This article is intended to help therapists anticipate, manage, and/or avoid a variety of problems which commonly occur during the termination process with clients. Relevant legal and ethical issues are discussed, including examples of clinical scenarios that are associated with disciplinary actions and ethical complaints against therapists for improper termination.

**The Termination Process**

Termination is generally described as a process for ending therapy that takes place over time, rather than a discrete event that marks the end of treatment. Although termination is ordinarily planned to coincide with the client reaching his or her treatment goals, it may also occur in a variety of circumstances, examples of which are discussed below.

It is difficult to overstate the importance of an appropriate and ethical termination. It may help a client to acknowledge and solidify the gains that he or she made during the course of treatment. In some instances, it may even represent the first time that the client was able to experience an appropriate, non-traumatic ending to a relationship. At the very least, the termination process provides a client with his or her final impressions regarding the entire course of therapy.

The termination process varies from client to client. Depending upon the client’s needs and the nature of his or her treatment, it may take place over a few sessions, or it can unfold over the course of several months. For numerous reasons, a therapist who familiarizes him or herself with the relevant clinical, legal and ethical issues is better prepared to anticipate and handle the challenges which are described in this article.

**The Standard of Care**

The standard of care that applies to a given circumstance is simply that the therapist exercised the reasonable degree of skill, knowledge, and care that would ordinarily be exercised by other therapists, when practicing under similar circumstances. Although there is no ideal model for termination with a client, a therapist is expected to manage the termination process with his or her client in a manner that is consistent with the relevant standard of care. In other words, the termination process itself must be conducted with a reasonable degree of skill, knowledge and care, in view of the particular client and his or her circumstances.

**The Importance of a Termination Plan**

Many therapists believe that it is important to begin thinking about termination from the outset of treatment. The rationale for doing so is based on the assumption that it is desirable for a therapist and his or her client to define the proposed intent of therapy sooner, rather than later. By clarifying the proposed goals and objectives of therapy, it becomes possible to determine the criterion for termination. Whether or
not the prediction is perfectly accurate is not as important as the collaboration between therapist and client, and the fact that a treatment plan exists.

Ordinarily, when the therapist and his or her client have maintained a dialog about the client’s progress in treatment, the timing of termination should be foreseeable to the client. It is important to provide clients with the opportunity to prepare for termination. The amount of notice that should be provided to a client regarding termination depends on the needs of that client and the clinical judgment of his or her therapist. Many therapists believe that it is desirable to provide clients with sixty to ninety days advance notice (if it is possible to have that amount of time) but some clients may require a longer period of time, such as those who are in long-term treatment.5 6

**Special Challenges**

Regardless of the therapist’s careful planning, the termination process with some clients can prove to be especially challenging. A therapist should be prepared to encounter and appropriately manage, each of the following issues/scenarios:

**Termination Due to a Lack of Continued Benefit**

One of the more difficult circumstances for a therapist to manage is when he or she must consider terminating the treatment being provided to a client due to a lack of continued benefit. When a therapist is faced with this situation, it may be helpful if he or she explains to his or her client that it is unethical to provide treatment when there isn’t a reasonable likelihood of continued benefit.7 8

**Termination Based Upon Scope of Competency Issues**

A therapist should consider termination with a client, if his or her client’s problems are outside the therapist’s scope of competence.9 Although, in most instances, the therapist will become aware of a scope of competency issue at the start of treatment, it is possible for such an issue to emerge at a later date. Examples may include a therapist becoming aware of the fact that his or her client has a serious drug dependency, eating disorder, or a history of sexual abuse, where the therapist believes that the client is in need of specialized treatment for the identified problems, and, that he or she lacks the required competency to provide the treatment in question. Depending upon the facts and circumstances of the case, the therapist may explore the possibility of continuing to provide treatment to his or her client in collaboration with other, specialized providers,10 or, he or she may need to terminate the client’s treatment and provide the client with appropriate referrals.

**Termination Due to Conflict of Interest**

A therapist has a conflict of interest if he or she is engaged in some activity or relationship which conflicts with his or her ability to discharge his or her duties to a client.11 Ideally, most conflicts of interests are identified at the beginning of treatment. When this occurs, the therapist typically informs the person that he or she is unable to assume the role of therapist in his or her case, due to a conflict of interest. An even less-desired circumstance arises when a therapist discovers that he or she has a conflict of interest in continuing to provide therapy to an existing client. There are a number of circumstances where this might occur. For example, a prospective client may have failed to inform the therapist (or may not have known) that he or she is related to one of the therapist’s other clients; or, a therapist might discover that one of his or her clients was previously involved in a business venture with the therapist’s spouse, etc.

Generally speaking, when a conflict of interest is discovered, it is necessary for the therapist to terminate the client’s treatment and provide him or her with an appropriate referral.12 Although the therapist may not be able to offer a detailed explanation to the client (because of confidentiality issues), it is important
for him or her to provide a general explanation to the client about why it is necessary to terminate treatment under the circumstances.13

**Termination Due to Closing a Practice**
Eventually, when a therapist decides to close his or her psychotherapy practice, he or she must plan for the appropriate termination of his or her clients. A therapist has to decide how far in advance that he or she will provide notice to his or her clients regarding the closure of the practice, and, whether it should be communicated verbally or in writing. No single method is equally suited to all therapists and/or to all clients, but it is not unusual for a therapist to inform all of his or her clients during the same period of time. In view of the sensitivity of termination for many clients, when first discussing this topic, a therapist may decide to ask his or her clients to refrain from sharing the information with other clients for a period of time, in order to minimize the likelihood that a client will hear the news from another client, rather than from the therapist.14

When a therapist decides to leave his or her place of employment, there can be disagreements between the therapist and his or her employer regarding the disposition of the therapist’s clients. In such circumstances it is important for the therapist (and his or her employer) to remember that he or she is expected to primarily consider the client’s best interests throughout the process.

**Terminations Triggered by the Departure of Interns or Trainees**
When an intern, trainee or other therapist in training provides treatment, there is some likelihood that termination will be triggered by the therapist’s completion of his or her internship, practicum or similar training experience. Even when the client is aware of the fact that his or her therapist will depart at a specified point in time, the “forced” termination may elicit a strong reaction by the client. In some settings, such as agencies or public mental health clinics which serve as training sites for therapists, there are clients who have been treated by several interns in a progression that extends over the course of several years. In such settings, a client should be informed at the start of treatment if his or her therapist is available for a limited period of time, due to the therapist’s training schedule.15

When the time comes for the intern to conclude his or her work in a particular internship, it is not unusual for disagreements to arise between the supervisor/employer or agency and the intern regarding a client’s termination plan. As an example, the supervisor or agency may ask the intern to arrange for continued treatment of his or her clients at the present location, or, may even insist that the client not be provided with information about the intern’s future practice location or plans. Although these circumstances can be very stressful for everyone involved, it is important to focus on the client’s best interests and to remember that his or her treatment needs take priority over other concerns.16 Note: The client doesn’t belong to any person or entity and generally speaking, he or she has the right to decide where, and from whom, he or she should receive treatment.

**Insurance/ Managed Care Issues**
Any therapist who accepts health insurance for the services that he or she provides is aware of the fact that insurance plans often require him or her to submit clinical justification for authorization of continued treatment of a client. In some situations, in spite of a clinician’s belief that his or her client would benefit from continued therapy, a client’s insurance plan may decline the therapists’ request for additional visits. In situations such as these, the therapist may be forced to begin the termination process with his or her client, because that client may not be able to afford to pay for services out of pocket. However, ethical standards require the therapist to consider treatment options that are not limited to the provisions of the client’s insurance plan.17 It may also be appropriate for the therapist to advocate for, or assist his or her client in seeking authorization for treatment, or in challenging/appealing a denial for authorization or payment, etc.18
Clients with Delinquent Accounts
A common question that therapists ask is whether or not it is permissible to discontinue treatment with a client based upon his or her non-payment of fees. Although a therapist is not required to treat someone indefinitely if he or she is unable or unwilling to pay for services, when considering termination for non-payment of fees, it may be helpful to consider the following questions:

1. At the start of treatment, was the client given clear and specific information about the fees to be charged and did he or she agree to those terms?

2. Did the client understand that there was a possibility that his or her therapy would be terminated for non-payment of fees?

3. What were the reasons given by the client for non-payment? Were they reasonable?

4. Was the client given an opportunity to rectify the issue? Did he or she promise to address the payment issues and then fail to do so?

5. Did the therapist contribute to the problem by permitting the client to accumulate a large debt over a long period of time?

The Vulnerable or “At Risk” Client
One of the issues that a therapist must consider during the termination process with a client is whether or not his or her client is particularly vulnerable or “at risk” at that moment in time. This can be a very difficult issue to manage. As an example, the therapist may find that it is entirely appropriate to refer a client, based upon the client’s lack of progress in treatment, or because of the client’s need for specialized treatment, etc. But the desired treatment resource may or may not be available, the client may or may not agree with the therapist’s recommendation, or, he or she may lack the necessary insurance or financial resources necessary to utilize the recommended resource.

Generally speaking, if a therapist believes that his or her client would be at risk if treatment was discontinued at that time, then the therapist has to re-evaluate his or her options and consider whether it may be prudent to continue treating the client, at least for the moment. Without a doubt, this can be a frustrating situation for the therapist and for his or her client. In view of the complexity of such situations, it is a good idea for the therapist to seek consultation from an experienced colleague when appropriate and to thoroughly document his or her actions and the corresponding clinical rationale.

The Ambiguous Termination
It is not uncommon to hear a therapist state that his or her client has failed to appear for several sessions, leaving the therapist uncertain about the client’s intent to continue in treatment. In another common example, a client may inform his or her therapist that he or she is “taking a break” for a while from treatment. In these or similar circumstances, one of the concerns which exists is that the therapist cannot state with any clarity whether he or she is currently serving as the client’s therapist. Unless the therapist can unambiguously say that the client’s treatment has been terminated, there is a distinct possibility that the therapist has a continued responsibility to the individual in question, because the therapist-client relationship has never ended. Therefore, it is the responsibility of the therapist to pursue the issue and to overtly clarify with his or her client(s) whether treatment is, or is not continuing. Depending on the circumstance and the therapist’s clinical judgment, this may mean that the therapist calls the client and insists upon having a face to face meeting with him or her or, at the very least, a telephone conversation to discuss the matter. The therapist may recommend that treatment continue or that termination be conducted over the course of several sessions, as appropriate. In the event that the client refuses to contact
or cooperate with the therapist, the therapist should clearly communicate, either verbally or in writing if preferred, that the client’s therapy will be considered concluded as of a specified date. Of course, the therapist should carefully document all such communications in the treatment record.

**High-Risk Scenarios**

It may be helpful to identify and discuss a few examples of clinical scenarios where termination-related legal and ethical problems predictably arise. Variations of these examples are often described in the disciplinary cases reported by licensing boards, in ethics complaints lodged against therapists, and in malpractice (negligence) lawsuits filed against therapists.

**Open-Ended Treatment Without a Plan**

Where treatment takes place over a long period of time without identifiable goals, a client may experience the eventual termination of his or her treatment as a personal rejection by the therapist, rather than a logical end to the therapy.

An example of this situation typically involves long-term treatment (often several years in duration) where the clinical record is sparsely documented regarding the goals of treatment and the client’s progress. When the therapist brings up the issue of termination, the client becomes angry, alleging that the therapist has arbitrarily/unilaterally decided to end the relationship, and that he or she was unprepared for such an eventuality. In this situation, although there may or may not have been a treatment plan, the lack of clinical documentation makes the therapist vulnerable to accusations of unprofessional conduct. The therapist may also face a negligence lawsuit, if it were alleged that he or she provided treatment that failed to meet the expected standard of care.

**Lack of Therapist/Client Boundaries**

This situation is similar to the scenario described in the last example. In this example, the client and his or her therapist often talk about the therapist’s life, and/or they sometimes meet at locations outside of the office without a clear reason for doing so. There is likely to be an excessive (unnecessary) number of phone conversations in between sessions. Here, the therapist’s relationship to his or her client may seem more like a personal friendship than a therapist-client relationship. In a variation of this example, the client may have become increasingly dependent on his or her therapist over a long period of time, with the therapist assuming a parental role. Similar to the prior example, when there are few treatment goals in existence, the client may regard the therapist’s attempt to terminate the client’s treatment as a rejection by a friend. The therapist is vulnerable to the same accusations and allegations as described in the prior example.

**Don’t Be Reluctant to Seek Consultation**

Although it is possible to encounter some complex and/or difficult issues during termination, most of the issues described can be avoided, or managed, by the therapist who carefully monitors his or her client’s progress and who plans for an appropriate termination process. When problems arise, a therapist should not be reluctant to seek consultation from a trusted colleague who would be willing to offer the benefit of his or her own experience in managing these situations. CAMFT members are also welcome to phone and ask to speak with one of the staff attorneys regarding any of these issues.

Michael Griffin, JD, LCSW, is a Staff Attorney at CAMFT. He is available to answer members questions regarding business, legal, and ethical issues.
References


3 In the event of litigation, in order to determine what the standard of care is, a court will typically seek the opinion of a qualified expert.

4 Leslie, Richard, S., “Closing a Practice,” *The Therapist*, March/April, 2010

5 Griffin, Michael, “Closing a Psychotherapy Practice: Further Considerations,” *The Therapist*, March/April, 2010

6 Section 1.3 of the *CAMFT Code of Ethics* state: “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 undisputed 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.”

7 Whether or not this is helpful or not is matter for the therapist’s individual judgment. On a related note: when the therapist and his or her client have consistently monitored and discussed the client’s progress in therapy, the prospect of termination should be foreseeable to everyone involved.

8 Section 1.7 of the *CAMFT Code of Ethics* state: “Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue relationships only so long as it is reasonably clear that patients are benefitting from the relationship.”

9 Section 3.9 of the *CAMFT Code of Ethics* provides that, “Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.”

10 Section 3.10 of the *CAMFT Code of Ethics* provides that, “Marriage and family therapists do not generally provide professional services to a person receiving treatment or therapy from another psychotherapist, except by agreement with such other psychotherapist or after the termination of the patient’s relationship with the other psychotherapist.”


12 Section 1.31 of the *CAMFT Code of Ethics* state: “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.”
13 The author is aware of one circumstance where the therapist discovered after a few visits that her client had dated her son in the past. It is probably more likely that such events will occur when the therapist is practicing in a small geographic community.

14 Griffin, Michael, “Closing Psychotherapy Practice,” Supra.


16 Section 1.8 of the CAMFT Code of Ethics state: “When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the patient when resolving issues of continued responsibility for patient care.”

17 It should be noted that a therapist should not limit his or her consideration of treatment options to the provisions of an insurance plan. Section 1.13 of the CAMFT Code of Ethics state: “Marriage and family therapists disclose appropriate treatment alternatives with patients. Marriage and family therapists do no limit their discussions of treatment alternatives to what is covered by third-party payers.”

18 Section 1.12 of the CAMFT Code of Ethics state: “When appropriate, marriage and family therapists advocate for mental health care they believe will benefit their patients. In appropriate circumstances, they challenge denials of care, or denials of payment for care, by managed care organizations, insurers, or other payers.”

19 Section 1.3.4 of the CAMFT Code of Ethics state: “Marriage and family therapists do not terminate patient relationships for non-payment of fees except when the termination is handled in a clinically appropriate manner.”

20 Section 4982(n) of the Business and Professions Code, requires a therapist to inform the client or prospective client, prior to the commencement of treatment, the fee to be charged for the professional services, or the basis upon which that fee will be computed.

21 Section 9.3 of the CAMFT Code of Ethics state: “Marriage and family therapists disclose, in advance, their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, at the beginning of treatment and give reasonable notice of any changes in fees or other charges.”

22 See also, Section 1.10 of the CAMFT Code of Ethics, which state: “Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.”

23 Section 1.32 of the CAMFT Code of Ethics state: “Marriage and family therapists do not abandon or neglect patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the patient in making clinically appropriate arrangements for continuation of treatment.”

24 According to Section 4982 (v) of the California Business & Professions Code, the failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered is considered to be unprofessional conduct.

25 See also, Section 3.3 of the CAMFT Code of Ethics, which state: “Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, consistent with sound clinical practice.”
26 Section 4982 (d) of the California *Business & Professions Code* provides that gross negligence or incompetence in the performance of marriage and family therapy is considered to be unprofessional conduct.

27 A malpractice case is a type of negligence case. In malpractice cases, the standard of care is utilized to measure the competence of the professional.

28 CAMFT members may call (888) 892-2638, to discuss questions of a business, legal, or practice issue.