest appropriate opportunity, as the information now frames all that follows (see case example below). The therapist explicitly sets the agenda through by a statement such as: “There is something important that I have to tell you, and I have to tell you before we do anything further.” It is useful to anticipate one’s own hesitancy (Penn, 1990). Otherwise, therapists can find themselves delaying the discussion out of their own anxiety, rationalising that the client’s immediate content, flow and affect should not be disrupted. It is not unheard of even to make an extraordinary phone call
to a client to give them the information as early as possible, and to enable them to begin to prepare for a discussion about it at the next session.

The manner and tone of how the information is conveyed is important. It should be neither casual nor overdramatic; it should be serious but not perfunctory (Penn, 1990). Being too impersonal will frame the termination process away from the human relationship and the feelings and thoughts about the situation. Being too personal in explanation will reinforce any perceptions in the client of not really being cared for. Therapists have to make judgements about how available they will make themselves to client’s genuine questions about the reasons for decisions they have chosen to make about changes in their professional life.

Assessing impact. The therapist should have some conceptualisation of the potential impact of the forced termination on this particular client, taking into account specific factors such as: the stage of treatment (is this session two, or session two hundred?), the nature of the therapeutic alliance, the type and frequency of therapy (is it bi weekly and transformative, or monthly and “supportive”?), the broader history and meaning of loss for this client, the client’s developmental status, their key themes and issues, and how close they are to termination anyway.

Exploring feelings and challenging thoughts. From here until the end of therapy, the key focus as in any termination work becomes an exploration of the client’s experience of the situation, with a repeated question lines around “How are you feeling about our ending?” and “What thoughts are you having about ending?” Studies of client views about termination have shown that most clients understood the importance of talking about their thoughts and feelings about termination, and are positive about so doing (Marx and Gelso, 1987). Making
explicit reference to the unique circumstances of a forced termination as described above is useful, including the unexpectedness, the lack of control for clients, the lack of notice that may apply, and the very real possibility that the ending will be premature in relation to the therapeutic goals and process. “Just verbalising the possibility of an emotional reaction gives permission for it, and may leave room for patients [sic] to later acknowledge some feelings even if only to themselves,” (Penn, 1990, p.382).

An astute therapist will be alert to indirect or displaced expressions and ideas such as references to friends who can’t be relied on, past lovers who have left, or anxiety that a course or semester is ending soon. Sometimes it will be helpful to suggest to the client that some part of these thoughts or feelings ascribed to external events may also be present in relation to the therapist’s leaving.

Conveying genuineness. Any termination provides an opportunity for a therapist to discuss their own feelings about ending in a genuine way with a client. But a forced termination accentuates that. Respect can be conveyed for the client through statements (where they can be genuinely made) such as: “I have enjoyed our time together and it feels like it is ending too soon.” Indeed, the unique nature of a forced termination can become an advantage when collaborative processes are brought to bear. They offer “powerful opportunities for contending with abandonment, disappointment and loss directly in therapy. Whilst those experiences are certainly not comfortable, they can be used constructively to benefit patients [sic] if the issues surrounding the forced termination are carefully considered and addressed within the therapy,” (Bostic, Shadid and Blotcky, 1996, p.358).
Reviewing therapy. Like with any termination, an important task is to review the therapy, and invite the client to explore what they have learned from the work. Accomplishments will be summarised, without everything being tied up too neatly. In collaborative approaches a focus is made on strengths that have been enhanced and tools which have developed to date – for example, observing of the self, or making connection to others. There needs to be a balance between attaining some closure on the current relationship, whilst identifying issues that require further work at some point. It is generally inadvisable for new content areas to open up when there is not enough time left to handle them. However again the circumstances of a forced termination mean that it is likely that unresolved or new material is present at some level. This leads to the possibility of further therapy for the client, and handover.

Collaborative Approaches to Handover

From a collaborative standpoint, judgments or assumptions that the clients wants or needs to be transferred to another therapist are suspended – just like treatment priorities (Miller, Duncan & Hubble, 2004), this is something to be worked out together. There is a danger with a handover that the motivation for this to happen is in fact to help the therapist to feel that the client is being taken care of – to reduce their own guilt and painful separation feelings. The possibility of more therapy can be raised, and explored together, and its usefulness assessed together, taking into account how effectively the client has been working through their reactions to the forced termination to date: “Providing patients [sic] with the opportunity to make decisions regarding continuation of therapy allows them some mastery over the trauma of rejection,” (Bostic, Shadid and Blotcky, 1996, p.350).
In some cases a pause between therapy episodes can benefit clients as they consolidate their work with the old therapist without the anxiety of forming a new relationship (Dewald, 1980). In other cases, it is clear for both client and therapist that the client both wants and needs further therapy. A discussion will then be entered into about how to achieve this in the most effective manner that achieves continuity and meets the needs of the client.

In clinic settings, it will be possible to propose a triad handover. This is a meeting involving the client, the departing therapist, and a new therapist. This would seldom be the final contact between client and departing therapist, but would occur somewhere close to the last session. It also need not last for the length of a whole session.

As illustrated in the case example below, we propose a process whereby at that meeting the client is invited to summarise where they are at – what they have accomplished to date, what further areas need work, and generally what the new therapist needs to know. The departing therapist will add or elaborate on anything they think worthwhile, checking their assertions with the client. This process allows a constructive, collaborative bridging to the new therapist, also demonstrating our confidence in the new therapist and by extension in the new process. It also confirms the primacy of the client, shows concern through facilitating continuity of treatment, and defuses the mystery of two counsellors discussing a client in private.

If the triad is not physically possible, an audio recording of the conversation of client and departing therapist could be made, utilising again the question “what does your new therapist need to know?” which the client than takes to the new therapist. It is recognised that there are challenges for the inheriting therapist which include inappropriate expectations regarding the
eventual termination of the new therapy (Dewald, 1980), and the possibility of deprecation of
the departing therapist and idealisation of the new one.

The final act is saying goodbye. With forced termination the ending is so abrupt and unilateral
that there can be a temptation to fudge the finality of the saying goodbye. Again a direct and
clear approach is most respectful, honest and clear for clients.

**Case Example**

“Brenda” was a 24 year old fashion student at an institute of further education who presented
to a student counselling service with issues relating to self esteem, family conflict and
anxiety. She reported being the eldest of two children, and grew up in a family marked by
parental discord, alcohol abuse, and several instances of violence. Brenda had left home
immediately after finishing school and become independent and capable, working for several
years before enrolling in further study. Therapy initially focused on assessing the impact of
her upbringing on her sense of self and her relationships, and eliciting her constructions of the
world which were linked to acute experiences of anxiety. It then proceeded to address her
accomplishments and strengths despite her earlier experiences, and set out to map a desired
future in terms of both being (how she wanted to feel and think about self, others and world)
and doing (career and personal growth activities). A plan was developed to assist and support
her through to the end of her course (four months further), at which point she wished to
undertake overseas travel.

At this stage of the therapy process (after five sessions), the therapist succeeded in obtaining
alternate employment in another setting, out of the further education sector. At the next
scheduled therapy session with Brenda, she was immediately informed at the start of the session of the facts, which included the therapist giving four weeks notice at the agency and scope for only three further sessions with Brenda in total in that time. The focus of therapy shifted to an examination of this for Brenda.

Her thoughts about the circumstances were elicited, and included the idea that she “didn’t deserve anything better”. She was encouraged to evaluate and challenge this belief, and was able to make a more rational reframe which was “It did not work out this time around”. She then was encouraged to describe her feelings, which after some initial deflection emerged as sadness, anger and disappointment. She was promoted to make some connections between her current feelings and repeated experiences of disappointment she had experienced as a child. Through this process she was able to begin to separate her current feelings from those associations. Brenda appeared to benefit from having space and permission to explore her feelings about the situation in a validating context.

It was established with Brenda that she would like to fulfil the plan to receive psychological support through to the end of her course, and work through remaining issues prior to her departing for travel. A meeting was therefore proposed involving Brenda, the departing therapist, and a colleague who worked in the same counselling centre. That meeting incorporated the first part (about thirty minutes) of the second last scheduled session between Brenda and the departing therapist. No discussion between the two therapists on the content of Brenda’s therapy occurred beforehand – the interaction was purely concerned with explaining the rationale for the handover meeting and arranging the time.
At that meeting Brenda was invited to outline where she was at, recap on work done in counselling to date, and describe what she wanted from further therapy. The departing therapist chimed in with comments, and Brenda herself invited him to offer his perspective on the situation. The new therapist provided some reflective interventions and asked some clarifying questions. After about 25 minutes the departing therapist summed up the discussion to date, and Brenda was asked if anything had been missed. She did not add anything further. The new therapist then left the room. The remainder of the session was used to check in with Brenda about the experience of the handover meeting, then returned to termination processes including exploration of thoughts and feelings about ending, and review of work done to date including reinforcement of gains made.

At the end of the last session with Brenda, the departing therapist arranged for an appointment with the new therapist to be made there and then. Brenda then began sessions with her new therapist. She attended regularly, and without missing sessions. Through that process she made further gains in improving self acceptance, reducing the debilitating effects of anxiety, and feeling strong and secure enough to travel overseas. She was able to maintain therapy until successfully finishing her course. A termination process was conducted then, which incorporated both episodes of therapy, but which was dominated by the fact that the timing of the ending had been chosen by the client.

**Summary**

Forced terminations are powerful experiences for all participants, but they likewise provide powerful opportunities to maintain, consolidate and integrate changes and growth made during the therapy (Anthony and Pagano, 1998). Although these endings can be difficult, and
a premature ending is less than ideal, there is much to be gained from facing a less than
optimal situation head-on (Penn, 1990), and doing so in an open and respectful fashion,
especially with the possibility of a collaborative handover. This allows the parties to move on
intact, and increases the likelihood of an ongoing positive regard for therapy among clients

despite the nature of the ending.
References


