
Psychotherapy Termination: Clinical and Ethical Responsibilities



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The successful termination of the psychotherapy relationship is each psychotherapist's goal. Yet, a number of circumstances may arise that interfere with the successful completion and termination of treatment. This article addresses both termination and abandonment and illustrates the applicable guidelines and standards from the American Psychological Association's (2002) Ethics Code. We conclude with 12 recommendations for proactively addressing termination and abandonment consistent with professional standards and each patient's best interests. © 2008 Wiley Periodicals, Inc. *J Clin Psychol:In Session* 64: 653-665, 2008.

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Termination constitutes the final phase of psychotherapy and, as such, an important ethical and clinical responsibility. Regardless of theoretical orientation, all psychotherapists attend to the steps involved in ending treatment, usually referred to as *termination* (Beck, 2000). Psychotherapy termination may be conceptualized as an intentional process that occurs over time when a client has achieved most of the goals of treatment, and/or when psychotherapy must end for other reasons. The

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process of termination typically allows patients an opportunity to review their goals, describe the changes they have incorporated, and work through feelings in ending the psychotherapy process.

Although *abandonment* had been included as potential harm in previous ethics codes of the American Psychological Association, it was dropped in the *Ethical Principles of Psychologists and Code of Conduct* (hereafter the Ethics Code; American Psychological Association, 2002) partly because no definition of abandonment was provided and partly because there was no consensus on definition. The ethics codes of the American Counseling Association and the American Mental Health Association explicitly direct counselors not to abandon clients. We consider abandonment as an inappropriate termination and/or when a client's ongoing treatment needs are not adequately addressed by the psychotherapist, either when treatment ends or during the course of treatment due to unavailability.

In this article, we provide an overview of the termination process and factors that impact it, provide examples of potential abandonment, discuss ethical responsibilities and clinical responsibilities regarding termination, and conclude with 12 practice recommendations.

Psychotherapy Termination

“Termination” refers to the ending process of psychotherapy. The psychotherapist's goal is to help clients successfully achieve their agreed-upon treatment goals and then end their work together in a planned and thoughtful manner. The termination phase of psychotherapy is the culmination of the psychotherapy experience, one that will build on gains made in treatment and enable patients to function effectively without the ongoing active assistance of the psychotherapist (Hill, 2005). The nature of the psychotherapy process involves trust, power, and caring (Pope & Vasquez, 2007). Appropriate termination helps avoid betrayal of the trust and abuse of power. Appropriate termination also prevents harm and conveys caring, a touchstone of ethical treatment.

Unfortunately, not all clients achieve this desired psychotherapy outcome. Research indicates that 30 to 57% of all psychotherapy patients drop out prematurely (Garfield, 1994). Premature termination is a vexing problem and a subject of research investigation (e.g., Edlund et al., 2002; Reis & Brown, 1999, 2006).

Several clinical factors been examined in the attempt to understand and predict patterns of psychotherapy termination and utilization. Delays in scheduling the initial appointment, especially for those in greater distress or with more severe pathology, correlates with an increased likelihood of failure to attend the initial appointment (Reitzel, Stellrecht, & Gordon, 2006). Higher levels of client involvement and quality therapeutic relationships all minimize the likelihood of premature termination (Hill, 2005). Clients who remain in therapy tend to be in the contemplation stage whereas premature terminators tend to enter psychotherapy in the precontemplation stage (Brogan, Prochaska, & Prochaska, 1999). Patients who view their psychotherapists as too passive, who feel mismatched with their psychotherapist, and who experience increased self-awareness without significant change in their underlying problems are more likely to be dissatisfied with treatment and less likely to continue it (Lilliengren & Werbart, 2005). There is mixed research evidence on whether clients working with clinicians of similar ethnic backgrounds and languages tend to remain in treatment longer than do clients whose

psychotherapists are not ethnically nor linguistically matched (Maramba & Nagayama Hall, 2002; Sue, 1998). A review of practical extratherapeutic complications, such as financing, employment, transportation, and change of residence, found that they adversely impact the psychotherapy process and thus may result in unanticipated terminations (Barnett, MacGlashan, & Clarke, 2000). Such factors can be addressed in the informed consent process and on an ongoing basis throughout treatment so that each client's treatment needs are addressed and that abandonment does not occur.

Termination of psychotherapy may be initiated by the patient, the psychotherapist, or forces outside of the psychotherapy dyad. We will address a wide range of examples in each of these circumstances. However, as will be seen, regardless of the reason and initiator of termination, psychotherapists maintain an obligation to ensure that this process is handled in an ethical manner consistent with each client's best interests.

Inappropriate or Lack of Termination

Inappropriate termination that could result in a patient feeling abandoned is likely to occur when the unexpected or unplanned happens and treatment ends before the client has an adequate termination. In these instances, the client was willing to continue psychotherapy but for some reason the psychotherapist cannot or does not continue the relationship. The following are examples of termination problems.

- A patient and psychotherapist have a strong therapeutic alliance and the patient is making excellent progress, but they agree that the process is not finished. The psychotherapist is unexpectedly killed in an automobile accident. The psychotherapist and the patient had not made plans for what to do or which professional to see if the psychotherapist was suddenly unavailable. The patient is left to grieve the psychotherapist's death and ponder how to continue with his or her own healing work. The patient could regress because of lack of continuity of care.
- The psychotherapist has not adequately involved the client in the diagnostic process and in the likely therapeutic outcome. The psychotherapist decides that treatment is successful when the client is managing distress effectively more than 50% of the time and decides to end the client's treatment; however, the client thought successful treatment meant handling distress effectively 100% of the time.
- The psychotherapist works at an agency and is unexpectedly promoted out of the role of practitioner with little time to prepare the patient for the change. Psychotherapy is incomplete, and there is a waitlist to see another professional.
- The psychotherapist changes jobs and believes she/he can continue seeing current clients; however, the employment contracts from the previous position and the new one prevent such an arrangement. Because of time constraints, clients are not adequately prepared for termination.
- The patient must relocate out of state with little notice to either the patient or the clinician.
- A client is making progress in psychotherapy when her managed care company does not authorize further treatment. This possibility had not been previously discussed, and the psychotherapist merely informs the client that this will unfortunately have to be their last session.

In each of these instances, patients probably experience a sense of abandonment because unplanned events occurred and their psychotherapy had to end before

anticipated. The patients had not been prepared for this possibility by their psychotherapist. The Ethics Code anticipates such situations. The standards elucidate psychotherapists' responsibilities to their clients and indicate potential solutions for addressing these challenges before they occur.

Ethical Responsibilities

The Ethics Code addresses standards related to termination. *General Principle A: Beneficence and Nonmaleficence* is relevant in that psychotherapists should actively work to benefit their psychotherapy patients through the termination process and specifically to take steps to minimize the risk of harming them. *General Principle B, Fidelity and Responsibility*, speaks to the importance of acting in ways that promote trust in the therapeutic relationship, and of accepting responsibility for professional behavior throughout the process, including at termination. *General Principle C, Integrity*, promotes accuracy, honesty, and truthfulness, and has implications for our responsibilities to keep clients' best interests primary during the ending process.

Ethics Code Standard 3.10, Informed Consent, implies that at the beginning and throughout the treatment, we have the obligation to educate patients about the multiple factors involved in deciding when to start and to end psychotherapy. We can inform patients of those factors that might have an impact on their decision to participate in the psychotherapy process. Thus, factors such as cost, potential risks and benefits of treatment, available options, limits to confidentiality, and the like must all be reviewed with the client prior to beginning treatment to ensure the client's understanding and acceptance of all reasonably anticipated aspects of the psychotherapy experience. We must discuss termination at the beginning of psychotherapy, in anticipation of termination, and when the ending occurs. Such discussions may include potential financial limitations and how they will be addressed, the availability of the psychotherapist, and circumstances when treatment must be terminated that might reasonably be anticipated.

Ethics Code Standard 10.10, Terminating Therapy, has three parts. The first, 10.10a, states:

Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service. (p. 1073)

Essentially, this standard indicates that psychologists do not provide continuous psychotherapy if the patient does not need it, is not being helped, or is being harmed by continuing to engage in the treatment. Practitioners must thus regularly consider whether these conditions are present in psychotherapy. Compliance with this rule might be made by reviewing progress and goals, and if treatment is continued, it might be helpful to document in progress notes the decision to continue treatment, perhaps with adjusted or continuing goals made with the patient. Clinical judgment and systematic assessment can determine whether the patient no longer needs the service or is not likely to benefit. Endless psychotherapy for a patient who no longer needs the service is inappropriate. On the other hand, it may be appropriate to see a severely mentally ill person for extended periods of time over the course of his or her life. The third condition in 10.10a, which addresses harm from continued psychotherapy, is sometimes difficult to determine since treatment often stirs up emotional distress as part of the therapeutic process. This is not the kind of harm

meant by this standard. However, if a psychologist finds that a patient's mental health continues to deteriorate, consultation should be sought and referral to other services should be considered. It also might be appropriate to refer a client if a psychologist is unable to provide the conditions necessary for effective psychotherapy due to negative countertransference, personal distress, or differences based on age, gender, race, ethnicity, religion, sexual orientation, language, or other considerations. In addition, there may be individuals for whom psychotherapy is not effective or helpful. Other examples of potential harm include increased dependence or unnecessary financial expenditures. Ethics Code Standard 10.10c states:

Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate. (p. 1073)

The standard also recognizes that there are numerous instances in which these steps are not feasible, such as when the patient may suddenly leave treatment, not return, or not respond to calls or letters. Ideally, psychotherapy is terminated when both the client and the psychotherapist agree on the time to end. Other appropriate reasons to end a therapeutic relationship include when the practitioner is relocating, is retiring, becomes ill, or does not feel competent to provide continuing services. Unexpected treatment needs may arise, a potentially harmful or exploitative multiple relationship has arisen, or the patient repeatedly fails to pay for services. Other reasons include limits by the patient's insurance or managed care, and the patient is unable or unwilling to pay for services directly. Pretermination counseling prior to ending a therapeutic relationship may include:

- Providing clients with advance notice or negotiating together the end date of services,
- Reviewing gains made in treatment,
- Considering potential relapse risks and how to handle them,
- Addressing future challenges to be dealt with either outside of psychotherapy or when the patient returns to psychotherapy, and
- Offering referrals for alternative practitioners when the patient has ongoing treatment needs.

Standard 10.09, Interruption of Therapy, states:

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (p. 1073)

Orderly and appropriate referral for continuity of care is provided when possible. The term "reasonable efforts" in the standard reflects the reality that some changes may occur in ways out of the psychotherapist's control. Nonetheless, such circumstances should be anticipated by psychotherapists and planned for so that each client's best interests and clinical needs are addressed. For example, when considering new employment, psychotherapists should determine the setting's policies regarding the transfer of care should a psychotherapist be terminated from the setting or leave for some other reason. Some employers include in their

employment contracts wording that prohibits psychotherapists to continue treatment elsewhere with a patient if they leave the practice setting. Such matters should be addressed before signing employment agreements since all such clauses may not be in patients' best interests. A related ethical concern applies to the clinical work of students and trainees. They typically are providing services at a particular site on a time-limited basis. Externships, internships, residencies, and fellowships have specific ending dates, and one should not expect that they will coincide with patients' treatment needs. It is unrealistic to expect all patients to complete their psychotherapy in synchrony with the close of a semester or an academic term. Accordingly, a supervisor's responsibility is to ensure that trainees include in their informed consent discussions the ending date of their training experience and the arrangements that will be made for ensuring continuity of care for those clients whose treatment needs go beyond their psychotherapist's tenure at that site. Standard 3.12, *Interruption of Psychological Services*, states:

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (p. 1066)

This list of reasons is not exhaustive; no requirement is made that the plan be written or what "reasonable efforts" are to be made. We suggest that a psychologist's "reasonable efforts" include discussion of the expected interruption of services, including discussion of patient concerns. Because interruption of services may be unplanned, such as sudden illness or death, it would be helpful, and we believe sufficient, in most cases to have a trusted professional colleague prepared to contact patients. Agency contracts can provide policies about plans to facilitate services for any of these potential interruptions of services. We also believe strongly in professional wills that address client care and transition after the psychotherapist's death (Pope & Vasquez, 2005). It helps designated colleagues respond promptly and effectively to the needs of patients and to the unfinished business of one's psychotherapy patients. Consider the potential impact on clients should their psychotherapist become incapacitated or die. Who would contact patients and let them know? Would they just show up for their next appointment and find the office closed or perhaps be informed by a secretary; who would assist them in coping with the emotional impact of this significant loss? Who would coordinate a referral to another professional? Who would coordinate the transfer of treatment records? Such matters should be addressed in advance through a professional will. Further, this advanced planning helps minimize the risk of patient abandonment, especially during a time of potential emotional upset and trauma. A related issue to consider is planned interruptions of treatment. Examples include taking a maternity or paternity leave of absence, scheduling a surgical procedure, other life events that leave the psychotherapist unavailable for an extended period of time, or even vacations. In such situations, it is best to give patients advance notice so that there will be ample time to process any emotional impact, to make referrals and assist with that process, or at least review temporary coverage arrangements. The amount of advance notice needed and the amount of time spent working through the leave will depend on such variables as one's theoretical orientation, the patient's diagnosis and treatment needs, the intensity and length of treatment, and the anticipated length of absence. Ethics Code Standard 10.10b states:

Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship. (p. 1073)

This new standard acknowledges that practitioners have a right and a responsibility to themselves and to patients to refer when the patient's behavior puts them in danger, and as such, eliminates the possibility of therapeutic success. However, at times, even making a referral may not be appropriate due to the nature of the situation or the perceived imminent danger to the practitioners. Treatment may need to be abruptly terminated. In rare circumstances, psychotherapists may even request a protective order or injunction against patients from whom they experience threat or fear of harm. Then, any additional clinical contact would be inappropriate and ill-advised. In summary, attention to the ethical responsibilities for termination of the psychotherapeutic relationship is essential. In many situations, it can prevent leaving the client hurt and abandoned, and may instead be a solidifying process that facilitates integration of treatment (Barnett et al., 2000).

Clinical Responsibilities

An important clinical responsibility is to clarify the boundaries of the psychotherapy relationship, and two of those boundaries are the beginning and the ending of psychotherapy. During the beginning phase, patients should be provided with as much information as they need to understand the process as well as the fact that termination is part of that process. The ending phase of psychotherapy is an ideal time for clients to integrate and incorporate their changes. The fact that termination will occur should be discussed not just at the end of psychotherapy but from the early sessions and throughout the treatment. Endings are a part of life, and they are too infrequently acknowledged. Doing so in the therapeutic process partly provides a model of how healthy relationships should end and provides a forum for patients to work through such "endings" in a new, more adaptive manner than perhaps they have in past relationships.

Termination can be conceptualized from a developmental perspective where the patients "internalize" their work with their psychotherapists (Quintana, 1993). Edelson (1963) suggested that:

The problem of termination is not how to get therapy stopped, or when to stop it, but how to terminate so that what has been happening keeps going inside the patient It is a problem of facilitating achievement by the patient of the ability to hang on to the therapist (or the experience of the relationship with the therapist) in his (or her) physical absence in the form of a realistic intrapsychic representation. (p. 23)

Thus, one of the goals of termination is to enhance each client's ability to carry on his or her psychological work outside of the treatment room. A top priority for termination is the consolidation, maintenance, and generalization of patient gains (Pipes & Davenport, 1999). The process includes asking clients to take stock for themselves, list their original goals, and assess how far they have come in attaining those goals. Offering one's own perspective of progress is a suggested strategy as well, including providing validation of the patient's growth, strengths, and resilience. Discussing probable scenarios or challenges likely to arise in the client's life is another strategy. In addition, discussion of when a patient may consider returning to

treatment (either with this psychotherapist or another) would be helpful. Some clients may naturally assume that treatment termination is a permanent ending and that a return to psychotherapy at a later date is not possible. We can help our patients develop a realistic understanding of the psychotherapy process as well as realistic expectations for themselves. For many individuals, a return to psychotherapy at a later date is a valuable growth experience. Another goal of termination is to explore, when appropriate, the meaning of the loss of the psychotherapist. The psychotherapist can encourage and facilitate the client's ability to explore the full range of feelings, including gratitude, appreciation, acceptance, grief, and perhaps lingering resentment and anger. For some patients, the process may be a simple acknowledgment that the work is done, and they are ready to move on (Pipes & Davenport, 1999). Difficulty in termination is often a function of the intensity of the relationship, the psychopathology of the client, and/or the level of the transference. Solicitation of a patient's feedback, especially if routinely done so throughout the therapeutic relationship, is another option during termination. Asking the client what was and was not helpful may yield interesting, helpful, and at times surprising information. What happens when psychotherapists are unable to provide services for as long as they believe the patient needs? The reality is that over 33% of patients do not return to psychotherapy after one or two sessions (Goode, 2002). Only 10% remain in treatment more than 20 sessions. Clients prematurely terminate because they are not ready to explore important clinical material, they have not found treatment helpful or have different goals from their psychotherapist, there are managed care restrictions, they do not feel able to fund or prioritize the expense of treatment, they have to move, they change jobs, or their insurance carrier has been changed and the psychotherapist is no longer a preferred provider. At times, patients may initiate termination in a therapeutic manner; other times, they may call and cancel, saying they are fine for now. Other times, they may simply cancel without explanation, fail to keep appointments, and/or not reschedule. It is both a therapeutic as well as an ethical suggestion to communicate your willingness to continue to meet with them to either continue treatment or to summarize and end treatment, and/or to refer them to another professional. At times, both the client and the psychotherapist are frustrated by limitations of managed care. Two national surveys (1996 and 2001) of mental health professionals reflected several stresses related to managed care, including challenges of cost containment and demonstration of the need for continued treatment (Rupert & Baird, 2004). Practitioners face difficult clinical and ethical challenges when necessary treatment is cut short or denied by third-party reviewers. Psychotherapists must keep in mind that insurance carriers can only refuse to authorize reimbursement for continued treatment; they cannot prevent the psychotherapist from providing ongoing treatment. It is of great importance that psychotherapists not allow fiscally motivated utilization decisions to supersede their judgment regarding treatment decisions. Psychotherapists maintain clinical responsibility for their patients' welfare and cannot shift this ethical responsibility to utilization review personnel (Barnett, 1997). Accordingly, psychotherapists should address limitations to insurance coverage as part of the informed consent process, possibly agree on more limited treatment goals than those if cost were no object, and have agreed-upon procedures to address treatment limitations should they arise. We also recommend that psychotherapists always appeal, or when legally mandated have their clients appeal, all adverse utilization review decisions (see *Wickline v. State of California*, 1986). To simply discontinue a patient's treatment in response to an adverse utilization review decision would likely

constitute abandonment and not be in keeping with the psychologist's ethical obligations (Acuff et al., 1999).

When a Termination Process Is Not Possible

What to do when clients unilaterally drop out of treatment? When efforts to reschedule patients fail, it may be tempting to assume that the psychotherapist's obligations have ended as well. But to tacitly condone a patient dropping out of treatment may give the appearance of approval of this clinical decision by the psychotherapist (Barnett et al., 2000). Thus, we recommend that if efforts to reach clients by telephone fail, then each client be contacted in writing. Such a letter can include the practitioners'

- assessment of the patient's treatment needs as of the date of their last contact,
- an offer to resume treatment in the future,
- recommendations for ongoing care such as for continuing psychotherapy and supervision of prescribed medications,
- recommendations should emergencies arise, and
- an offer to assist with the referral process if the client cannot or will not continue treatment with the practitioner.

The Appendix presents sample letters from the clinician to the client for use in the termination process (adapted from Barnett et al., 2000).

Practice Recommendations

The following 12 recommendations may be helpful for ensuring the clinically appropriate and effective termination of each client.

1. Provide patients with a complete description of the therapeutic process, including termination; obtain informed consent for this process at the beginning of treatment, and provide reminders throughout treatment.
2. Ensure that the psychotherapist and client collaboratively agree on the goals for psychotherapy and the ending of psychotherapy.
3. Provide periodic progress updates that include discussions of termination and, toward the end of psychotherapy, provide pretermination counseling.
4. Offer a contract that provides patients with a plan in case the psychotherapist is suddenly unavailable (including death, or financial, employment, or insurance complications).
5. Help clients develop health and referral plans for posttermination life.
6. Make sure you understand termination, abandonment, and their potential effects on patients.
7. Consider developing (and updating) your professional will to proactively address unexpected termination and abandonment, including the name(s) of colleagues who will contact current patients in the case of your sudden disability or death.
8. Contact clients who prematurely terminate via telephone or letters to express your concern and offer to assist them.
9. Use the APA Ethics Code (2002), your state practice regulations, and consultation with knowledgeable colleagues to help guide your understanding and behavior in regard to psychotherapy termination.

10. Review other ethics codes for discussions of abandonment. The American Counseling Association (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>) and the American Mental Health Counselors Association (<http://www.amhca.org/code/>) contain prohibitions against abandonment.
11. Make the topic of termination a part of your regular continuing education or professional development.
12. Be vigilant in monitoring your clinical effectiveness and personal distress (e.g., Baker, 2003; Norcross & Guy, 2007). Psychotherapists who self-monitor and practice effective self-care are less likely to have inappropriate terminations or clients who feel abandoned.

Appendix

Sample Letters from Clinician to Client for Use in the Termination Process (adapted from Barnett, MacGlashan, & Clarke, 2000)

A patient in need of ongoing care drops out of treatment:

Dear _____:

I was sorry to learn that you canceled our most recent scheduled appointments. I have been unable to reach you by telephone and am quite concerned about you. As you know, it is very important that your use of medication be actively monitored by a physician. Dr. _____ informs me that the two of you have not met recently either.

Although you have achieved some progress in treatment thus far, it is clear to me that additional treatment is needed for you to achieve your agreed-upon treatment goals. If for some reason you decide not to continue your needed treatment with me and Dr. _____, it is important that you follow up elsewhere. Should you need referrals to other health professionals in the local area, please let me know and I will be happy to assist you with this. If you prefer not to do this, I recommend that you follow up with your primary care physician. At a minimum, please keep in mind that the community hotline number is _____. It may be used in times of crisis or emergency or you can go to your local hospital's emergency room.

Again, I am hoping you will follow through with your needed treatment. Please let me know if I can be of further assistance.

Sincerely yours,

A patient making progress initiates termination:

Dear _____:

As we discussed at your most recent psychotherapy session, it is my understanding that you have decided to discontinue our work together. As we reviewed during that session, you have made significant progress toward your stated treatment goals. Although not all goals have been fully achieved, I respect your desire to continue this important work on your own. However, I believe it is in your best interest for us to have at least one additional session to discuss your plans and to review treatment to date. Experience has shown me that clients who discuss their plans prior to ending psychotherapy tend to be more successful in their postpsychotherapy endeavors. I am hoping that you will contact my office so that these final sessions may be scheduled.

Should you decide not to follow through with this recommendation, I am hoping you will contact me in the future if any additional difficulties are experienced or if you think that I can be of further assistance in any way. I am also hoping you will

give serious consideration to the use of community support groups on the list of resources I provided to you.

Best wishes for success in your ongoing endeavors.

Sincerely yours,

Treatment being terminated due to lack of benefit to the client:

Dear _____:

As we discussed the last several times we met, it is clear to me that our ongoing work together is not being beneficial to you. Although I understand your desire for our work in psychotherapy to continue, I strongly believe that ending our work together is in your best interest.

As we reviewed when we met, I am hopeful that psychotherapy with a different psychotherapist who may have different competencies and areas of expertise than me may better meet your treatment needs. Thus, I am providing you with the names, addresses, and telephone numbers of the following three psychotherapists (_____). Each of these psychotherapists is a licensed professional with training and experience in _____ and is located in the local community. I am hoping you will contact and make arrangements to begin psychotherapy with one of them. If any difficulties are experienced in this process, I will be available to assist in this transition.

Again, as we agreed, I will meet with you for up to four more psychotherapy sessions during this time of transition. Once arrangements are made with a new psychotherapist, with your written consent, I will share any requested information to assist in the transfer of your care. Please discuss these or any other issues that concern you during our upcoming appointments.

Sincerely yours,

Psychotherapist-initiated termination following an adverse utilization review decision:

Dear _____:

As we discussed during your most recent appointment, your managed care company, ABC Inc., has rejected the treatment plan we submitted stating that your treatment needs are not found to be medically necessary according to their utilization review criteria. As I explained when we met, this means that ABC Inc. will not reimburse any additional treatment expenses. This does not mean, however, that additional treatment is not needed or that you would not benefit from it.

To review, this is the plan or action we agreed on: I will file a written appeal of the utilization review decision immediately. While awaiting the outcome of the appeal process, we will continue your psychotherapy with you paying me the reduced ABC Inc. rate. If authorization is granted, treatment will continue and any fees due you will be reimbursed. If the appeal is denied, I will provide you with up to four additional sessions at one-half my usual rate and assist you to obtain more economically priced services elsewhere. Or, if desired, we can work out a payment plan so you may continue psychotherapy with me.

Please rest assured that I am committed to ensuring that your ongoing psychotherapy needs are met regardless of utilization review decisions made by ABC Inc. I look forward to continuing our work together at our next appointment on _____.

Sincerely yours,

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