

Good Practice in Action 072
Commonly Asked Questions

Unplanned endings
within the counselling
professions

bacp

British Association for
Counselling & Psychotherapy

Unplanned endings within the counselling professions

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Context

This resource is one of a suite prepared by BACP to enable members to engage with the BACP *Ethical Framework for the Counselling Professions*.

Using Commonly Asked Questions Resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. The Commonly Asked Questions resources are not contractually binding on members, but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consulting a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the word 'therapist' is used to mean specifically counsellors and psychotherapists and 'therapy' to mean specifically counselling and psychotherapy.

The terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care.

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1 Introduction

An unplanned ending in therapy is when the therapist or a client terminates therapy without notice. The party that terminates therapy gives no explanation to the other party.

2 Types of unplanned endings

Endings are an unavoidable part of life and they are a normal part of the therapeutic relationship. Whilst the therapeutic ending can be routine and unproblematic, it can also be powerful and troublesome for both parties. The issues of loss that endings bring can cause people to avoid and resist the experience. However, if the client and the practitioner are able to work together towards the therapeutic ending, it will enable the client to move forward and they will find the therapeutic process nurturing.

Therapeutic endings are either unilateral, forced or mutual. The best ending processes often occur over a period of time this allows both the client and the therapist time to work through any issues. Part of this ending process includes preparing a client for life-without-therapy and aiming to leave the client in a 'better place' due to their therapeutic experience.

Occasionally clients cease attending therapy without prior warning. This might occur due to the client feeling that they do not require therapy any more, or if the client might not be finding therapy useful, or they might not feel ready to enter therapy, or that the practitioner is not the right one for the client. Whatever the reasons, sudden endings cause both the client and the practitioner to complete the 'ending' alone. The avoidance of an ending might even be the client repeating a 'life pattern' of avoidance. Therefore, in some cases it is appropriate for the therapist to challenge the client's behaviour; however, at the same time, it is important for the practitioner to be respectful of the client's decision to leave therapy.

Forced endings occur when the decision is taken out of both the client's and practitioner's hands due to health issues, death, financial stress, relocation, loss of funding or organisational changes. If possible a sensitive discussion is required to see if it is possible for therapy to continue if specific changes were to occur.

Mutual endings are a joint decision to end therapy. This type of ending might be built into the therapy contract (e.g. agreeing to meet for 12 sessions of CBT) or the ending might emerge over a period of time.

This resource is going to concentrate on unilateral and forced endings.

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3 Why would a client end therapy without an explanation and how should a therapist manage this scenario?

The reasons why clients end therapy before the work is complete could be:

3.1 Financial reasons

Financial reasons; therapy is a relationship, however, it is one that often needs payment for therapists' time. If the client loses their job, or their budget changes, or they reach the limit on their insurance policy then they may cease to attend.

3.2 Time constraints

Time constraints sometimes cause therapy to end. Perhaps the client needs to relocate, or their work patterns change, or the therapist might be reducing or changing their hours of work which do not suit the client so well.

3.3 Feeling stuck

The majority of clients feel 'stuck' at various points in the therapeutic journey. If the client and the therapist have tried working through a particular problem together and they are unable to overcome the feeling of 'stuckness', it might be time for the client to find a new therapist who can help them in a different way.

3.4 Conflicts

Occasionally conflicts between the therapist and client occur and if these are not adequately explored and resolved the client might decide to leave therapy.

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3.5 Feeling better

After a few sessions the client might feel that they are fine and that their problems have been resolved. Therefore, the client ends therapy at this point. It is important for the therapist to explore this with the client if they are able to do so.

3.6 Dependence

A level of dependence is natural in a 'healthy therapeutic relationship'. However, if this becomes debilitating for the client and this can't be resolved in treatment, either party may choose to terminate therapy.

3.7 Ethical boundaries are crossed

If significant physical, emotional or ethical boundaries are crossed in therapy the client might leave therapy and then seek a second opinion, a legal consultation or process a complaint.

3.8 Illness

A client may become ill, or even die, as the client may not have told their friends and relatives they were attending therapeutic sessions, the practitioner may not find out until a later date, if at all.

3.9 Unknown reasons

Sometimes the client does not attend a session and the therapist never knows why this might be. These endings should be discussed within supervision so to some degree they can be understood.

3.10 Discomfort

At certain points in the therapeutic journey, therapy can become uncomfortable; as growth can be painful. This pain tempts clients to end therapy prematurely and if this occurs it is rare that the client is able to discuss how they feel with the therapist. Therefore an excuse for ending therapy might be given by the client to the therapist.

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4 Why would a therapist need to end therapy suddenly and how should this be managed to have the least impact on the client?

Although the *Ethical Framework for the Counselling Professions* does not specifically look at the aspect of unplanned endings and how to manage them, it does address various issues such as the practitioner's self care and ensuring that the therapist is competent to work with the client and that they are interacting with other services when appropriate. Below is a list of reasons why a therapist might end therapy and how they can do so whilst following the *Ethical Framework* of BACP.

4.1 Working within competence

It is the practitioner's responsibility to work within their competence (*Ethical Framework*, Commitment 2) and to demonstrate accountability and candour by 'monitoring how clients experience our work together and the effects of our work with them'.

4.2 Accountability and candour

When the client is not benefiting from your work together, or is not likely to benefit from it, or is likely to be harmed by it, the practitioner needs to ensure they demonstrate accountability and candour: 'that clients are promptly informed about anything important that has gone wrong in [their] work together, whether or not clients are aware of it, and quickly taking action to limit or repair any harm as far as possible.' (Commitment 6b.) This may mean ending the work prematurely – ideally following discussion in supervision and with a referral to an appropriate source of help – see 4.5. It may be possible to avoid or defer an ending if additional support is provided to enable the work to continue when this is in the client's best interests.

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4.3 Working for organisations

Practitioners who work for organisations need to ensure that their contracts or agreements, with the organisations that they work for, are clear in respect of how the client's needs are appropriately addressed if they cease working for the organisation whilst the client is having sessions. It is important that this information is shared with the client when making the therapeutic agreement.

4.4 Working in private practice

Practitioners in private practice will need to consider forming their own policies in respect of what will happen to their clients, should they no longer be able to work.

4.5 Possible circumstances for ending prematurely

Possible circumstances that may interfere with the practitioner's ability to provide ongoing care to clients could be due to retirement, illness, changing work patterns, changes to governance or funding of agency, disability, and even death. It is the practitioner's responsibility to put clients first by: 'making clients our primary concern while we are working with them' (Commitment 1a). The practitioner therefore needs to make arrangements to ensure that their clients' needs will be addressed and that the clients will not be abandoned should they, for whatever reason, be unable to work with them. Again, usually this is something that should be shared with clients during the contracting process or at the start of therapy.

In the event of the practitioner being incapacitated or dying, it is good practice to ensure that a clinical will is made by the practitioner to cater for all their clients and to minimise the impact on them. This would usually involve agreeing (with both the person, and the client) that another trusted person could contact each client (and or agency) in a situation where the practitioner is no longer able to do this. This person would usually be a nominated person from a particular agency, or for private practitioners, the practitioner's supervisor, line manager, or an experienced colleague.

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4.6 Professional standards

BACP members commit themselves to work to professional standards and ensure that their wellbeing is 'sufficient to sustain the quality of the work' (Commitment 2d). So practitioners need to monitor their own health, and practise self-care to minimise the effects of stressors in their professional and personal lives. They should seek assistance from professionals and colleagues to ensure that these stressors do not lead to decreased clinical competence.

Members of BACP are also committed to 'Build an appropriate relationship with clients by: communicating clearly what clients have a right to expect from us.' (Commitment 4a) so it is crucial to share all information that may impact on the person's decision to enter into the therapeutic relationship. This includes issues relevant to termination, absences, and procedures for ensuring that clients' needs between treatment sessions are discussed and agreed with the client in the first session. Further information in respect of making a therapeutic agreement or contract with a client can be found within *Good Practice in Action 039 Commonly Asked Questions: Making the contract within the counselling professions* and *Good Practice in Action 055 Fact Sheet: Making the therapeutic agreement in the counselling professions*.

4.7 Ethical implications

Practitioners do not have a duty to treat clients indefinitely and they do not need the client's permission to end the therapeutic sessions. However, they do have an ethical obligation to act consistently with the client's best interests in mind. It is important that they take necessary actions to ensure that their clients are informed and any ongoing therapeutic needs are sufficiently met if they decide or have to end the relationship prematurely.

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It is best practice that the ending stage of the therapeutic process is planned jointly between the therapist and the client. However, 'life doesn't present us with neat helping relationships which end on cue.' (Frankland and Sanders, 2006). In the event of an unplanned ending, if the therapist has worked in an ethical way throughout the therapy and made contingency plans for this kind of event, the impact on the sudden ending will be minimised for both parties.

References

BACP (2016a) *Ethical Framework for the Counselling Professions*. Lutterworth: BACP. http://www.bacp.co.uk/ethical_framework

BACP Good Practice in Action resources are available at: http://www.bacp.co.uk/ethical_framework/newGPG.php

Key Texts

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Frankland, A., Sanders, P. (2006). *Next Steps in Counselling*. Ross-on-Wye: PCCS Books.

Schwartz, B., Flowers, J. (2010). *How therapists fail: Why too many clients drop out of therapy prematurely*. USA: Impact Publishers.

On-line sources of information

<http://www.goodtherapy.org/blog/leaving-therapy/>

<http://psychcentral.com/lib/therapists-spill-how-to-end-therapy>

<http://www.supportingsafetherapy.org/clients/endings/endings>

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Carys Williams has worked as a doctor in the NHS in a range of specialties with both children and adults. With respect to psychotherapy she has worked with clients in schools, in universities, in the NHS and in the private sector. She is the founder of the counselling charity 16 to 25 Support and currently Carys is setting up a low-cost counselling project in North East London and West Essex. She also supervises therapists and health professionals from the NHS and within the private sector.

Carys Williams is registered with the GMC, Royal College of Psychiatrists and The National Counselling Society and she abides by the BACP Ethical Framework.