Unplanned Endings

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Once A Upon Time

Oh, I just love happy endings.

AND THEY LIVED...
Happily Ever After

Unplanned endings within the counselling professions

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Aims of today's session:

- Definitions and types of endings in therapy
- Why a client may terminate therapy early
- Why a therapist may need to prematurely end therapy
- How to prepare for and manage the ending process

What is your relationship with 'endings'?

- *Think of an ending where it was your decision to end – thoughts, feelings, impact?*

- *Now think of an ending where it was <u>not</u> your decision to end – how was this experience? Similar / different to the ending you planned?*

Oxford Dictionary definitions of an end (and how these relate to therapy)

- ***A final part of something > A termination of a state or situation***
  - Finality of the therapeutic relationship; end of the state/situation that brought the client to therapy

- ***The furthest or most extreme part of something***
  - How far away is the end at different stages of the therapy? Expectation-management.

- ***A part or share of an activity***
  - What's my part in this process and what's yours? Collaboration.

- ***A goal or desired response***
  - Have the hopes, aims and goals of therapy been met?

Types of ending in therapy

- Mutual
- **Forced** – e.g. health issues, death, loss of funding/organisational change
- **Unilateral** – client may end therapy without explanation

- If clients terminate early, this is most often after the first session or two (20-57%; Schwartz & Flowers, 2010)
- A note on the inherent **power differential** in the therapeutic relationship:
- "even if the patient has been in full control of the date, the timing, the very fact of ending, there is a phase when it *feels* as though it is the therapist's doing" (Coltart, 1996, p.152)

What may lead clients to end therapy early?

- Feeling better!
- Practical/financial reasons – or is it avoidance?
- Stuckness / Conflict (rupture without the repair…)
- Readiness: Feeling exposed / ambivalent towards therapy
- Life happening, illness, death or unknown reason

Client factors and unplanned endings

- Client factors – the **largest and most neglected factor in treatment outcome**; client factors and factors in the client's life account for more variance in therapeutic outcome than any other factor: **40%** (Askay & Lambert, 1999); **87%** (client, extratherapeutic factors and unexplained error variance; Wampold, 2001)

- Pre-existing **resources** and **pre-treatment change** (PTC):
  - Clients who reported PTC were 4x more likely to end therapy with a successful outcome (Palenzuela & Rodriguez-Arian, 1996)
  - PTC predicted whether therapy termination was planned or unplanned (Allgood et al., 1995)

- *"As therapists have depended more upon the client's resources, more change seems to occur"* (Bergin & Garfield, 1994)

'Being with' and 'doing to/with': balancing empathy with challenge

- Grounded theory analysis of moment-to-moment changes in therapy from the client's perspective (Levitt et al., 2006): the principle of *caring the right amount yet providing firm direction when needed* and further support for the centrality of the therapeutic relationship

- **Flexibility**: A common reason clients drop out of therapy is **finding treatment rationale and actions unacceptable**; high dropout rates in clinical trials (Wampold, 2007), some findings as high as 40%- McDonagh et al., (2005) in a CBT for PTSD trial

- Monitoring process and outcome increases quality of services (e.g. Anker, Duncan & Sparks, 2009) – ask for **feedback**!

Why might a therapist need to end suddenly or prematurely?

- **Working within competence**
  - Time well spent during assessment is crucial to ensure 'fit' between client and therapist, also NB. regarding supervisees

- **Accountability and candour**
  - If something has gone wrong or client is not benefitting / likely to benefit from the work

- In organisations, **contracts, funding** etc.

- **Retirement, illness, death**

BACP support around unplanned endings

- Good Practice in Action (GPiA) guides and the 2018 Ethical Framework (now including clinical wills)
- **The Ethics Hub**
  - An area on the website where you can find out about **current developments** relating to the Ethical Framework and GPiA
  - BACP support when members are faced with an ethical challenge
  - **Regular news updates, resources and information** on the most frequent ethical issues
  - Book for a **call-back from an ethics officer** if they have an ethical query or dilemma, and they'll go through the areas of the EF that may apply to their dilemma and aim to help members to apply the principles of the EF in practice
  - **Support service for supervisors** through the hub, again bookable online, for members who are practicing or trainee supervisors, or for members thinking about becoming a supervisor.

Preparing for ending from the beginning

- How many sessions / how long? **Clear treatment contract**
  - Time limitation 'activating' the therapy (Mann, 1973; Ryle & Kerr, 2002)
  - Counting the session number / time

- What sort of endings has the client experienced – anticipating and normalising feelings around endings
  - 'How might we have a different ending?'

- Naming, naming, naming!

How does the therapist manage after a client ends therapy without reason?

- *What has been difficult for you when a client has left therapy unexpectedly?*

- *How have you 'worked through' this?*

- Respecting the client's decision whilst inviting the client to have an ending e.g. no-cost 'feedback sessions' (Lazarus, 1981)

- Supervision

- Writing your own 'goodbye' / ending

- Personal therapy

Reflections or questions?