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Navigating Terminations

Complexities, Ethics, and Risk Management

Leisl M. Bryant, PhD, ABPP

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Leisl M. Bryant, PhD, ABPP



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Disclosures/Conflicts of Interest

The presenter does not have any conflicts of interest to disclose.

NOTE: The information presented in this webinar is not intended to provide legal advice or to substitute for the advice of an attorney, but rather to provide information about considerations when terminating with clients.

Learning Objectives

1. Describe at least two ethical obligations related to termination, and explain what constitutes abandonment.
2. Identify four steps of ethically appropriate termination.
3. Apply specific risk management strategies to different termination contexts to reduce risk.

Definitions and Risks

- Termination:
 - Integral part of therapy process
 - Ethically and clinically appropriate process by which a professional relationship is brought to an end
- Converse ethical risks:
 - Abandonment
 - Not terminating when ethically required



What constitutes abandonment?

- Termination ≠ Abandonment
- Abandonment:
 - Hass & Malouf, 2005, p. 145:
 - “The failure to treat or appropriately refer ...
 - ...a patient who needs treatment ...
 - ...when the provider knows or should have known...
 - ...that continued treatment is necessary.”
 - When a provider ends therapy precipitously (providing no notice) without attention to the client’s condition or needs (e.g., a client is suicidal and the treatment stops)

When Termination is Required

- **10.10 Terminating Therapy**
 - (a) 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.



(Ethical Principles of Psychologists and Code of Conduct, 2017)

10.01 continued...

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

4 Components Typically Required in Appropriate Termination

1. Advance notice

- Inform the client that treatment has to end
- What and how one describes the reason for termination is a matter of clinical judgement:
 - Conflict of interest
 - Client's needs go beyond the clinician's areas of training
 - Client needs higher level of care that clinician isn't equipped to provide
 - Treatment has hit a plateau

Provide
Notice

4 Components Typically Required in Appropriate Termination

2. Provide termination sessions

- The length of this process will depend on a number of factors, including:
 - the length & nature of the treatment
 - the client's behavior and characteristics
 - the clinician's judgement and information regarding how much time would give the client *adequate* opportunity to obtain the recommended care
- Set a firm end date and stick to it (with limited exceptions)
- Possible exceptions

Termination
sessions

3. Provide appropriate recommendations, information about risks, and referrals

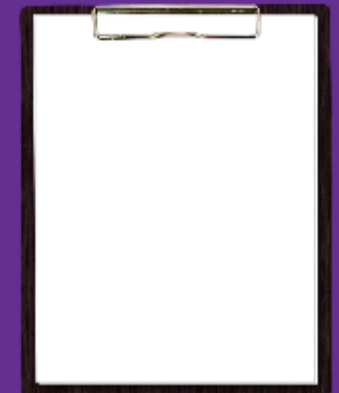
- From a risk perspective, giving information regarding the potential consequences of not obtaining appropriate care is also important
- Clients do not have to take your recommendations or referrals in order for termination to be effective and ethical

Recs
Risks
Referrals

4 Components Typically Required in Appropriate Termination

4. Carefully document this process from start to finish, including:

- the general reason for discontinuing treatment (e.g., “client has not been benefitting”)
- the initial notice
- the termination session timeline (including end date)
- the offer of recommendations, referrals and discussion of risks
- the efforts to assist the client’s transition to a new provider
- the client’s responses, reactions, and degree of cooperation
- Consider sending a ***termination letter***



Termination Contexts

- A. Completion of treatment
- B. Client initiated, unilateral termination
- C. Therapist initiated
- D. Unexpected absence or incapacitation of clinician



A. Completion of Treatment

- Lowest risk to the clinician
- Satisfying to both therapist and client
- Mutual agreement
- Accomplished goals
- Usually no referrals given
 - If client does not need continued care, failing to refer is not abandonment
- Termination process:
 - 8 core termination behaviors that cut across orientations (Norcross et al., 2017)



8 Core Termination Behaviors:

- Process feelings of client and therapist
- Discuss client's future functioning and coping
- Help client use new skills beyond therapy
- Frame personal development as unfinished
- Anticipate post-therapy growth and generalization
- Prepare explicitly for termination
- Reflect on patient gains and consolidation
- Express pride in patient's progress and mutual relationship

(Norcross et al., 2017)

B. Client Initiated, Unilateral Terminations

- Client does not return to treatment
 - Clinical judgment as to whether to reach out

Risk Management strategies:

- If extended time passes, reach out to the client and clarify whether they are ending treatment or wish to resume
- If no response:
 - Make additional attempt and inform client you will close that episode of care if you don't hear back within a certain time period – good idea to put this in writing
 - If appropriate, offer the client the option of returning to treatment in the future
 - Document your attempted outreach and client response or lack thereof



B. Client Initiated, Unilateral Terminations

- Client is dissatisfied or angry and quits treatment
 - Higher risk to clinician

Risk Management strategies:

- Attend to client dissatisfaction
- Attempt to reduce misunderstandings and be responsive to client needs
- Not required to offer termination counseling, but may be prudent to do so, especially with high risk clients
- Clarify that the client has chosen to discontinue
 - If there is any doubt, put it in writing to the client
- Document the ending and clinician's attempt to inform the client of recommendations, risks, and referrals
- Consult

C. Therapist Initiated Terminations

- Potential for increased risk to clinician
- Common contexts:
 - Not making progress in treatment
 - How does one determine whether progress is occurring?
 - What if client disagrees?
 - Just because client disagrees doesn't mean termination is inappropriate or that it is abandonment if clinician terminates
 - These are some of the higher risk terminations
 - Also risks to acquiescing to client if clinician knows progress is unlikely
 - Irresolvable nonadherence to treatment recommendations
 - Clinicians can and should set the parameters for effective treatment
 - Should be discussed (and documented) in treatment prior to termination



C. Therapist Initiated Terminations

Risk Management strategies:

- Candid discussions with clients as soon as possible and allow opportunity for client to provide feedback
 - Does client agree/disagree, why/why not?
 - If there is nonadherence, what is driving it? Can it be resolved?
- Potential modifications in treatment
- Collaboration with client (when appropriate)
 - Ultimately, clinician makes the final judgment
- Document these discussions
- Prepare client for possibility of termination
- Consult – formal clinical consultation may be especially beneficial, as well as risk management consultation



Covid-19

- Teletherapy concerns and clinician not providing in person services
 - Client not comfortable with telehealth:
 - Consider ways to problem solve
 - Be as clear as possible regarding if/when you will resume in-person services, and degree of ambiguity or likelihood of change in future
 - Provide options of referring to in-person provider
 - Client not suitable for remote services or needs higher level of care:
 - Always evaluate (and document) clinical appropriateness
 - Refer for appropriate care
 - Consult
 - Don't precipitously terminate
 - Don't terminate if client in acute crisis (e.g., suicidal)



C. Therapist Initiated Terminations

- Insurance coverage limitations or changes in client's ability to pay
 - Not required to provide pro bono services in perpetuity
 - Ok to terminate with appropriate notice, process, recommendations/risks/referrals
 - Include in informed consent and have ongoing, regular discussions with clients
- Therapist/client mismatch
 - Include in informed consent
 - First few sessions as an assessment or evaluation period



Clinical contraindications/Safety risk to clinician

- Stalking, harassment (online, coming to one's clinic and disrupting services)
- Clear clinical contraindications (e.g., erotic obsessions with the clinician; repeated boundary violations by the client)
- Typically higher risk
- Importance of consultation
- If safety is at stake, termination sessions are not required



D. Unexpected absence or incapacitation of clinician

- **3.12 Interruption of Psychological Services**

- 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.

- **10.09 Interruption of Therapy**

- a) 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.

D. Unexpected absence or incapacitation of clinician

- Risk management strategies
 - Plan for the unexpected
 - Have a trusted colleague ready and able to step in
 - Develop a Professional will
 - Planned Leave of Absence
 - Adequate notice, time for processing
 - Arrange temporary coverage or referrals, assist transfer
 - Clarify when/if there is an option for continuation
 - At beginning of new position
 - Consider/plan for termination issues at outset of new employment or independent contracting positions
 - Ensure there is language in your contract(s)



Additional Risk Management Strategies

- Include the ending in the beginning
 - Informed Consent
 - Explain client's role and responsibilities in your informed consent and initial treatment discussions
 - Be clear on the goals of treatment and what successful completion looks like
- Raise it throughout the treatment when appropriate
 - Give notice and discuss any potential things that may lead to termination
 - Don't avoid it
- Be aware of your own feelings about termination
- Importance of self-reflection
- Importance of consultation, especially in difficult cases and/or when one's own issues (countertransference) are at play



Questions to Ask Yourself:

(Younggren, Fisher, Foote, & Hjelt, 2011)

- At intake, do I discuss patient duties such as responsibility for participating in mutual goal-setting, monitoring progress, or planning for termination? Why/why not?
- Do my written informed consent documents and patient contracts mention patient responsibilities, including those related to termination?
- Do I re-open the conversation about termination if the contract needs to change (e.g., lack of progress; insurance reimbursement ending?)
- Do I raise issues of nonpayment or noncompliance when they first arise, and consider the possible need for termination?



Questions to Ask Yourself:

(Younggren, Fisher, Foote, & Hjelt, 2011)

- Do I dread ending particular therapy relationships? If so, which ones and why?
- As therapy relationships end, do I spend sufficient time exploring patients' issues related to the ending?
- Do I remain aware of my possible role in complicating a termination, instead of just blaming the problems on patient variables?
- Do I obtain consultation in cases involving difficult terminations?



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Q&A



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.