

Professional Exchange

When The Therapist Has To Cancel - Have you Decided Who Will contact Your Clients When You Can't

by: Ann Steiner, Ph.D.

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When I first began to write this article number of years ago the literature on illness in the therapist was shockingly sparse. It was a relief and pleasure to read Ruth Palmer's and most recently, Jacques Rutzky's sensitive articles about illness in the therapist and therapist wills in *The California Therapist*.

Two years ago my monthly network group met and discussed Frances Kahn's article "Ending A Clinical Practice in The Event of Disability, Retirement or Death," *California Psychologist*, April 1998. Everyone felt that the information and recommendations were important and worth doing. We all agreed to write up professional wills and list each other as Emergency Response Team Members. The resistance to actually following through on this agreement was significant. Nearly two years later only 3 of the 11 members, all full-time therapists have actually completed the documents. Addressing and exposing one's present and future vulnerabilities is not comfortable. Yet those of us who have gone through the unpleasant task of writing out our professional wills, writing suggestions for letters to be sent to clients if we are not able to do so, drafting a script for our outgoing answering machine message, etc. describe a feeling of relief.

Have you decided who you want to have contact your clients or run your groups if you are unexpectedly out of the office for a month or longer? If not, now is a good time to begin thinking through how you want to deal with your own planned and unplanned absences. Our own family emergencies, illness, or car accidents may require us to be out of the office for extended periods of time. Have you designated someone whose treatment style is similar enough to yours to be able to work with your clients or run your groups? Who knows where to find the list of all your clients, their work and home phone numbers, access to information about your billing procedures, codes for your voice mail, keys to your office etc.? I thought so; you too, like most of us, have not addressed, or planned for this unpleasant aspect of being human.

TERMINATION: A Rich Area To Explore

There are many forms of termination: planned, unplanned and temporary. Termination is the most important, most often overlooked phase of treatment. A health termination process allows time for good-byes and cleaning up unfinished business. How important is it to give your clients a chance to say good-bye to you? The bottom line is how do you want their treatment with you to end, or be disrupted due to your illness or incapacity?

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 need to explicitly invite clients to talk about our ask questions about our absences or termination. The safer you make this process for your clients, the greater the chances are that they will feel comfortable seeking treatment when they need it in the future. Many clients (as those described later in this article) are relieved to avoid having to protect someone whose job it is to help them. This can be a lifelong gift.

BACKGROUND

Denial of our own vulnerabilities and morality is surprisingly pervasive among mental health professionals. I too, like most authors who have written about this topic, was forced to confront these issues when a colleague became terminally ill. As will be described later, my situation was complicated by the fact that the therapist who practice I had to take over was my father. Prior to that time I had already used my own personal experiences coping with medical problems in my consulting to professionals whose illnesses were disrupting their work. I have done numerous "savage jobs" with clients whose therapists handled these challenges unskillfully. We need to do a better job of protecting our clients and ourselves in these stressful situations.

As a consultant to a wide range of therapists I am constantly surprised at how often we, as a group, neglect the temporary separation and termination issues that exist in our work with clients. Not to mention the separation and countertransference issues that come with our own Big Termination.

DEALING WITH OUR OWN DENIAL

When I gave a talk on this topic at the International Human Learning Resource Network in Mexico, I reworked the title to make it less threatening. The workshop was called "When the Therapist Cancels." Most of the participants were married to therapists. People were uniformly interested in the topic and equally quick to decide that these issues can wait. It is a topic that makes us squirm. Very few therapists had thought these issues through or considered the ramifications of not doing so.

DILEMMAS & PROBLEMS

A number of troublesome questions emerge, such as: Who is prepared to notify your clients and provide referrals when you are unable to keep appointments? Is someone prepared to handle the many administrative and clinical issues that come up when you are not available?

Without a plan and a professional will similar to the one Jacques Rutzky presents in the August issue of this journal, clients are at risk of feeling and/or actually being abandoned. The other big drawback to not having such a plan and document in place is that it forces us to deal with complicated issues when we are our most vulnerable. Instead of focussing on our own recovery or immediate family crisis, we end up dealing with the added stress of calling to cancel appointments at a time when we need our energy for our own physical or emotional recovery.

CARING FOR OURSELVES & OUR CLIENTS

Have you heard the horror stories about clients whose therapist had no one lined up to handle their practice when they had to be out of the office unexpectedly? The trauma of coming home from work to find a message from a stranger saying that your therapist won't be keeping any appointments because he has been fighting cancer for months and is dying can create unnecessary damage and devastation.

I confronted these difficulties when my father, a psychiatrist, became ill. Fortunately his will and durable power of attorney for health care decisions were all in place. The only thing missing was a plan for transferring care of his patients and therapy groups in the event of an unexpected absence. Although I had been pushing him to think about finding someone to lead his long-term groups in his absence, a new urgency was added when he became ill.

When his cognitive functions began to fail, I resumed the grueling task of talking him into not seeing patients, of designating someone to take over his groups and deciding who he would want to work with his patients if he were in the hospital. As I pushed him to confront his limitations, and at that time, undiagnosed illness, he argued that he didn't want to concern them and was sure he would be back in the office within a few weeks. I began helping him figure out whom he trusted to take emergency calls and keep his patients posted about when he would be back to work. The next step was to locate a seasoned enough therapist who could meet with his group and possibly take it over. This required a delicate balancing act of switching between being his daughter, and a concerned therapist. While my father fought to stay alive I urged him to allow me to let his patients know that he would be out ill for the next few weeks. Reluctantly, he agreed to have a colleague cover for him and keep his patients posted about when he would be back at work. I needed enough information about his patients to be able to help this colleague and myself anticipate the impact his absence was likely to create for them. This required that I push him to talk about his understanding of the major issues each member had dealt with in group, reviewing each person's history of separation and loss, how the group had handled previous disruptions, etc. The next hurdle was dealing with the patients who wanted to come visit him. Again, I was the gatekeeper and arranged for him to talk with some on the phone and a few did visit.

In each contact I had with his patients I promised them that I would make sure there was as much closure as possible. When we learned that his illness was terminal I began telling his patients that we would do everything possible to arrange at least one final session. They appreciated my offering them this opportunity. Countertransference filled the phone lines on both sides when I called around to find someone to do the final group I had convinced him to do with a CO-leader. Much of this could have been avoided if this had been planned for as an inevitable part of closing one's therapy practice.

As I called the members of his group to arrange a wrap-up session, a task he planned—for successor ought to have undertaken, the consensus was that they wanted me to be present. I fought against this request. How could I, whose father was dying, wear my therapist's hat and contribute to their termination work with him? Since my father needed guidance to keep focussed, I reluctantly agreed. Suffice it to say that meeting with his group was one of the most difficult and enriching experiences I have ever had.

SEEKING CONSULTATION

In my writing 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. When you are ill, your ability to think clearly and objectively about difficult decision is impaired. Borrowing someone else's brain is a temporary process that does not mean relinquishing permanent control, or admitting defeat. Whose brain do you borrow when you have difficult clinical decisions? I too, benefited from borrowing someone else's brain. Marylou Donnelly, who had been in one of my father's consultation groups was a good match for the challenge of helping his group say good-bye to him. It was important for me to have someone to talk through the countless clinical issues that came up. Over the course of a week I helped him put together a personal card for each of the members of this group that had been meeting for 16 years. In planning for the session I pushed him, as I do my own group members, to think about what he wanted each member to take with them, to deal with as much unfinished business as possible.

FINAL GROUP SESSION:

The group members looked forward, with mixed emotions, to the final session. As I spoke with each of them and prepared my father, it became clear that I had to be present to keep him focused. My presence also freed his new CO-therapist to attend more fully to the needs of the group. The session went better than I could have dreamed. I gave them all the cards I had helped him write, and Marylou suggested that they might want to read them aloud. The beauty of that experience as they shared his gifts to them was deeply moving. Several times my father's dementia derailed him and I had to redirect him back to what he wanted to say to the group as his good-bye. His new CO-therapist probably could not have done this without putting him in the role of patient. As his energy waned, I took him back to his room, leaving the group to discuss with Marylou how they were feeling and whether they wanted to meet with her again. They decided to have one more session with her to touch base after they had metabolize this powerful experience. With teamwork, we were able to create a safe place for saying good-bye, making the experience as rich and meaningful as possible.

The anxiety you may be feeling as you read this article can be maximized if you have a well thought out plan in place. Whether you work exclusively with children, individuals or families, the closure process you bring to your work can make this final phase rich, productive and meaningful. By planning ahead you will lighten the burden on yourself, your appointed Emergency Response Team and your clients. This, in turn, will free you and others from dealing with the administrative details that arise and allow you to take the best possible care of both yourself and your clients.

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