

# Preparing Your Clients and Yourself for the Unexpected: Therapist Illness, Retirement, and Death

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*Termination is a crucial aspect of a Therapist's Professional Will. Dr. Steiner's original article, published in this magazine in 2001 is one of CAMFT's frequently requested articles. We have asked the author to contribute the following updated overview article.*

Have you ever considered what might happen to your practice, your clients, and files when you retire or if you suddenly become ill, or died? Did you know that CAMFT's Responsibility to Patients section of the *Code of Ethics* requires that:

"Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to patients and maintain practices and procedures that assure uninterrupted care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will. (Sec. 1.3) Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships and do so in an appropriate manner. Reasons for termination may include, but are not limited to, the patient is not benefiting from treatment; continuing treatment is not clinically appropriate; the therapist is unable to provide treatment due to the therapist's incapacity or extended absence, or in order to avoid an ethical conflict or problem." (Sec.1.3.1)

Do you have a plan? This article offers detailed advice on starting your Therapist's Professional Will, or TPW, and assembling your back-up team of trusted colleagues, which I call the Emergency Response Team, ERT. It includes the basic steps to start your own system to help you and your clients in the event of planned and unplanned absences from practice. The first section provides an overview of the advantages of writing out how you want your clients handled if you have to be out of the office. The second section helps you decide who you want to have cancel your appointments and deal with clients if you are unable to. Recommendations and experiences of other therapists will help you create your own plan.

Please be mindful that this information is not intended to replace legal advice. I recommend that you provide a copy of your Therapist's Professional Will to your attorney to be kept with your Personal Will and Durable Power of Health Care Decisions. (You have done them both, right?)

Of course, we all think such a plan is a good idea, but few therapists have thought through what would happen, let alone developed a simple, doable plan of action. Thinking about illness, disability, death, retirement and disruptions in our work are uncomfortable. It makes us squirm. As therapists we are not immune to denial. This is especially true when it comes to planning for our own absences from work. In the twenty plus years that I have supervised and taught

therapists, this has been the most difficult area for therapists to deal with and manage. In fact, most just don't deal with it.

Most of us were not taught techniques for skillfully handling our expected or unexpected absences. The TPW is not just for therapists who are aging; each of us, regardless of age, should have a back-up team as well as a TPW. The concept of creating a TPW resonates with most therapists. Surprisingly few of us have actually done even a rough draft.

"You will never die." Is that what you were told when you applied to graduate school? That is one theory I formulated when I began asking colleagues and workshop participants how they handle their absences from work and what plans they have for retiring or dealing with medical emergencies. The level of denial about mortality and limitations among therapists is impressive. Many therapists even talk about how fortunate they feel, because they can work well past normal retirement. A shocking number of therapists have not written a will, much less filled out a Durable Power of Health Care Decisions, a document that spells out your wishes about life-support systems and whether you want "comfort care" if you have a medical crisis, are in an accident or are unable to make your preferences known. In addition to the independence afforded by private practice, many therapists prefer not having to deal with mandatory retirement. Underlying our denial is the common sentiment, "They'll have to take me out of here on a stretcher." When I give workshops I jokingly repeat the sentiment "Therapists never die." Unfortunately we do, and we need to help our clients cope with that final separation and the smaller ones that occur along the way. If you have a pet emergency or find yourself being scheduled for immediate bypass surgery tomorrow do you really want your spouse or partner to call your clients to cancel your appointments?

Well, maybe you do, maybe you don't, but let's remember our obligation to make rational decisions that are in our client's best interests. Denial is sometimes so much easier! Yet, how we plan or don't plan ahead for predictable and unpredictable, normal life changes will affect our clients, colleagues, friends and family members.

In Florida, of course, it is different. Relocated and retiring therapists that live in Florida are not allowed to indulge in such denial. Instead, their state laws are light years ahead of the rest of the country. Florida law requires therapists to place a newspaper ad announcing their upcoming relocation or retirement, as well as where former clients can get their records. Heirs to deceased therapists are required to place a similar ad, making public the fact that the therapist has died and providing contact information about how clients can obtain their files. Florida is one of the only states that mandates this system of public notification and transferring of client records.

It is uncomfortable to consider one's present and future vulnerabilities. Yet, by investing the time in the unpleasant task of writing out your Therapist's Professional Will, composing letters to be sent to clients in the event you are unable to do so, and drafting a script for your outgoing voicemail message, you will find unexpected relief. Knowing that you have tackled these uncomfortable yet important issues is surprisingly comforting.

Literature in this area is sparse. This paucity reflects our profession's discomfort with the topic. Psychoanalytic authors were the first to write about illness or death of the therapist and its impact on clients. This was followed by a growing, though small, body of literature addressing the effects of pregnancy on treatment. Since then there have been few articles that advise clinicians on how to prepare clients for their retirement or unexpected absences. (See references at end of this article.)

There are many forms of termination: planned, unplanned, and temporary. It is the most important, most often overlooked, phase of treatment. A healthy termination process allows time for good-byes and cleaning up unfinished business. The safer a therapist makes this process for his or her clients, the greater the chance that they will feel comfortable seeking treatment when they need it in the future.

One of the most curative aspects of any therapy is for clients to learn to speak the unspeakable. Unwanted terminations are a time when we (therapists) need to explicitly invite clients to discuss or ask questions about our absences or termination. Having a plan in place ahead of time can also drastically reduce the stress of dealing with the complex issues that can arise when we are most vulnerable. Do you really want your colleagues to have to do damage control for you, without knowing your wishes, if you are in a car accident, have a family emergency or die? How we plan or don't plan ahead for predictable, normal life changes will affect our clients, colleagues, friends and family members.

### **Why We Need to Plan for Unexpected Absences**

As therapists, we are unaccustomed to revealing much of our private lives. Changes in our appearance, such as those due to pregnancy, illness, or disability, may force us to deal with clients' reactions. If we are in denial or conflicted about our situation, clients are likely to sense this and may be put in the all too-familiar, unhealthy position of protecting the person whose responsibility it is to protect them. Our own countertransference issues and resistance to telling clients about our medical situations may also impact continuity of treatment, creating unnecessary psychological damage.

There are several reasons why it is important to address these issues while one is in good health. Taking a proactive stance and preparing documents to be used by your Emergency Response Team, or ERT, will enable you to work these issues through in advance, better preparing you to make difficult choices about changing your practice due to health or other reasons. Taking on the challenge of creating an ERT is also a way of modeling good self-care and direct communication to your clients.

Thinking through and writing out a plan for how you want your colleagues to handle your clients in your absence is a big undertaking.

Most therapists are overwhelmed when they consider planning for their retirement or unexpected absences from work. This article presents an ideal system. Only you can decide the types of information that are most important for your ERT to know about your practice.

To get a flavor of the importance of starting this project, it may be helpful to put yourself in a client's shoes for a moment. For example, imagine the trauma of coming home from work to find a message from a friend asking whether you were going to attend a memorial service for your therapist. The last you heard from your therapist was a message canceling your appointment. You had no idea that your therapist had been ill.

The following example is typical of the problems created when therapists have not planned ahead for unexpected personal crises and absences from work.

Darlene, a management consultant who had been working on early childhood trauma issues, learned of her therapist's life threatening illness by mail. She was upset to learn that he would be

unable to work for an indefinite period of time and hurt that the brief letter she received included a request for payment. This excessively considerate woman had difficulty believing she had the right to information about her therapist's condition. Her efforts to take care of herself were further hindered when she had to deal with her therapist's wife, who was, herself, in crisis. The result of this unskillfully handled crisis was that Darlene was re-traumatized, and her work and marriage suffered. The trust issues that motivated her to seek treatment were recreated, and she once again felt that no one was safe to trust. After months of disruptions in her home and work life, she was able to start therapy with a new therapist. It took her a year of treatment before she could deal with her feelings about her previous therapist. She was one of the fortunate ones. There are no statistics on how many clients are unable to risk starting over with a new therapist.

The next example involves my father, a psychiatrist, who had a clinical psychotherapy practice:

When my father, a psychiatrist in private practice, became critically ill, I was asked to take over his psychotherapy client load. Since he did not have an Emergency Response Team, or ERT, I was forced to assume the roles of both personal gatekeeper and Bridge Therapist (a colleague designated to serve a transitional function for clients during a therapist's absence). The final termination session I arranged for him with his long-term outpatient group was one of the most difficult and enriching experiences of my life. Nevertheless, it was a salvage job that could have been avoided had there been adequate planning and preparation on my father's part. My personal experiences taking over his long-term therapy group when he became terminally ill were presented in "When the Therapist Has to Cancel," *The Therapist*, January, 2001.

Our responsibility as therapists is clear: to provide the best possible care and to do no harm. Whether you view transference as an important part of clinical work or not, many of our clients develop close attachments and benefit from being able to "count on" our consistency and continuity of treatment. Often, we are the first dependable, consistent relationship our clients have experienced.

Further, some clients have never experienced the safety of successfully testing another human being's willingness to hear their pain and anger. Although a client may become unreasonably angry upon discovering we are ill, it is our duty to be there for him or her, to tangibly demonstrate that, within reason, his or her anger won't push us away. Weathering a client's anger and pain can be a major curative factor in their treatment.

The purpose of the ERT and the Therapist's Professional Will is to protect and respect the needs of our clients. It also helps clinicians in a number of significant ways. First, it serves as a reminder that we are neither invincible nor immortal. Thus, we can be more realistic about our own personal needs as well as those of our clients. Additionally, by planning ahead, we can minimize the potential damage and disruptions caused by all kinds of absences, from vacations to retirement.

When exploring the uncomfortable topic of becoming ill or having to cancel sessions unexpectedly, it is helpful to consider your therapeutic style and values. Therapists who view their role as that of a coach or teacher will have a different perspective on the type of arrangements they feel are appropriate if they are unable to say goodbye to clients in person. For example, in preparing for their deaths, some psychodynamic therapists may prefer to plan a memorial service designed exclusively for their clients with a specified colleague present. However, a more eclectic therapist might prefer a public memorial service that is open to his religious community, family, and clients. Still, others may prefer no formal service. By taking charge of how we want these

difficult issues addressed, we can better serve our clients and preserve energy to care for ourselves in the future.

### **Borrowing Someone Else's Brain**

In my writings about coping with illness, I refer to "Borrowing Someone Else's Brain," a process where, when one is ill, one needs to have someone else help think through difficult decisions. Borrowing someone else's brain is a temporary process that does not mean relinquishing permanent control or admitting defeat. Having a few trusted colleagues with whom you can discuss the emotional topics of retirement, leaves of absence, and significant medical problems is a true gift.

### **About the Emergency Response Team**

When a Bay Area therapist died without an ERT in place, Mardy Ireland, Ph.D. and Kathy Mill, LCSW, formed a group of mental health professionals who met over the course of two years. In these meetings they dealt with the aftermath of this clinician's death and created a plan to protect themselves and their clients in a similar eventuality. Their plan lists several important functions that the ERT can serve. They suggest that the ERT can administer your practice in your absence and can serve as a consultation and support group for one another. (Personal Communication, Mardy Ireland, May 2000.)

Ireland's group also introduced the concept of a Bridge Therapist, a colleague who would serve a transitional function for clients during a limited period of time to assist with such crises as:

- Deciding whether and when to end therapy with you if you become seriously ill or unable to work.
- Mourning and reminiscing about you after you have stopped practicing.
- Helping to promote resolution and closure on a therapy that has ended through your illness or death.
- Discussing a treatment plan and possibly making a referral to another therapist.

There are a number of reasons to pick your ERT and your Bridge Therapist with care. Both you and your clients will rely on these trusted people when you are incapacitated. Additionally, they are being entrusted to protect you and your clients if your clinical judgment becomes impaired.

Words of comfort: This is a big project, emotionally and physically. You need not do it all at once. But you do need to do it. Unfortunately, few among us received training in how to handle disruptions in our practice due to our own personal emotional and medical crises. By simply taking this process one step at a time, you will make quick progress.

Having an ERT, your team of trusted colleagues, or at least a consultant, helps you think through what is in the client's best interest under a variety of circumstances. An additional benefit of having an ERT is that they can assist you in making decisions in the best interest of your clients when you get ill, if you are injured in a car accident, have surgery, or need to be on pain medication.

Being distressed by a personal family problem or having surgery and needing pain medication often effects your ability to provide high quality care. In addition, your ERT is designed to cancel appointments when necessary and be an ongoing support team you can turn to during challenging times.

Too often when a therapist is temporarily out of commission or dies, the sharing of information about the situation falls to a nonclinical family member or a therapist's colleague. This person, also stressed and unprepared to cope with the crisis, must hunt for crucial client contact information and field client inquiries. Again, your ERT will protect you, your family and colleagues from unnecessary stress. How about scheduling time to discuss this with a colleague this month?

By making the commitment to create your own TPW, you will have invested in continuity of care for your clients, and given yourself peace of mind.

### **Overview: The Nuts and Bolts of Creating Your Own Emergency Back-Up Plan**

Suggestion: Take big breaths as you read this article. Remember that your Therapist's Professional Will and the other materials you will write are best viewed as works in progress. The most important thing is that you start now. Why not take ten minutes and start a temporary folder labeled "In Case of Emergency?" What follows is a step-by-step plan designed to move you through the process of designing your own plan:

By making the commitment to create your own TPW, you will have invested in continuity of care for your clients, and given yourself peace of mind.

**Key Action Steps:** Follow these six steps to start your Therapist's Professional Will

### **Assembling Your Emergency Response Team:**

#### **Step One**

- List at least four trusted colleagues for the core of your ERT. This is where most therapists get stuck and stop. For now, just list colleagues who cover for you when you are out of town, and other potential "candidates."

#### **Step Two**

- Write down a short list of colleagues you would trust to be your Bridge Therapist. This person is the Team Coordinator. This is the person you call in the event of an emergency. He or she is the one who has the keys to your office, locked file cabinets, etc.
- Select a Bridge Therapist who is not a close family member or friend.

#### **Step Three**

- Write down a list of trusted colleagues to invite as ERT members. These clinicians will serve as your consultation/support group. They will need to be willing to cover for you temporarily or in case of your permanent absence. It is best if you each are on each other's teams and you have at least one member who is younger.
- Begin talking with each of the above "candidates" to form the core of your ERT.
- The process of setting up your ERT and filling out the Guidelines will be easier and more enjoyable if you work on it with trusted colleagues. Once you have formed a formal or informal group, make a plan for how often you want to meet. Consider scheduling meeting times more frequently while you are in the planning stages. Once your "system" is up and running, you may decide to meet less often.

**Step Four**

- Write out a list of where you keep all your essential practice information, how to get access to client contact information, where you keep your appointment list, who has access to this data, etc.
- List who you would want to refer each client, couple, family, supervisee, or group to if and when you are unable to continue in practice.
- Begin creating a list of clinicians you would recommend as long-term therapists for your clients after the Bridge transition. Be sure to ask each of these colleagues if they would be willing to be on your list of therapists to refer to in the event of your absence.

**Step Five**

- Create a Realistic Action Plan Timeline. Write down when you can complete each of the above tasks. Also note what healthy treats you will give yourself upon completion of each step.
- After completing your rough draft, take 5 minutes per client to write treatment summaries for your ERT. This should include diagnostic information, suicide risk, maladaptive responses to loss, collateral provider information, etc.

**Step Six**

- Update your office policies. Written office policies are just as important as the required statement about confidentiality. It should at least mention that you have a trusted group of colleagues who have agreed to serve as back-ups in the event of your absence. If you have clients for whom this is not appropriate, be sure to make different arrangements to provide continuity of care for them.
- While most states do not require that your TPW be reviewed by an attorney, you may wish to either check with your attorney or CAMFT. Regardless, I recommend that you provide a copy of your completed Therapist's Professional Will to your attorney to be kept with your other Will and Durable Power of Health Care Decisions.

**Key Considerations**

Think about your client's histories, especially as regards their experiences and response to: Abandonment, trauma, endings, deaths, co-dependency, etc. We know that stress usually makes it harder to function effectively and often stirs up old losses. Treatment disruptions of all kinds can elicit trauma reactions. It is the ERT's responsibility to minimize the negative impact of these reactions. Having a plan in place in advance of your expected and unexpected absences is crucial.

Over the past few years, the feedback I hear from workshop participants is that it is difficult to get started on their own. It makes it easier to do your TPW if you collaborate with a few close colleagues.

**Planning For Clients In the Event of Your Unavailability or Death**

The Therapist's Professional Will should provide a place for you to request that a member of the ERT put a note on the office door, notifying clients that you have cancelled appointments and to expect a phone call with further details. Depending on the type of practice, you may want to ask

that an additional note be posted with the name and telephone number of the ERT Bridge Therapist and suggest that clients call with questions.

In addition to the ERT, it is important to have letters that can be sent to clients when you are absent temporarily or permanently. I have created sample templates for these letters including a "Letter to be Sent in the Event of My Unexpected Death" and a "Letter to Clients In the Event of My Unexpected Absence" (see page 54). These sample letters summarize what I would have wanted to say to clients, given the opportunity. These letters will be sent by a member of my ERT. In these letters, I encourage clients to accept support from a colleague I have chosen in advance to help them deal with my not being available.

Make three copies of each of these letters and your Therapist's Professional Will, and memos and distribute them in the following way:

1. Put one in a safety deposit box, or other safe, secure location.
2. Keep one in your locked file cabinet
3. Give copies to each member of your ERT, your attorney, and executor of your personal will.

The following letters are abstracted, with permission, from the collection of templates included in Dr. Steiner's *The Therapist's Professional Will: The Complete Guide*™

### **SAMPLE LETTERS**

#### **Emergency Response Team Preparation Starter Kit**

##### **Memo to ERT**

You may want to write a sample outgoing voicemail message for the Bridge Therapist.

**Example:** *You have reached the office of [Therapist's Name]. You may or may not have heard that your therapist is ill. My name is [Covering therapist], [Therapist's Name] has asked me to handle her professional affairs in her absence. If you would like to speak with me in person or would like further information or help, please call me at [phone number]. Thank you.*

##### **Sample Letters to Executor and Attorney:**

*Dear Executor and/or Attorney, Thank you for helping with these matters. Enclosed please find a copy of my Therapist Professional Will. In addition you will find a copy of my malpractice insurance information. If it is necessary to protect my estate in the event of legal action arising after my death, please contact each insurance company with whom I have a policy to arrange for additional coverage. Please be sure to bill my estate for your time and any other expenses that you incur in executing these instructions.*

*With many thanks,*

## **Sample Memos and Letters to Your ERT**

Include two letters in draft form that can be mailed to clients if you are incapacitated or have died unexpectedly. It is best to prepare these letters while you are in good health, rather than waiting for an emergency. Take a few minutes to write some notes about the amount and type of information you routinely disclose to your clients. This will help them in deciding what to tell clients when they call to cancel your appointments. For example, if you routinely tell all your clients where you are going on vacation and have family photographs in your office, you may want your ERT to give more detailed information about the reasons for your absence than if you have a more analytic approach to self-disclosure.

The following letters are intended to be used as samples. Please make modifications that take into account your personal and professional situation as well as the relevant state laws and regulations.

### **In The Event Of My Unexpected Absence From Clinical Practice**

*Dear Client, If you receive this letter, it is because I have become temporarily incapacitated and am unable to call you myself. [Covering therapist], has mailed this letter, using my stationery, in accordance with an agreement we made in [Month, year]. If you are currently in therapy with me, regretfully, this letter is to let you know that I am unable at present, [either to continue my psychotherapy practice or keep any further appointments. [Covering therapist], will be handling my clinical practice. Please call [him/her] for an appointment or for information regarding an appropriate referral. I encourage you to speak with [him/her] about the emotions that this news stirs in you and that you take the time with either [him/her] or another therapist to deal with these feelings.*

*As you probably know, I feel strongly about the importance of allowing adequate time and discussion for clients' feelings about termination and other disruptions of treatment. If it is at all possible, I will make arrangements so that you can do that work with me directly. However, if, due to circumstances beyond my control, this is not possible, I hope that you will allow another therapist to assist you in that process. Include this paragraph in letters to be sent to former clients: If you are not currently in therapy with me this letter is to let you know that, at least for now, I am not available for consultation. Depending on the extent and duration of my incapacitation, I may not be available in the future. As I mentioned above, [Covering therapist] is handling my practice. [He/She] can fill you in, and if you need to be seen before I return to work, help you find an appropriate therapist.*

*I have every confidence that [Covering therapist] will handle this transition period ethically, competently, and discreetly for us all. Please feel free to contact [him/her] should you have any questions. [He/She] can be reached at [phone number].*

*Very truly yours,*

### **Termination Letter To Be Sent In The Event Of My Unexpected Death**

*Dear Client, In [Year], a group of trusted colleagues and I agreed to create a system to provide emergency coverage for each other's practices in the event of illness or death. Part of that agreement was to notify clients of both temporary and permanent absences if we were unable to do so ourselves. If you are receiving this letter, it is because an unexpected illness or accident made me unable to complete the termination process with you in person. I*

*deeply regret the added difficulty caused by our not being able to say goodbye in person. This letter is part of a plan we made for handling my practice in case of emergency.*

*If we had the opportunity to say goodbye in person, I would have encouraged you to ask questions of me and try to resolve any unfinished business. I would have also taken the opportunity to give you feedback about my view of your progress. Hopefully, we have been addressing these issues throughout our work together.*

*Nevertheless, this letter has to serve as a poor substitute for my saying farewell in person. Because it is being written in advance, and no one can predict the circumstances of my death, I can only speak in generalities. The first is that I have felt fortunate to be able to work with the motivated, hard-working clients in my practice. The second is that it has been an honor to work with each and every client who opened him or herself up and allowed me to see his or her fears, dreams, vulnerabilities and strengths.*

*I am saddened to think that we were not able to say our good-byes in person. Since I was unable to help you with this final phase of our working together, I hope that you will allow another therapist to assist you in that process.*

*[Covering therapist] will be handling my clinical practice. Please call [him/her] for an appointment or for information regarding an appropriate referral. I encourage you to speak with [him/her] about the emotions that this news stirs up for you and hope that you take the time with either her or another therapist to deal with these feelings. [Covering therapist] can fill you in on memorial services and help you find an appropriate therapist. I have every confidence that [Covering therapist] will handle this transition period ethically, competently and discreetly for us all. Please feel free to contact [him/her] should you have any questions. [He/She] can be reached at ( \_\_\_\_ ) \_\_\_\_\_ .*

*In summary, thank you for allowing me to work with you. Losing a therapist is, under the best of circumstances, difficult. In some situations it can be traumatizing. I hope that you will allow yourself to accept the professional support that is available to you.*

*With warm best wishes,*

## **Termination**

Your ERT may, at some point need to handle or help you with terminating with your clients. As I tell clients, "Leave-taking involves some pain. By giving yourself and clients enough time to have closure, you will be making room for the sadness of leaving **and** the joy of celebrating all of your accomplishments."

The termination phase includes helping clients review, understand and discuss their history of leaving relationships, having relationships end, and how they want this termination to be different. By allowing ourselves and clients adequate time to say goodbye we make room to identify, explore, and work towards resolving unfinished business.

## **Realistic Maintenance Plan for Client Summaries**

Once your ERT plan and Therapist's Professional Will are written, take a moment to determine, realistically, how often you will update your client summaries. Ideally, client summaries should be

updated yearly. These summaries need not be longer than a few paragraphs. They simply need to be clear and concise. You may decide to mark this task on your calendar as part of preparing for vacations. Try scheduling it a few weeks before your vacation so you can do a few each week.

If you don't already have a central file that lists all your clients and their contact information, start one now. Consider including a cover page that lists client names and phone numbers, highlighting any clients that are particularly vulnerable or at high risk for suicide. Create a Client Contact Summary Sheet with a place to note whether the client might be at risk or is likely to have special needs when contacted about your absence. If there are major changes in the nature of the treatment relationship, or other significant events, add a brief note about these changes to the summary page. Add updates more frequently for those clients that are higher risk or who have special needs. By including these updates in this form you can avoid writing more frequent summaries. You could also keep backup summaries in your computer making it easy to make any changes or additions.

A copy of this summary should also be kept on the inside cover or back of each client's file. The anxiety you may feel at the prospect of doing this work now is minimal in comparison to the stress you and your Bridge Therapist are likely to feel when these forms are needed. Knowing that you have done the best you can to make it as easy as possible for your ERT is an investment in having more peace of mind.

### **Using the ERT When the Therapist Becomes Cognitively Impaired**

The possibility that therapists may become impaired, either as a result of a medical, temporary medication related side effects, or substance abuse problem, is another taboo topic that has only recently been addressed. The Therapist's Professional Will should include a section about the help you want in the event that you develop a chemical dependence, organic illness, or mental illness that interferes with your judgment and/or jeopardizes your clients' well-being. For example, a section entitled "In the Event of My Mental Incapacitation" spells out specific steps the ERT should take if they have reason to believe your clinical judgment is impaired.

### **Illness and Death of a Therapist**

Jacques Rutzky, in his article, "Taking Care of Business: Writing a Professional Will," (*The Therapist*, March/April 2000), points out that, if you are ill, both you and your family may need to be shielded from clients' well-intentioned, yet possibly unwelcome, curiosity, concern and questions. Thinking through, and spelling out your preferences while in good health will make dealing with illness or death less traumatic for everyone concerned, particularly close family members who may already have enough on their hands.

If you run groups, work in an agency setting, or other organization, you may have specific preferences and recommendations for how to best allow the members to grieve together. The clearer your directions are, the better prepared the designated facilitator of your memorial will be.

## **Overview of Other Important Details**

### **Contents of File for Executor and Attorney**

Create a file, to be kept alongside your Therapist's Professional Will, and information for your ERT, to be kept in your locked file cabinet. Start putting copies of the following documents and lists in this file:

1. Copy of your license and your malpractice insurance face sheet.
2. Comprehensive list of contact information for professional organizations and colleagues you want notified about the changing circumstances of your practice.

### **Financial Records and Collections File**

Your Therapist's Professional Will should state that only people who are trained to handle confidential client information are to have access to client's financial records. Your letter to the ERT should include directions for how to handle outstanding balances due and insurance bills that have not yet been submitted for reimbursement.

### **Sample Memos and Letters to your ERT**

Your ERT needs two letters in draft form that can be mailed to clients if you are incapacitated or have died unexpectedly. It bears repeating that it is best to prepare these letters while you are in good health, rather than waiting for an emergency.

### **Conclusion**

Reading this article is a big step toward dealing with one of the more difficult aspects of being a therapist. Merely considering these issues is deserving of a healthy dose of self-congratulations, and once you've completed your Therapist's Professional Will, you might consider formally recognizing your effort with some kind of celebration. After all, the challenging work you've begun will create a quality safety net for you and your clients. My intent with this article has been to give you a jump-start on this important project.

I have created a downloadable system "The Therapist's Professional Will: The Complete Guide™," that includes a central document that spells out where the covering therapist for an absent or incapacitated colleague can find essential information, templates for good-bye letters, describes your wishes for a memorial service, and forms that help you complete the process. Other details include: lists of current client phone numbers, diagnostic and risk-related client information, office and file cabinet keys, burglar alarm codes, crucial passwords, etc. (Steiner, 2001, 2002, 2008, 2011, available at my website: [www.psychotherapytools.com](http://www.psychotherapytools.com).)

By creating a Therapist's Professional Will, you will be better prepared to help clients manage unwanted treatment disruptions. This project is beneficial for all therapists. It is suggested that you do this early in your career. Starting this project will bring you closer to creating one of the best gifts you can give your clients, loved ones, and yourself.

As Groucho Marx said "We should learn from the mistakes of others. We don't have the time to make them all ourselves."

Start on this very do-able project now. You'll be glad you did!

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