

Risk Management and Ethics Issues in Termination of Long-term Psychotherapy

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Termination

Can be defined in many ways:

Clinical definition of the ending of therapy

Other types of endings

Some more permanent than others

Termination

Tends to be viewed negatively

New research suggests usefulness of other views:

--when therapy has been successful and ending has growth/"graduation"/pride as its meaning

--the therapeutic alliance reduces the probability of premature termination and increases the probability of mutual (and satisfactory) termination

Implications: focus on positive feelings and not just on emotionally painful aspects/difficulty separating; use relationship to support ending

Termination

Obviously, termination is influenced by the type of treatment and the treatment contract

- time-limited therapy
- CBT approaches
- solution-focused

Different orientations may call for different approaches and foci for termination

Recent research on a sample of 84 psychodynamic clients in treatment for an average of 2 years:

- 60% not satisfied with timing of termination
 - 84% initiated termination
 - 40%: therapy ended too soon; 23%: therapy lasted too long

Termination: Many Types, Reasons, & Scenarios

Planned vs. unplanned

Sudden vs. gradual/extended

Therapist-initiated

Client-initiated

Mutually agreed to

Situational: with or without planning

Termination: Many Issues

Termination often involves complicated clinical, risk management, and ethical issues that vary by situation

Legal and ethical issues sometimes clash

In this presentation, use of clinical vignettes to illustrate various types and issues

Termination by Therapist

Therapists have the *right* to stop or end treatment for a number of reasons:

Client factors:

Non-effectiveness of treatment

Non-compliance with treatment plan

Therapy-interfering behavior

Lack of motivation

Degree of risk presented by client

Threat of or initiation of litigation, license or board action

Threats of or actual violence; stalking or other major intrusion

Non-attendance, chronic lateness

Non-payment

Other...

Termination by Therapist

Therapist factors:

Therapist “gave too much at the office” / can’t continue to treat for own well-being / client too dependent / hostile, etc

Illness / family matters

Closing practice

Change of profession, specialization, setting, other...

Client and therapist factors:

Mismatch of therapist and client

Disagreement about course of or effectiveness of tx

Finances

Termination by Therapist

Whenever possible, termination must be done professionally and with sensitivity for the client's well-being

Therapist must not abandon the client

Therapist must take care to not aggress against the client

These are major risk management/ethics issues

Termination by Therapist

Treatment may need to continue for a period of time or until a new therapist is located

--Can be very difficult when therapist is enraged with the client or has other strong, uncomfortable feelings

Requires communication in order to not blind-side the client: in writing with specificity is recommended

- Discussion, if possible, with reasons and timeframe given
- Give specific referrals
- May need to consult with an attorney
- Send by registered mail, return receipt requested

Termination by Therapist

Clinical vignettes:

Unplanned and sudden: therapist death

Unplanned and gradual: therapist illness and decline

Planned and time-limited: therapist decides treatment is too taxing and client is not progressing

Termination by Therapist

Unplanned and sudden: therapist death

Why a professional will is a good idea

- preparation and information
- professional who is responsible, listing of clients and contact information
- access to and securing of records
- notification and care of clients: initial and follow-up; referrals
- confidentiality
- network of therapists for support and referrals
- attendance at funeral/memorial service?

Termination by Therapist

Unplanned and sudden: therapist catastrophic illness

why a professional will is a good idea

- preparation and information
- professional who is responsible, listing of clients and contact information
- access to and securing of records
- notification and care of clients: initial and follow-up; referrals
- confidentiality
- how to tell and what to tell clients
- network of therapists for support and referrals

Termination by Therapist

Unplanned and gradual: therapist illness and/or decline

- Acting in client's best interest
- Disclosure of illness/condition: *if* (rationale and values, therapist feelings and needs, for the benefit of the client vs. the therapist, if illness shows or not, obvious therapist decline), *how*, and *when*
- Interruption of therapy and return to practice
- Availability during disability/treatment
- Closing a practice

Termination by Therapist

Planned and time-limited: therapist decides treatment is too taxing and client is not progressing or other factor

Some issues to be considered:

- Consultation and decision-making
- Clarifying reasons
- Discharging emotions away from client
- Developing strategy
- Anticipating reactions
- Negotiation with client?

Termination by Therapist

Planned and time-limited

Client notification:

- verbally and in writing: strive for clarity
- dealing with client's reactions
- timeline
- referrals: overlap or treatments?
- formal notification
- review of treatment and terms of and terms of future contact
- therapist support

Termination by Client

Planned: end of treatment or situational factors

- Prepared and planful: therapist can outline strategy and steps
- Review of treatment and ending issues
- Timetable
- Next steps: transition or referral
- Future contact

Termination by Client

Unplanned and sudden:

- client announces ending and intention to not return
 - review as possible
 - anticipate future needs
 - referrals if appropriate or needed
- client does not return/abandons treatment without discussion
 - unfinished business: need to follow-up and formalize ending with a letter of notification

Termination by Client

Unplanned and sudden:

Client death by accident, medical condition, homicide/DV, or suicide

- No preparation: shock and unfinished business
- Other emotions associated with suicide: guilt, shame, fear of litigation, fear of blame, anguish
- Contact by or with family
- Criminal justice involvement?
- Closing and maintaining records
- Need for professional and personal support
- Attendance at funeral/service?

Summary

Many compelling and complicated ethical and risk management issues

- Seek information
- Seek consultation/support, as needed
- Seek legal consultation (APAIT)
- Be planful and not impulsive whenever possible
- Ending of relationships can be difficult, painful but also wonderful and a source of pride