1991

Clinicians' accounts in Psc case records of the termination and transfer of psychotherapy clients.

Aida M. Khan
University of Massachusetts Amherst

Follow this and additional works at: https://scholarworks.umass.edu/theses


This thesis is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Masters Theses 1911 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.
CLINICIANS' ACCOUNTS IN PSC CASE RECORDS OF THE TERMINATION AND TRANSFER OF PSYCHOTHERAPY CLIENTS

A Thesis Presented
by
AIDA M. KHAN

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

May 1991
Department of Psychology
CLINICIANS' ACCOUNTS IN PSC CASE RECORDS OF THE TERMINATION AND TRANSFER OF PSYCHOTHERAPY CLIENTS

A Thesis Presented by

AIDA M. KHAN

Approved as to style and content by:

David Todd, Chair

Richard P. Halgin, Member

Gretchen Rossman, Member

Seymour Berger, Department Head
Department of Psychology
ACKNOWLEDGMENTS

I would like to thank Richard Halgin, Gretchen Rossman, and David Todd for graciously agreeing to be members of my committee. I am deeply grateful to David Todd, the Chair of my committee, for the encouragement, support, and guidance he offered me. David's generosity and kindness throughout this project and especially during the final frenzied days deserve special mention.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td>PREFACE</td>
<td>viii</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>I. LITERATURE REVIEW</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>The Client</td>
<td>3</td>
</tr>
<tr>
<td>The Departing Therapist</td>
<td>7</td>
</tr>
<tr>
<td>The New Therapist</td>
<td>9</td>
</tr>
<tr>
<td>Recommendations</td>
<td>10</td>
</tr>
<tr>
<td>Summary</td>
<td>14</td>
</tr>
<tr>
<td>II. METHOD</td>
<td>17</td>
</tr>
<tr>
<td>Introduction</td>
<td>17</td>
</tr>
<tr>
<td>Procedure</td>
<td>19</td>
</tr>
<tr>
<td>The Setting</td>
<td>21</td>
</tr>
<tr>
<td>Background</td>
<td>21</td>
</tr>
<tr>
<td>PSC Case Records</td>
<td>23</td>
</tr>
<tr>
<td>Functions of PSC Case Reports</td>
<td>24</td>
</tr>
<tr>
<td>Transfer Procedures in the PSC</td>
<td>26</td>
</tr>
<tr>
<td>Confidentiality of Case Records</td>
<td>26</td>
</tr>
<tr>
<td>III. RESULTS I: DESCRIPTIONS OF TERMINATION AND TRANSFER</td>
<td>28</td>
</tr>
<tr>
<td>Introduction</td>
<td>28</td>
</tr>
<tr>
<td>Termination Reports by the Departing Therapists</td>
<td>29</td>
</tr>
<tr>
<td>Mention of Termination and Transfer</td>
<td>29</td>
</tr>
<tr>
<td>Client Behavior Vis-a-vis Termination and Transfer</td>
<td>31</td>
</tr>
<tr>
<td>Client Behavior as Related to Patterns of Dealing with Loss</td>
<td>34</td>
</tr>
<tr>
<td>Therapist Communication to the Client about Termination</td>
<td>35</td>
</tr>
<tr>
<td>Therapist Experience of Termination</td>
<td>36</td>
</tr>
<tr>
<td>Recommendations</td>
<td>36</td>
</tr>
</tbody>
</table>
Post-transfer Reports by the New Therapists

Mention of Termination and Transfer
Client Affective Experience
and Behavior
Therapist Communication to the Client
Therapist Experience of Transfer

Summary
Additional Relevant Factors

Theoretical Orientation
of the Therapist
Other Therapist-related Factors
Length of Treatment
Client-related Factors
Supervisor-related Factors
Other Factors
Summary

IV. RESULTS II: A CASE STUDY

Introduction
The Transfer Case of Jackson

Background Information
The Therapy with Rachel
The Termination with Rachel
The Transfer to Laura
The Supervisory Context
Additional Relevant Information

Summary

V. DISCUSSION: IMPRESSIONS OF CONTEXT

Introduction
Theoretical Perspective and Type of Client
Formal and Informal Guidelines for Writing Reports
The Training Context
The Supervisory Context
Legal Concerns
Summary

VI. CONCLUSION
APPENDICES

APPENDIX A: TABLE I ................................................. 82
APPENDIX B: LETTER TO THERAPISTS AND SUPERVISORS .... 85
REFERENCES .............................................................. 86
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TABLE 1: SUMMARY OF CASES</td>
<td>82</td>
</tr>
</tbody>
</table>
PREFACE

Clinicians typically document significant events in therapy, such as the transfer of psychotherapy clients from one clinician to another. In training clinics in particular, the transfer of therapy clients is a common occurrence. With the exceptions of Harper (1958) and King (1956) surprisingly few researchers have looked at how therapists describe this process in case reports. The present study focuses on whether and how clinicians write in the case record about issues related to the transfer of psychotherapy clients.

Case records of clients seen in individual therapy at the Psychological Services Center (PSC) at the University of Massachusetts at Amherst were used to examine descriptions of the termination and transfer of clients, as recorded by the departing therapist and the therapist to whom the client was transferred. Therapists' accounts of the impact of the transfer experience on the client, the departing therapist, and the new therapist were of particular interest.

This study focuses primarily on two sets of reports. The first group of reports was written by therapists whose work with their clients was prematurely terminated, usually due to therapist departure. Therefore, these clients were transferred to new therapists. The second group of reports was written by the new therapists who began working with
these clients after the treatments with the previous therapists ended.

As case records provide the data in this study, it is important to note that there are advantages and limitations to their use. On the one hand, such records provide a rich source of information about these treatments. They offer the perspective of the therapist, whose direct involvement in the process affords a detailed and intimate view. In addition, the reports describe events as they are happening or very soon afterwards. This minimizes the loss or distortion of information due to time.

On the other hand, records such as these offer a highly selective account of the transfer process and these narratives by no means offer a complete picture of the events that took place. They are merely one window on the phenomenon of the termination and transfer of therapy clients. The clinicians' accounts of termination and transfer are described, with an awareness that these accounts are only one source of information about what went on.

Various factors influence what therapists choose to include in their reports. Some of these are specific to each therapist and include age, gender, self awareness, and transference and countertransference issues relevant to the particular therapy. Due to the complexity of examining these influences across several therapists and cases, these
important areas are noted but were not explored in this study.

In contrast to the above influences, a powerful set of factors that are more amenable to study involve the context in which therapists work. As a training clinic the PSC offers a certain environment that influences the scope, format, and content of reports written for clinic records. The supervisory context, legal concerns about what to include or exclude in case reports, and issues about client access to case records are some of the influences at play here.

The records themselves cannot provide a great deal of direct information about the context in which they were written, although they inevitably reflect it. For this reason, the discussion offered in the latter portion of this manuscript uses information gleaned from case records as a point of departure from which to explore various contextual factors that influence PSC case reports. In this discussion I draw explicitly on my position as a participant in this setting to speculate about how the context shapes PSC case reports. As a fourth year student in the doctoral program in clinical psychology at UMass I have seen clients in the PSC for the last 2 1/2 years. I did not work with any of the clients whose case records were examined in this study. In addition, for the last 5 months, in my position as a student supervisor on a clinic treatment team, I have served
as a liaison to the PSC intake team (which assigns clients to therapists), have played a role in case assignment decisions, and have conducted intake interviews. I believe my position as a member of the PSC community provides me with an understanding of the context in which these records were generated and enriches my work on this project.

As is unavoidable in doing any research, I begin this project with particular theoretical interests and biases which inevitably influenced choices I made about data collection and about the analysis of the data. These biases involve beliefs about the nature of the relationship between therapist and client and hinge on the idea that in psychotherapy the most powerful, and often the most painful, relationships of a client's early life are re-created in the relationship between therapist and client.

The ideas of the British object relations theorists, most notably the work of D.W. Winnicott (1965), have been particularly influential for me. Winnicott's beliefs about the curative aspects of the "holding environment" that the therapist provides for the client have shaped the way I have approached the data. The notion of a "holding environment" involves the idea that the therapist provides the client a place (the therapeutic relationship) in which feelings that a client experiences as overwhelming or unacceptable are both tolerated and contained by the therapist.
I believe that another important healing aspect of the therapeutic relationship involves a rather complicated process which can be simplified here into two parts. The first part has to do with the client's recognition that the relationship with the therapist is, in part, a reenactment of early relationships with important figures. The second part, which occurs necessarily after the first, involves the client's reexperiencing in the relationship with the therapist, the traumas and failures of early relationships. Optimally, this reenactment results in the client's working through the difficulties and pain of these early relationships. In the best outcome, this process helps the client become able to more freely and fully engage in relationships while encountering fewer of the obstacles that have hindered past relationships.

The above ideas both shaped the questions outlined in Chapter II and the approach to the data generated by these questions. Consequently, the case records were examined with particular attention to clinicians' descriptions of the relational issues between client and therapist. In addition, therapists' understandings (as stated in case reports) of the impact on the therapeutic relationship of clients' historically rooted patterns of relating to others were also of particular interest, as were clinicians' understandings of client patterns of dealing with loss. Clinicians' descriptions of the way in which these issues
unfolded in a situation such as forced termination and transfer were therefore the focus of inquiry.

I originally became interested in this topic through talking with a close friend about her experience of transfer from one therapist-in-training to another at a university training clinic in the Midwest. My friend felt this event had a great negative impact on her work with the first clinician as well as on subsequent work with her next therapist.

My own experience of working with a transfer client in the PSC and the complications created by the transfer process furthered my interest in this topic. My hope is that studying this area will help to highlight some of the particular challenges created by the transfer situation in training settings such as the PSC. In addition, I hope to further our understanding of the way in which contextual factors influence the case records kept about therapeutic treatments in the PSC.
CHAPTER I

LITERATURE REVIEW

Background

The transfer of psychotherapy clients from one clinician to another is a fact of life in teaching hospitals and training clinics. Although this "annually recurrent trauma" (Dewald, 1980, p. 13) can evoke strong emotional reactions in both client and therapist, it has received little attention in the psychology, psychiatry, and social work literatures. As some authors (Dewald, 1980; Sederer, 1975) contend, such omission may reveal a hesitation on the part of mental health professionals to examine this subject in the detail it deserves. This hesitation to examine the complexities of the transfer situation helps explain why the procedural logistics involved in transferring clients are more often the focus than are the emotional reactions that occur in both client and therapist when such forced terminations of the treatment relationship take place.

Some of the authors reviewed in the following pages (Harper, 1958; King, 1956) used case records as the basis for their research, but in general the articles reviewed here focus on the experience of the three primary players in the transfer process: the client, the departing therapist, and the new therapist. In addition, these researchers also
make several recommendations to facilitate the transfer process for all involved.

There is some confusion about the proper term to use when referring to an individual who is in psychotherapy. The word client will be used to refer to anyone who is in therapy. As some of the research reviewed in the following pages is about hospitalized medical or psychiatric patients the term patient will be used to refer to one of these individuals when it seems important to make the distinction clear.

Clients are transferred in training settings for a variety of reasons. The most common reason is the completion of clinical rotations and practica by therapists-in-training. For the client, the costs of transfer can be high. Delk and Golden (1975) reported that the changing of student therapists accounted for 70% of the client drop outs in the Adult Outpatient Psychiatry Clinic at the University of Arkansas. In a survey of clients seeking treatment at a community mental health center over a 6 month period, Tantam and Klerman (1979) reported that the transfer of a client from one clinician to another doubled the probability of dropping out of treatment before the eighth session. Kahne (1968) discussed the possibility that the period of highest staff and patient turnover in psychiatric hospitals may play a role in the increased incidence of patient suicide during this time.
In the primary care medical literature, some investigators have studied the termination of the relationship between a resident and his/her patient brought about by the annual July clinical rotation process. Freidin and Lazerson (1979) found that the manner in which the termination of this relationship is handled by the departing physician has important implications for the subsequent management of the patient's illness. These investigators found that such terminations, when inadequately dealt with by the departing physician, often have serious negative implications for the patient's disease process and for the relationship between the patient and future primary care physicians. Lichstein (1982) discussed the depth of the relationships that can develop between primary care resident physicians and their patients and how the termination of such relationships must be handled by departing physicians with great delicacy and sensitivity to the effects on patients.

The Client

In a relationship between client and therapist, there is often an even greater investment of emotion and energy than in the relationship between a primary care physician and her/his patient. Several investigators (Keith, 1966; King, 1956; Klein, 1961) have pointed out that forced termination of psychotherapy brings up for the patient unmourned or unresolved losses from the past. In a study
based on interviews with the client and the new therapist, Klein (1961) went so far as to suggest that "it is the early separation experience to which the client is reacting" (p. 58) rather than the termination of the therapeutic relationship itself. Other authors (Glenn, 1971; Mikkelsen & Gutheil, 1979) compare the forced termination that occurs in the transfer situation to a death. These authors describe the client's mourning experience as a series of stages similar to the stages of mourning proposed by Kubler-Ross (1967) to explain the process one goes through after the death of a loved one.

Reactions to reassignment on the part of the client vary. In a paper based on his own clinical experience, Keith (1966) focused on the way in which the response to transfer is tied to the client's developmental level. A child between the ages of 3 and 7 is likely to respond by acting out aggressive themes and his/her play is likely to revolve around the theme of "I will leave (attack) you before you leave (attack) me" (Keith, 1966, p.186). A latency age child is likely to use denial and obsessive-compulsive defenses. For children in early adolescence, treatment disruption is a likely response to learning of a therapist's departure. Older adolescents and adults employ defenses that are often more difficult to disentangle and understand. For this group of clients the motor outlets
used by younger people are often replaced by verbally expressing feelings.

Differences in patient reactions have been related to the type of therapy and to the patient's diagnosis. Meyer and Tolman (1963), using data generated by questionnaires on client reactions to reassignment given to the old and new therapists, found that clients seen in insight-oriented treatment were more likely to show a reaction to the forced termination than were clients seen in more supportive treatment. In their work at the Adult Outpatient Clinic of New York Hospital—Cornell Medical Center, using the clinic charts of 97 clients to evaluate the client's behavior before and after the July 1 psychiatric rotation date, Gardner, Hurt, Maltman, Greenberg, and Holtzman (1984) found that borderline clients were more likely to act out than were clients with other personality disorders.

The responses of a client to transfer are intricately tied to individual dynamics, but there do seem to be several rather typical responses on the part of adult clients. Based on his own clinical experience, Keith (1966) reported that in adult clients overt depression is an uncommon accompaniment to the loss of a therapist. Based on data drawn from clinical experience and from interviews with clinicians, other authors (Harper, 1958; Klein, 1961; Schiff, 1962) have reported that behavioral and somatic manifestations are more common. In one of the first
articles in the literature on transfer, Flesch (1947) reported eight typical client responses after learning of an impending transfer: 1) feelings of insecurity, 2) regression to a more infantile level, 3) the revelation of personal material that had been withheld up to this point, 4) expressions of hostility, 5) acting out both during and outside of sessions, 6) behavior that indicates more extreme and dangerous disturbance, 7) the development of physical symptoms, and 8) no response.

Several authors (Lichstein, 1982; O'Reilly, 1987; Sene, 1969) focused specifically on the client's feelings of anger, which are often expressed by cancelling and/or missing appointments, by being late to appointments, or by terminating the relationship before the scheduled termination date. All of these client responses can be understood to indicate the increase in a client's anxiety level when forced termination becomes a reality. This anxiety is expressed in different defensive postures which the therapist must confront (Glenn, 1971).

Some authors (Dewald, 1980; Grossman & Guignon, 1952) focus on the reality basis for the client's feelings of abandonment and betrayal. To the client, the forced termination is seen as a decision made by the therapist which does not take into account the client's best interests and treatment needs.
In addition to the loss of the current therapist, the client must also deal with feelings evoked by seeing a new therapist. In a paper based on her own clinical experience, Scher (1970) discussed how the client must cope with exposure to a stranger who may already know a great deal about him/her. In this situation clients have less control than they normally would in beginning new therapeutic relationships. The client who is transferred must also find a way to engage meaningfully with the new therapist without feeling disloyal to the previous therapist (Scher, 1970).

The Departing Therapist

While transfer can be an emotionally trying and at times even a traumatic experience for clients, it is also a difficult process for the departing therapist. In some sense, the therapist's situation is akin to the client's (Glenn, 1971; Scher, 1970). The forced termination may mean the end of an important interpersonal relationship for the therapist (O'Reilly, 1987). The leavetaking with the client usually coincides with the end of the therapist's tenure in a clinic or in graduate school, and is usually one of several leavetakings that will be experienced simultaneously (Dewald, 1980). The therapist often copes with feelings of guilt at abandoning the client (Dewald, 1980; O'Reilly, 1987). These feelings of guilt and the therapist's sense that no one else can be as helpful to the client as he/she has been may result in behavior vis-a-vis the client that
would not occur otherwise, such as agreements to meet outside the treatment hour (Grossman & Guignon, 1952; O'Reilly, 1987; Sederer, 1975).

A departing therapist may confront and deal with his/her feelings in a way that is beneficial to the therapeutic process and to the client, however, he/she may instead avoid dealing with the feelings evoked by the transfer and withdraw prematurely from the relationship and thereby emotionally abandon the client before the relationship formally ends (Glenn, 1971; Grossman & Guignon, 1952). The therapist may deny his/her importance to the client and become preoccupied with the procedural logistics of the transfer or denigrate the work done with the client in the belief that the client will make much greater progress with the next therapist (Keith, 1966; Sene, 1969).

In addition, for the departing therapist, leaving the client may involve exposing himself/herself and his/her work (by written records about the client) to the scrutiny of the new therapist, and this may affect the choice of new therapist (Scher, 1970; Sederer, 1975).

Sederer (1975) discusses the relationship between the new and old therapist as akin to the buyer and seller relationship found in a marketplace, with the client representing the goods that are bought and sold. In this way the client becomes bartered goods, perhaps made more attractive by the departing therapist's marketing
strategies. Sederer (1975) goes on to point out that the relationship between the new and old therapist has important treatment implications and if it is an amicable one, it bodes well for the client's future work with the new therapist.

The New Therapist

For the new therapist, usually a therapist-in-training, the complications of seeing a transfer client are often compounded by the situation of being a beginning therapist. Scher (1970) described the transfer situation as a "triangle" (p. 280) and this captures some of the new therapist's situation as he/she begins to work with the reassigned client. In a training setting, the new therapist's work with the client often becomes open to public scrutiny. In a study based on interviews with therapists-in-training who were working with transferred clients, Muller (1985) found that comparison of the new therapist's work to the work done by the previous therapist can evoke the new therapist's insecurities about competence as well as conflictual feelings about competition. Thus, for therapists-in-training this already charged situation is further complicated by the regressive and at times infantilizing nature of the training experience (Muller, 1985, 1986). In addition, the new therapist must tolerate scrutiny and comparison to the previous therapist by the client. In some settings, such as inpatient units, this
comparison may be done in a public forum such as group therapy meetings. For many beginning therapists this can be an anxiety-inducing situation (Muller, 1985).

The new therapist must be prepared to deal with the feelings about the previous therapist and the forced termination that the client brings to the new therapy (Golden, 1976; Klein, 1961). Thus, the excitement of a new case is mitigated by the fact that the first task of the therapy is to help the client work through the loss of the previous therapist (Scher, 1970). At this beginning stage of treatment, all work is done "in the shadow of the previous therapist" (Scher, 1970, p. 282). As "a secondhand rose" (Sederer, 1975, p. 1057), the transfer client does not meet the narcissistic needs that may have drawn the new therapist to a career as a psychotherapist in the first place; and he/she must learn to tolerate this state of affairs and remain available to the client (Miller, 1979; Muller, 1985).

Recommendations

There is some agreement in the literature about how best to deal with a situation as complicated as the transfer "triangle" (Scher, 1970, p. 280). Many authors (Glenn, 1971; Grossman & Guignon, 1952; Lichstein, 1982; Muller, 1985; Ravenscroft, 1975) emphasize the role the supervisor plays in facilitating the transfer experience for the three primary players. The supervisor can be most useful in
helping the departing therapist to face his/her feelings about leaving the client in a way that is beneficial to the therapy (Lichstein, 1982). The client's reaction to the transfer can be seen as indicative of how he/she handles object loss (Keith, 1966), and can be used to enormous benefit by the supervisor and departing therapist in understanding and helping the client work through feelings brought up by the forced termination.

Muller (1985) suggests that the supervisor avoid colluding with defensive maneuvers mobilized by the departing therapist to avoid feelings evoked by the transfer. With the help of the supervisor, the countertransference reactions of the departing therapist can be successfully used to understand his/her own emotional investment in the client and to extricate himself/herself from the involvement in such a way as to best serve the client in the period before termination (Pumpian-Mindlin, 1958). An empathic and involved supervisor who is encouraging and able to provide a sense of safety can make a crucial difference in ensuring a positive outcome to the transfer process (Lichstein, 1982).

To enhance a sense of continuity, some authors (Golden, 1976; O'Reilly, 1987) suggest that the client develop an ongoing relationship with the clinical supervisor. Reider (1953) discussed a type of patient who developed a transference to the institution in which he/she was seen for
therapy, rather than to individual therapists, thereby making the transfer process far less traumatic. He suggests that for some patients, this type of transference should be encouraged to facilitate current and future transfers. Pumpian-Mindlin (1958) and Sene (1969) suggest that the departing therapist support a sense of continuity by helping the client to focus on other relationships which will continue after the termination of the relationship with the therapist.

The transfer situation does not have to be an unfortunate event; it can also be an important opportunity for the client to face and work through feelings about previous losses (Scher, 1970). Some authors (Glenn, 1971; Pumpian-Mindlin, 1958) emphasize that the first therapy be focused on the separation anxiety evoked by the prospect of loss, not on the actual loss. As that has not yet happened, focusing on it would ultimately be an avoidance of the current reality.

In surveys of the practices used in reassigning clients at university and college training clinics, researchers (Robison, Hutchinson, Barrick, & Uhl, 1986; Wapner, Klein, Friedlander, & Andrasik, 1986) have found that different clinics have different reassignment practices, and that no standard procedure currently exists. In 64% of the clinics they studied, Robison et al. (1986) found that the client being transferred did not participate in the selection of a
new counselor and that reassignments were made at staff meetings on the basis of counselor availability. In the remaining 36% of the clinics studied, however, the client and current counselor both played a role in the selection of the new counselor, and sometimes a joint session with all three present was held to facilitate the transition.

According to Sederer (1975), the current methods employed by training clinics to transfer clients are "antithetical to the fundamental tenets of psychotherapy" (p. 1059) because they "strip the patient of active participation" (p. 1059) in a decision which affects him/her deeply. Sederer (1975) and Keith (1966) suggest that the client be told at the beginning of the therapy how long the therapist will be available, as this introduces important reality factors into the situation and allows the client to make a choice about whether or not to pursue treatment.

Several authors (Delk & Golden, 1975; Keith, 1966; Lichstein, 1982; Wapner et al., 1986) have suggested that the client's help be elicited in planning future treatment. Using data drawn from an experimental study, Devine and Fernald (1973) found that clients who were given some choice in the type of therapy available to them tended to make greater gains in treatment than did clients who were randomly assigned to therapists working in different treatment modalities.
Pumpian-Mindlin (1958) and Lichstein (1982) pointed out that the manner in which the departing therapist explains to the client the reasons for the termination is crucial. It is important that the departing therapist take active responsibility for the decision and not suggest to the client that the decision to transfer the client was imposed from above, as such a scenario depicts the therapist as a helpless victim of circumstance. These authors stressed the modelling aspects of this issue, focusing on how important it is that the therapist be viewed by the client as having some sense of agency in making important decisions.

Golden (1976) discussed the importance of reinforcing the gains made by the client in the treatment rather than bringing up new unexplored areas which, due to the time constraints imposed by the transfer, would not be examined in the necessary detail. Pumpian-Mindlin (1958) and Scher (1970) suggest that a trial termination rather than a transfer may be an opportunity for the client to consolidate and test the gains made thus far in treatment.

**Summary**

In a training setting, a delicate balance is maintained between the training needs of student therapists and the treatment needs of clients, and at times the treatment needs of clients are compromised to meet the needs of therapists-in-training. The transfer situation, as one example of this, need not only be an untoward event, but with the help
of the therapist and supervisor can be used by the client to rework previous losses. The interplay of the relationships between the different actors in this situation as well as the context in which it occurs make transfer a challenging, yet potentially growthful, experience for all involved.

In a training setting such as the PSC, some aspect of the process of termination and transfer is experienced by nearly every trainee. Students may participate as the departing therapist, the new therapist, and/or the supervisor. Because of the strong impact this event often has on the participants and the fact that it is a common occurrence in the PSC, I wanted to examine more closely the ways in which termination and transfer are experienced and understood in this setting.

The avenue chosen for this exploration was PSC case reports. As the account of a primary participant in a treatment (i.e., the therapist), a case report affords an intimate view of therapy. Additionally, such records provide a rare immediacy because they are written during or soon after a treatment. Finally, the data provided by case reports afford unobtrusive access to several different treatments.

The following questions guided the examination of case reports. Do therapists discuss termination and transfer issues in PSC case reports? If so, how do they describe this event and the impact of this experience on themselves
and their clients? What factors seem to play a role in promoting discussion of termination and transfer issues in case reports? How do contextual factors play a role in whether or how these issues are addressed in case reports? More generally, how do contextual factors work together in shaping the scope and format of PSC case reports? These questions will be described more fully in the following chapters.
CHAPTER II

METHOD

Introduction

The sample of case records examined in this study were drawn from the 370 individual therapy cases in the PSC database. Initially, 34 transfer cases which were open cases on or after June 1, 1986 were chosen for inclusion in this project. Of these cases, 32 clients were adults, 1 was an adolescent and 1 was a child. Twenty clients were female and 14 were male.

While 34 cases were to be included in the study initially, 5 cases were dropped for a variety of reasons. The first of these was a mother and daughter who were seen together for two sessions by a therapist, after which the mother continued on in individual treatment with another therapist. As this case was not the transfer of an individual client from one therapist to another, it was dropped from the study.

The second case involved transfer after one session with the first therapist because the therapist and the client knew each other from another setting and the therapist decided it would be best if the client were seen by another therapist. In this case no transfer note was written by the first therapist.
The third and fourth cases were dropped because they were not actually transfer cases, although each of these two clients had seen two different therapists in the PSC. Both these clients terminated voluntarily with their first PSC therapists and then after a period of several months again began treatment at the PSC with new therapists.

The final case was dropped because it involved a transfer which never took place. The client was reassigned but never met with the second therapist. In this case a post-transfer note was not written by the second therapist.

Within the 29 remaining cases there were 4 cases in which each client was transferred twice and therefore saw three different therapists in the PSC. Thus, while data from 29 cases were used, a total of 33 transfers were studied.

The study was divided into two parts. In the first part eight yes/no criteria were applied to the 33 termination reports written by departing clinicians and six yes/no criteria were applied to the 33 post-transfer progress notes written by new clinicians. These criteria focused on therapists' understandings of the meaning of the termination and transfer experience to the client and on their (the clinicians) understandings of the impact of this experience on the therapeutic relationship.

The second part of this project involved an in-depth case study of a case in which termination and transfer
issues were discussed in detail. The entire case record of this treatment was used to describe the treatments with the two therapists, the termination and transfer process, and the supervisory context around the case.

Procedure

The following yes/no criterion were applied to the termination report written by the departing therapist:

1) Did the report mention the impending termination?
2) Did the report mention the impending transfer?
3) Did the report mention that therapist and client discussed the impending termination/transfer?
4) Did the therapist link the client's behavior in and outside of the sessions, especially behavior the therapist views as acting out, to the impending termination/transfer?
5) Of the behavior that the therapist saw as related to or activated by the forced termination, did he/she understand this behavior as indicative of the manner in which the client deals with separation and/or loss?
6) Did the report mention that the therapist communicated to the client his/her understanding of the impact of the impending termination/transfer experience on the client?
7) Did the report mention the therapist's experience of the impending termination/transfer?
8) Did the therapist make recommendations or suggestions about the possibilities or potential pitfalls in future work with the client?
A similar but somewhat different set of yes/no criterion were applied to the first post-transfer report written by the new therapist:

1) Did the report mention the termination with the previous therapist?
2) Did the report mention the transfer?
3) Did the report mention that therapist and client discussed the termination and/or the transfer?
4) Did the therapist link the client's affective experience and his/her behavior in and outside of the sessions, especially behavior the therapist views as acting out, to the termination and/or to the transfer? Additionally, was this behavior and affective experience linked by the therapist to client patterns of dealing with loss and separation?
5) Did the report mention that the therapist communicated to the client his/her understanding of the impact of the termination and/or transfer experience on the client?
6) Did the report discuss the therapist's experience of the transfer?

The answers to these questions provided some preliminary information about how many therapists wrote about termination and transfer issues in their reports. These results are presented in Chapter IV.

In addition, these questions brought to light 10 cases in which the termination and transfer process were discussed
in some detail. Using the 14 questions outlined above as a guide, different accounts of the termination and transfer process offered by the therapists who worked with these 10 cases are also briefly described in Chapter IV.

In order to illustrate some of the complexities of the transfer situation and the various client-related, therapist-related, and supervisor-related factors which affected these cases, the second part of the study consisted of an in-depth examination of the entire case record of one case in which termination and transfer issues were discussed in some detail. This case is described in Chapter V.

The Setting

Background

The training of doctoral students in clinical psychology has been the primary goal of the PSC since it was founded in 1962. The PSC provides therapeutic services to the communities of the University of Massachusetts and Amherst, as well as to members of outlying communities.

In the PSC, supervision of cases takes place in both a group and an individual format. In general, the therapists-in-training who work in the clinic see three clients in once-a-week psychotherapy. Group supervision occurs in weekly meetings of a clinic team made up of one faculty member, one advanced clinical psychology doctoral student who functions as the teaching assistant to the faculty member, and four or five beginning therapists who are
usually in their second or third year in the doctoral program in clinical psychology. In addition, student therapists receive 1 hour of supervision per week with the faculty team leader and 1 hour with the advanced graduate student.

Clinic teams run the course of the 9 month academic year. Different clinic teams are in operation during June and July and the PSC is closed for the month of August. During any academic year there are three or four teams, each with a different treatment focus which is dictated by the theoretical orientation of the faculty member who is the team leader. In any given year there is some diversity of teams, generally a cognitive-behavioral team, a psychodynamic team, a team with an eclectic/integrative perspective on treatment, and a family therapy team.

Case assignments in the PSC take place at weekly meetings of the clinic's intake team. Concerted effort is made at these meetings to assign a particular client to a therapist who works in a modality that best meets the treatment needs of the client.

The clinic intake team is careful to secure treatment cases that are suitable for beginning therapists. Initial screenings of clients are done over the phone and an actual intake interview is scheduled only if the intake worker feels the potential client is a suitable candidate for therapy in a training clinic. PSC intake workers generally
refer severely character disordered or psychotic individuals to other agencies, although at times these clients do end up being treated at the PSC. In addition, cases which are complicated by extensive legal concerns are usually referred elsewhere.

The length of treatment of the cases seen in the PSC varies a great deal. The average length of a therapy has increased since 1986. For the cases which were closed in 1986 the average length of treatment was 25 weeks, for the cases closed in 1987 it was 27 weeks, and in 1988 it was 35 weeks (Todd, 1989). It is not uncommon, however, for a student therapist to work with a client for anywhere from 1-3 years.

If a therapist-in-training works in the PSC for more than 1 academic year he/she can expect to be assigned to a different clinic team at the end of each academic year and then again at the end of each summer. Each change in teams means working with a new supervisor. In a sense the therapist is "transferred" from supervisor to supervisor. Thus, a therapist-in-training at the PSC who works with the same client over a number of years often has several different supervisors for each case.

PSC Case Records

The first report in the case record of a client is an intake report written by an intake clinician who meets with the client for approximately 1 hour. Participation in an
initial intake interview before receiving treatment is required. After the intake evaluation, the client is assigned to a clinician by a team of intake workers. After meeting with the client for three or four sessions, the clinician writes an "Initial Psychotherapy Summary." Thereafter, "Progress Notes" are written by the clinician in December, May, and July. When a client is transferred to another clinician, the departing clinician writes a "Termination Report" which summarizes the treatment. When a client ends treatment at the clinic and is not going to be transferred, the therapist also writes a "Termination Report." In addition, the therapist also makes a brief contact note in the case record after each therapy session or significant other contact with the client.

**Functions of PSC Case Reports**

In addition to documenting the treatments of the clients seen in the PSC, case records serve a number of other functions. An important one involves crisis management. For example, if a client contacted or came to the clinic in a state of crisis, case records often provide useful information such as a history of the case, background on the client's current crisis, and other important factors to consider in making decisions about how best to dealt with the crisis. Case reports are also a summary of the treatment to date and, in a transfer case, they are often
used by future therapists to learn about the previous treatment(s).

The writing of these reports is supervised by the student supervisor or faculty supervisor of the therapist-in-training who is the author of the report. The final version of the report is signed by the therapist and the supervisor and then filed in the client's chart. If the supervisor of the case is a student supervisor, the faculty member who is the treatment team leader also signs the report. Thus, reports are approved by the faculty member who is directly or indirectly (via a student supervisor) involved in supervising the treatment.

In addition to providing a formal record of the treatment, reports are used by supervisors as a training tool to teach the therapist-in-training about the different aspects of report writing. The supervisor might make suggestions about what is important to include in a report as well as sharing what is extraneous or inadvisably included because of liability issues or other concerns.

As the PSC is a training clinic, an additional function of reports is an evaluative one. In some sense, reports can be seen as akin to the papers students write in courses for a grade. Although evaluations of the therapists-in-training who work in the PSC are also based on additional sources, case reports are used as one measure of and source of information about a student's progress and development.
Transfer Procedures in the PSC

Client transfers usually occur at the end of the academic year in June or at the beginning of the academic year in September. Generally, clients are transferred to beginning therapists who are in their second year in the doctoral program in clinical psychology. To begin the process of transfer, the current therapist notifies the PSC intake team that he/she will be terminating with the client and that the client and the therapist have agreed that transfer to another clinician best serves the treatment needs of the client. The intake team assigns the client to a new therapist. In some instances there is informal discussion about the case between the old therapist and the new therapist, but at times the only information that the new therapist has comes from the reports and other information in the case record.

Confidentiality of Case Records

In any research involving the use of case records, issues of confidentiality arise. Before beginning treatment, clients seen in the PSC sign a consent form which states in part: "Your clinical record and related case materials may be used for research." The consent form also states that case material may be used in this way "only under strict assurance that identifying information will not be included in any such presentation unless you give written permission." The identities of the clients whose records
are discussed here have been disguised. As the focus of this study is on the therapists' accounts of transfer, for the most part, the clients themselves are not discussed in any great detail. When they are, the material in question has been disguised.

A related issue arises regarding the identities of the therapists who wrote the records examined for this study. The identities of the therapists whose reports are discussed here have also been disguised.

Eight therapists who currently work in the PSC and who each worked with one or two of the transferred clients whose case records were examined for this project gave their approval to their work being included in the study. Several of the reports were written by therapists who no longer work in the PSC. As a courtesy, the 11 therapists whose reports are described in detail in this manuscript were informed by letter that the case records of clients with whom they worked were examined for this study. Letters were also sent to the supervisors who worked with these 11 therapists.
CHAPTER III

RESULTS I: DESCRIPTIONS OF TERMINATION AND TRANSFER

Introduction

In general, termination and transfer of these 29 cases took place because the first therapist would no longer be working in the PSC. There were three exceptions to this. One of these was a case in which the first therapist worked with the client in behavioral treatment for 8 months, at which point she (the therapist) was assigned to a psychodynamic clinic team and began working with the client in this modality. It was then decided by this clinician and her supervisor that the client’s treatment needs would be better served if he were seen by a therapist working in a behavioral modality and for this reason the client was transferred to a therapist on the clinic’s behavioral team.

The second case involved a departing therapist who was terminating her work with her adult clients in order to work exclusively with child clients in the PSC. The third case involved a termination and transfer at the request of the client who felt the first treatment was a mismatch of client and therapist.

Table 1 (p. 82) includes relevant information about each of the 29 cases examined in this study and may be a helpful reference for the reader throughout the rest of this chapter.
Therapists' accounts of the termination and transfer process will be described in this chapter. Beginning with the termination reports written by the first therapists, a summary of the information gleaned about the 14 questions outlined in the Methods section follows. Additionally, in order to provide a more detailed sense of the way in which these therapists described and understood the psychological implications and meaning of the termination and transfer for their clients, quotes and examples from the reports themselves are included. Following this, in an effort to further describe the reports, additional relevant information about therapists' accounts of the transfer process will be discussed.

Termination Reports by the Departing Therapists

Mention of Termination and Transfer

All but one of the 33 therapists mentioned in at least a cursory fashion, the termination of the therapeutic relationship with the client. All but three therapists stated at least cursorily that the client was transferring to a new PSC therapist. Sixteen therapists (48%) did not mention discussing the termination and transfer with the client. These therapists simply stated that the termination and transfer were to take place. One common way this was done was through a simple statement such as "Termination was occasioned by my having to leave the area." Another typical statement was "as I will be leaving the PSC in May, Ms. R
(the client) will be transferring to a new therapist.

Another example was "this termination was forced on the client due to the therapist leaving the clinic."

Fourteen therapists (42%) mentioned discussing the impending termination and transfer with the client. Some of these therapists stated only that it had been discussed. One example of this was the following short comment: "We began discussing the ending of our work together in March and Ms. C (the client) has provided much input into the way she would like to see the change take place." Another of these involved mention that the impending termination had been "difficult" for the client but that she (the client) had been able to "articulate her sadness" and "regret."

Other therapists briefly elaborated on the client's feelings about the impending termination. One departing therapist commented that his client was "likely to maintain a cautious posture until such time that she feels certain that she can trust her new therapist not to pass judgments on her for expressing thoughts and emotions of which he or she does not approve" Typically, these therapists rather cryptically described different client fears about the impending transition. They also commented about their clients' ambivalent feelings about the process of revealing themselves and sharing their experiences with a complete stranger.
Client Behavior Vis-a-vis Termination and Transfer

Six therapists linked the client’s behavior in and outside of sessions to the impending termination and transfer. Brief descriptions of their accounts follow.

One therapist viewed her client’s recent car accident as a form of acting out motivated by the impending termination. This therapist understood her client’s remarks about his overwhelming feelings of pain and loss about the destruction of his car as a veiled comment about his "inability to tolerate sadness and rage about the termination."

In discussing the period immediately after her client had been told of the impending termination, another therapist described the client’s presentation during sessions as more "affect laden," her associations as "richer and more free floating", and went on to say the client "recognized and used aspects of the transference more easily than in the past." Although the client’s sense of desperation increased as the time of termination drew closer, the therapist reported that, in general, the impending termination facilitated a positive intensification of the therapeutic relationship.

In describing the powerful rage and feelings of abandonment stirred up in her client by the impending termination, a third therapist focused on gains the client had made in treatment which enabled him to cope with the
impending loss without his usual manipulations and threats of suicide. This termination was not trouble free, however. A few months before the termination, after learning that a close friend was seriously ill, the client became troubled by a recurring fantasy that God was killing his friend to punish him (the client) for his sexual feelings towards his therapist. The therapist understood this fantasy as the client’s displacement onto his friend of his murderous rage at her (the therapist) "for abandoning him before he was ready for me (the therapist) to go."

A fourth therapist described his client’s flight into sexual relationships as a defense against directly experiencing the feelings provoked by the impending termination. This therapist understood his client’s grandiose feelings and sense of omnipotence, as indicated by a comment he made towards the end of the treatment, that the entire staff of the PSC would be thrown into "helpless destructive disarray should he chose to remain in the therapy room or the waiting room for an additional 10 minutes after his psychotherapy session," as a defensive maneuver to avoid the painful feelings associated with his actual lack of control and influence over his therapist’s decision to terminate the treatment.

A fifth writer described the process by which the forthcoming termination stimulated in his client painful memories and feelings related to loss. He went on to say
that although the client "remained open in describing the content of his experience...he has withdrawn emotionally...acknowledging that he was protecting himself from feeling abandoned in this, one of his few dependable relationships."

A therapist working with a latency age child described how, as termination approached, this boy symbolically "took home some of the nurturance and 'fixing' he received in therapy, while also showing intense feelings of anger and despair." The clinician described how his young client "killed" him (the therapist) in play therapy and then symbolically destroyed all the playroom toys he would no longer be using with the therapist.

There are a number of similarities in the understandings these clinicians offered of their client's affective experience in the time before the termination. All six therapists focused on their clients' feelings of rage, helplessness, and abandonment in the face of arbitrary decisions on the parts of their respective therapists to terminate treatment. The manner in which these clients consciously and unconsciously coped with the powerful feelings evoked by the termination were understood to involve some level of displacement.

In some cases this displacement was understood to involve acting out these feelings in other relationships (be it within a sexual relationship or even in relation to an
inanimate object such as a car). In other instances it was viewed as taking place via behaviors that resulted in feelings of omnipotence or grandiosity that covered up feelings of powerlessness or abandonment. These reactions were viewed as defensive responses against directly experiencing the feelings of abandonment and rage evoked by the impending loss.

Client Behavior as Related to Patterns of Dealing with Loss

Three therapists described aspects of the client’s behavior in the period before the termination as indicative of the manner in which the client characteristically dealt with separation and loss. These accounts follow.

In the first case, the therapist wrote about how the impending termination evoked in her client "feelings of annihilation and death" similar to the feelings he experienced in early childhood in relationships with primary caregivers. The therapist described her client’s fears that he would not be able to carry her with him after the treatment ended and his efforts to incorporate her by planning to "devote his life to helping others."

Another therapist felt the impending termination provoked in her client a repetition of a pattern with her abusive father in which she "feels milked by others, who rob her of her goods and leave nothing in return." This therapist described how the impending termination
exacerbated an already existing pattern of dealing with loss and abandonment.

A third writer described the complicated process by which her client turned his rage at her abandonment of him inward and felt depressed, worthless, and enraged about life’s unfairness. This client, in an effort to defend against his feelings of powerlessness and his lack of a sense of agency, expressed to his therapist the belief that he caused her to leave. The therapist understood this sequence of rage turned inward and the accompanying sense of omnipotence as the client’s characteristic response to loss and separation which developed when the client coped with early losses.

Each of these clinicians directly connected the client’s experience of the impending termination to earlier losses they had suffered in relationships with important figures. In addition, each of these therapists understood the client’s behavior in the period before the termination as a recapitulation of his/her responses to these early losses.

Therapist Communication to the Client about Termination

Only one of the therapists mentioned communicating to her client her understanding of the impact of the termination and transfer on him. In this case, the therapist reported that she "consistently interpreted" to the client the ways in which his acting out behaviors and
feelings of sadness about other losses he had suffered actually had to do with feelings about the impending termination. This case will be discussed in more detail in Chapter IV.

Therapist Experience of Termination

One therapist mentioned his experience of the termination, describing the variety of feelings the client evoked in him from "warmth to empathy to sadness to pride at his (the client's) accomplishments" and at times to "annoyance at his (the client's) defensiveness." This writer also noted that at the time of termination he had feelings of "guilt and self-criticalness." None of the other therapists described or mentioned their experiences of or feelings about the termination.

Recommendations

Twenty three (70%) of the departing therapists made recommendations about future work with their clients. Many therapists suggested that the new therapist help the client to more fully experience and express feelings and that future treatment examine early childhood relationships. A number of therapists made more specific recommendations about future areas to be explored as well as suggestions about the appropriate therapeutic modality to use with particular clients.

One therapist described her client's wish to continue in treatment with another female therapist as a way "to try
and preserve his fantasy that he will find a perfect caretaker/sex partner—a fantasy associated with (the client’s) split sense of self and that he does not feel ready to relinquish." This therapist believed the conflict between these two "split" parts of the client should be the focus of future work. The therapist also warned the future therapist about the importance of maintaining strict boundaries with this client in order to avoid unhealthy regression on his part.

Another therapist suggested that future work include an exploration of the client’s identification with his father. This clinician recommended that the future therapist focus on ways this identification could be loosened in order to free the client to explore new career and relationship options.

Two therapists who worked in behavioral treatment with their clients had specific instructions for the new therapists. One suggested a specific task: assisting the client in his academic work by providing "a structured schedule along with periods of reinforcement and appropriate consequences." The other suggested the continuation of behavioral work with the client and the use of cognitive restructuring and stress management techniques.

One therapist, in discussing a client who had already seen two different therapists in the PSC for a period of 4 years and who was in the process of being transferred to a
third therapist, suggested that the new therapist help the client to "explore her rationale for continuing treatment in a training clinic" rather than seeking treatment in a context which would provide greater continuity. This therapist made the point that the environment of a training clinic in which clients were transferred from one clinician to another, "colluded" in some sense with the client’s defensive style of avoiding forming intimate long lasting attachments.

In sum, a majority of departing clinicians had recommendations and ideas about the important foci of future treatment and felt it was important to communicate these ideas to their clients' new therapists. Some of these recommendations involved highly detailed ideas about how the new therapist might best understand a particular client's problems whereas others were general suggestions about future areas to be addressed in treatment.

Post-transfer Reports by the New Therapists

Mention of Termination and Transfer

All but two of the therapists mentioned in at least a cursory fashion the termination with the previous therapist. All but two of the therapists also mentioned at least briefly, the circumstances surrounding how they began working with the client, i.e. that it was a transfer case.

A typical example of this was: "D was transferred to me in May by her previous therapist who left for internship."
A more detailed example that included some mention of clinical considerations was a case in which the new therapist mentioned that the new therapy marked a "transition" in the client's tenure in treatment because, at the suggestion of her previous therapist (a woman), the client had been transferred to a male therapist. In another case, after briefly stating that it was a transfer case, the new therapist mentioned that the client had "expressed great appreciation" about how much she had learned in the previous treatment.

Twenty one therapists (64%) did not mention discussing the termination and transfer with the client. These therapists focused their reports on their work with the client without incorporating their understanding of the client's work with the previous therapist.

Eleven (33%) of the therapists mentioned that the therapist and client discussed the termination and transfer. Seven of these therapists discussed the termination and transfer in some detail. Descriptions of their remarks are in the following sections.

Client Affective Experience and Behavior

Seven therapists (21%) made links between the client's affective experience and behavior to the termination with the previous therapist and/or to the transfer. One client's hostile and angry feelings for her new therapist and for a male friend were viewed by the new therapist as a
displacement of unconscious hostility at her previous therapist for leaving. The current therapist also felt the departure of the previous therapist exacerbated the client's sense that she "disappears" from the mind of her therapist after leaving the clinic after each therapy hour thereby "repeating her experience of emptiness and existential alienation."

Another writer reported her client's difficulties with feeling, much less expressing, her anger at her previous therapist for leaving. This therapist described how her client maintained a relationship with her previous therapist by continually referring in the current therapy to interpretations made by that therapist. The new therapist felt that "in this way she mourns her loss and tries to integrate her past therapeutic experience into our work together. Such comments also at times have posed a barrier to our work by causing triangulation and by counteracting present interpretations."

A third therapist focused on her client's belief that he "drove his former therapist away just by talking about his problems." This clinician felt the change in therapists clearly played a major role in the client's current depression although the client was not consciously aware of this. The new clinician understood the client's reluctance to talk about his work with the previous therapist as
motivated by a belief that to do so would hurt the feelings of his current therapist and cause her to leave him as well.

Another therapist viewed his client's experience of the termination and transfer as a repetition of a "developmental tragedy" involving his relationships with his parents. Although in his late twenties, the client had spent most of his adult life meeting the rather unreasonable demands of his parents, to the point of physical and emotional exhaustion. The therapist felt that his client was "bending over backwards" to avoid overwhelming feelings of rage at his parents and at his previous therapist for their emotional and literal "abandonments" of him and his needs. The client's sense of himself as "someone capable of throwing others' lives into turmoil...is a sort of reaction formation that gives him even greater reason (and means), if only unconsciously to keep his aggressive impulses in tow."

A fifth therapist mentioned her client's vehement denial that the termination and transfer experience had any effect on him. This clinician felt her client "demonstrated an underlying resistance towards experiencing the affect associated with the loss of his past therapist and with the beginning of a new therapy relationship."

Another writer described her sense that her client feared that his previous therapist was unable to "tolerate or contain" his (the client's) "negative...overwhelming and destructive feelings." A result of this, according to the
therapist, was that the client felt he was being "passed off" to the new therapist, thus evoking many familiar feelings of "abandonment and loss of control."

The seventh clinician, in a more detailed discussion than was typical even of the group of reports in which termination and transfer issues were discussed, described the client's frustration at her previous therapist's leavetaking, believing it to be another instance in her life in which "people have slipped away." This therapist wrote that her client "compares therapy to a game, believes that her therapist has a 'hidden agenda' and 'answers' which the client must divine and talks bitterly about having her own questions turned back to her." The new therapist wondered if her client "harbors the belief that if she had been given more clues and played the game more shrewdly, she would have pleased and kept (her previous therapist) just as she might have satisfied and reunited her (divorced) parents." This clinician believed that her client was more easily able to talk about her feelings of envy towards her previous therapist for "moving on to bigger and better things" than to face her feelings of anger, hurt, and pain at being "abandoned."

These seven therapists focused on fairly similar themes in their discussions of their respective clients' emotional experience of the termination with the previous therapist and the distress evoked by beginning with a new therapist.
In this group of reports, clinicians described how the feelings of abandonment and anger at the termination with the previous therapist were typically not expressed directly. Rather, according to these accounts, these feelings were turned inward and experienced by the clients as powerful feelings of self blame, guilt, and remorse for having driven their previous therapists away.

**Therapist Communication to the Client**

None of the therapists mentioned communicating to the client his/her understanding of the impact of the termination and transfer on the client.

**Therapist Experience of Transfer**

None of the therapists discussed his/her experience of the transfer.

**Summary**

Although few therapists failed to make at least cursory mention of the termination and transfer, only 11 therapists described the process in any detail. These 11 therapists worked with 10 of the 29 cases examined in this study and wrote the 14 reports in which termination and transfer were discussed.

In their termination or post-transfer reports a number of these therapists discussed their understandings of the impact on their clients of the termination and transfer. There was some agreement within these accounts, with most therapists focusing on their clients' feelings of sadness
and loss and the defensive patterns used by clients to deal with these feelings. Only one therapist wrote about sharing with the client her (the therapist's) understanding of the significance of the loss. It is important to note that the above does not mean that these or other events did not take place, merely that they were not described in case reports. Additionally, none of the therapists discussed in their reports their own experience of the termination and transfer.

**Additional Relevant Factors**

In an effort to further describe the reports, some additional information that emerged from the data is described below. Some of the following is drawn from the 29 cases examined in this study. The bulk of the following is drawn from the 10 cases in which either or both the departing and new therapists discussed termination and transfer issues in some detail.

**Theoretical Orientation of the Therapist**

As stated earlier, it was the exception rather than the rule that termination and transfer issues were discussed in the PSC case reports read for this study. Theoretical orientation was relevant here. Of the reports written by behaviorally oriented therapists who were supervised by supervisors with the same theoretical orientation, without exception, none of the reports included any information
beyond a cursory level, about termination and transfer issues.

Based on the reports read for this study, the reports written by therapists doing behavioral work were typically focused on operationally defining the client's presenting problems and implementing behavioral techniques to achieve the goals of treatment. This applies to 10 of the 51 reports in which termination and transfer issues were not discussed.

All 14 of the reports in which termination and transfer issues were discussed were written by therapists who were working psychodynamically. In addition, all of these therapists were supervised by psychodynamically oriented clinicians.

The bulk of these 66 treatments were conducted by therapists who were working psychodynamically (at least at the point of termination and transfer). It is important to note that among the 19 cases in which the termination and transfer process were described only in a cursory fashion, in 10 cases both the departing and new therapist worked within a psychodynamic framework. Among the other 9 cases, in addition to the transfer from one clinician to another, there was also a change in modality after the transfer, i.e., in 9 of these cases the first treatment was with a clinician working in one theoretical modality and the second treatment was with a clinician working in a different
modality. Typically, the switch was from a psychodynamic modality to a cognitive-behavioral one or vice versa.

Other Therapist-related Factors

There are no truly distinct patterns that emerge about the level of training of the therapists who wrote about termination and transfer issues. There are some indications, however, that more experienced psychodynamically oriented therapists were more likely to write about termination and transfer issues than were less experienced psychodynamically oriented therapists.

As is noted above, however, not all the psychodynamically oriented therapists whose reports were examined in this study wrote about termination and transfer issues. But all the therapists who did write about termination and transfer issues were strongly psychodynamically oriented. This information was learned from the evaluation of treatment forms completed by some therapists or was explicitly stated in reports. Thus, a small portion of all the psychodynamically oriented therapists whose reports were examined for this study wrote about termination and transfer issues. This becomes clear upon closer examination of the 14 reports in which these issues were discussed.

These 14 reports were written by 11 different therapists. Three of these therapists each worked with 2 of the 10 cases (a total of 6 out of the 10 cases being
discussed here). These 3 therapists as well as 4 others were well along in their training, at the point of the transfer (2 in third year in program, 5 in fourth, fifth, sixth years or at post-internship level). The other 4 therapists who wrote about these issues in some detail were second year students. As these 4 therapists were the recipients of transfer cases at the beginning of their second year in the program, these clients were among their first clients.

It is interesting to note that within these 4 cases (which were transferred to 4 different second year therapists), 3 of the 4 departing therapists wrote in their termination reports about client reactions to and feelings about the premature termination. Thus, issues of termination and transfer had been explicitly raised in the case record by the departing therapists in 3 of these cases.

Finally, among the 14 reports in which termination and transfer issues were discussed, 6 reports were written by departing clinicians and 8 reports were written by new clinicians.

Length of Treatment

All 10 of the cases in which termination and transfer issues were discussed were long term treatments conducted (as is noted above) by psychodynamically oriented clinicians. Within these 10 cases, the average length of the first treatment was 19 months, with the longest
treatment lasting 24 months and the shortest one 14 months. The average length of the treatment with the new therapist was 16.1 months, with the longest treatment lasting 30 months and the shortest one 3 months. At the time of this writing, three of these clients were still being seen in the clinic, two in a second treatment and one in a third.

Among the 19 cases in which termination and transfer issues were not discussed, the average length of the first treatment was 10.3 months, with the longest treatment lasting 24 months and the shortest one 3 months. The average length of the second treatment was 18.8 months, with the longest treatment lasting 44 months and the shortest 2 months. At this time, two of these clients are currently being seen by their second therapists.

Client-related Factors

In the 14 reports in which termination and transfer issues were discussed, issues of attachment were described as an important focus of treatment. These 11 therapists wrote in detail about these issues. They described the evolution of the therapeutic relationship in the context of the client’s past and current relationships with family members and other significant figures.

On a number of other dimensions, clients whose therapists discussed termination and transfer issues in some detail seemed to differ from the clients whose therapists did not. The 10 clients who were discussed in these 14
reports were described by their respective clinicians as quite provocative, in terms of acting out behaviors both in and outside of sessions. Parenthetically, this does not mean that the other 19 clients did not behave provocatively, just that their therapists did not report it.

In their reports, several of these 11 clinicians also described the intensity of the attachment these clients developed to their therapists. In addition, these writers stated that they made transference interpretations to their clients.

**Supervisor-related factors**

Interestingly, one supervisor supervised the work of a number of therapists who worked with several of these 10 cases. Among the 14 reports in which termination and transfer issues were discussed, this psychodynamically oriented faculty member worked directly with 4 of the cases and supervised the student supervisor of a 5th case. Thus, this one supervisor was involved in supervising 5 of these 10 cases.

For the most part, the other seven supervisors who worked with the additional 5 cases in which termination and transfer issues were discussed were also psychodynamically oriented. The exceptions to this were two faculty supervisors who are known to work within a psychodynamic framework when the therapists they are supervising are
psychodynamically oriented, as was true in the two cases involved here.

Other Factors

There is an interesting pattern among 5 of the 10 cases in which the termination and transfer process was discussed, that has to do with the years in which these clients first began treatment. All 5 of these cases began treatment in 1982, 1983, or 1984, making them the earliest of the 29 cases. In addition, the reports written about 4 of these 5 cases contained by far the most detailed information about the termination and transfer process.

Summary

The most relevant aspects of the information described above will be reiterated here. Eleven therapists wrote the 14 reports in which termination and transfer issues were discussed. Seven of these therapists were well along in their training at the point of the termination and transfer. The other four therapists who wrote about these issues were in their second year of training. These clinicians were the new therapists on four cases and these clients were among their first clients.

None of the 10 reports written by behavioral clinicians mentioned the termination or transfer in any detail. Rather, these reports were focused on the behavioral techniques used by the therapist and the effectiveness of these techniques in meeting treatment goals.
In general, the 29 cases studied were conducted by therapists working psychodynamically. Although not all these clinicians wrote about termination and transfer issues, all the reports in which these issues were addressed were written about long term treatments by psychodynamically oriented clinicians who were supervised by psychodynamically oriented supervisors. Attachment issues were described by these therapists as being of some importance in these treatments.

One psychodynamically oriented faculty supervisor directly supervised 4 of the 10 cases in which termination and transfer were discussed. This faculty member also supervised the student supervisor of a 5th case in which these issues were addressed.
RESULTS II: A CASE STUDY

Introduction

The focus of inquiry thus far has been on the last reports written by the departing therapists and the first reports written by the new therapists. In an effort to describe different aspects of the clinical environment that affect the treatments conducted in the PSC, one of the cases which was discussed in the previous section will be presented here in greater detail. In several ways this case is an atypical one among the cases examined in this study. This client was first seen in 1982, making this the earliest of the 29 cases examined in this project. Additionally, the termination and transfer were discussed in more detail in this case record than in any other case record.

The case study data consisted of an entire case record. This includes contact notes written by the therapists after sessions, all the reports in the case file, and an evaluation of the treatment completed by the second of the two therapists who worked on this case. The evaluation of treatment is a form completed by the therapist after the termination of the treatment, in which he/she rates the effectiveness of the treatment. One transfer case was chosen to highlight some of the issues that arise in the forced termination and transfer of psychotherapy clients.
Although it is important to keep in mind that the representations of the therapeutic relationship and of the treatment offered in these reports are only one limited view, they are also a rich account and interpretation of events that took place between therapist and client.

The Transfer Case of Jackson

Background Information

Jackson, a 20 year old male student, originally sought behavioral treatment for help with academic difficulties. He was unable to complete assignments and was placing himself at serious risk of flunking out of school. Jackson was initially seen in the PSC by Thomas, with whom he worked in a 10 session behavioral treatment. The decision to end the treatment was made by Jackson. He informed Thomas by phone that he would no longer be coming in for sessions.

In his evaluation of the therapy, Thomas described the therapy as "mildly successful" and said that the need for further treatment was "moderate." In closing his final report on this case Thomas commented that behavioral treatment would be ineffective with Jackson until important "relational issues" were addressed.

Jackson sought treatment at the clinic 8 months after this termination. At this time he requested help with interpersonal difficulties. He felt his abusive and intimidating manner, especially with men in positions of authority, and his overwhelming depression alienated people.
Feelings of powerlessness and worthlessness as well as difficulties controlling his anger were also important aspects of the presenting problems.

Jackson was seen for 1 1/2 years in psychodynamic psychotherapy by Rachel who, at the time she began seeing Jackson, was in the second semester of her third year of training. At the time of the termination Rachel had just completed her fourth year in the program. Jackson was then transferred to Laura, who was just beginning her second year of training. Jackson was one of Laura’s first clients and she saw him in psychodynamic psychotherapy for almost 2 years. In several of their reports both Rachel and Laura discussed the termination and transfer.

The Therapy with Rachel

In the first of her three reports, Rachel described a relationship with Jackson that was rocky and intense from the first session. She described how Jackson went through cycles in which he would initially idealize her, was then faced with intense feelings of disillusionment when Rachel was not the ideal therapist he had fantasized her to be, followed by periods in which he harshly devalued her. These cycles began in the initial months of treatment and continued throughout the therapy.

Rachel described the periods of idealization as times during which Jackson experienced her as the perfect loving maternal figure he never had in childhood. These periods
would be followed by sessions in which he would behave in an antagonistic and intimidating manner, pacing around the room and berating her with insults, threats of violence, and on occasion bringing "props" with which to threaten her. Although Jackson continued throughout the treatment to act out by making aggressive comments and by threatening behavior, these occurred less often and were far less dramatic as treatment continued.

Early in the treatment Jackson developed a highly sexualized transference that was tinged with violence. He discussed these feelings openly and they continued throughout the therapy. Rachel viewed these feelings on Jackson's part as a fusion of sexual and aggressive material which covered a central core of "isolation and emptiness."

In her reports, Rachel stated several times her sense that it was extremely important that she show Jackson that she could both tolerate and accept the sexual and aggressive feelings that both frightened and overwhelmed him. Rachel mentioned repeatedly that she interpreted to Jackson her understanding of his acting out behaviors, often sharing her sense that he tended to project onto her his "seductive and murderous" desires and his sense of fear and powerlessness.

Rachel reported that Jackson felt tremendous guilt about his verbal abuse of her and his threats of physical attack. His guilt was exacerbated by difficulty differentiating his destructive fantasies from reality.
Because of this, experiencing intense feelings of rage and destructiveness could be "disorganizing" for him.

An important goal of the treatment, and one in which much headway was made, was to help Jackson to distinguish between his rageful fantasies of destruction and his behavior. Rachel’s method of accomplishing this involved helping him mitigate his overwhelming internal life by translating it into words and then helping him to share these internal experiences with her. Rachel viewed this process as crucial in helping Jackson to express his pain through language rather than by acting out in self-destructive or other ways. She felt her role in this involved "firm limit setting and explication of the rules and structure of therapy...(as well as) offering reality testing as to the difference between thoughts and actions."

Rachel continually interpreted Jackson’s lashing out at himself as both an attempt to protect others from his rage as well as "a repetition of past object relationships." Rachel described Jackson’s role in his family as his father’s "whipping boy." Jackson had no memories of receiving from his father the comfort and nurturance he craved although he did remember being nurtured by his mother. This caretaking, however, only took place after he was beaten by his father. According to Rachel, this "sadomasochistic dynamic" was the only way Jackson felt able to receive nurturance from his family.
The Termination with Rachel

In her last report, Rachel discussed her understanding of the effects on Jackson of the impending termination and transfer. Her discussion was focused on the 4-5 month period before the termination. This was a difficult termination for Jackson, and Rachel makes it clear in her report that the work was prematurely thrust into a termination phase "in the midst of our working through his rage and self destructiveness" because she was leaving the area.

The forced termination brought back with a vengeance the symptoms for which Jackson had initially sought therapy. According to Rachel, the impending loss evoked events that could be understood as part of a three stage process. Initially, Jackson experienced intense and overwhelming feelings about the impending loss. This was followed by a retreat from these feelings through a number of different acting out behaviors. In the final weeks of the treatment Jackson was able to face his feelings of sadness and anger, talk with Rachel about the impending loss, and come to some resolution about the treatment and the forced termination.

When he learned of the impending termination (about 5 months before it was to take place), Jackson initially experienced familiar feelings of "annihilation and death." Rachel understood this as related to his uncertainty about whether he could carry with him positive aspects of their
relationship and of the treatment after it ended. One way he dealt with some of these feelings was through peppering Rachel with personal questions in an effort to buttress his internal sense of her. In his attempts to "internalize" aspects of his therapist, Jackson shared with Rachel his plan to give up his current career aspirations to devote himself to helping others. Rachel viewed Jackson’s attempts to identify with her as adaptive responses to the termination.

Jackson’s interest in becoming his therapist in order to maintain his connection to her was clear to Rachel in the period just after he became aware of the termination. In a later period, however, Rachel reported that he coped in a different, albeit related manner. In this second period, Rachel felt that Jackson retreated from his sadness and rage at the impending loss through a "defensive hypersexuality" that involved his sleeping with a number of different women, being late to sessions because of this, and then spending session time describing the sexual activity in which he had just taken part. In addition, during this period Jackson missed or was late to sessions for a variety of other reasons as well.

About 1 month before the termination, Jackson had a car accident which demolished his car and in which he received minor injuries. In the session following the accident Rachel understood Jackson’s sadness about the loss
of his car and his descriptions of his "bodily pains" because of the accident, as a veiled reference to his sadness and pain about losing Rachel.

Rachel continually related Jackson's acting out behaviors to his pain over the impending separation and she reported sharing these thoughts with him. She described his retreat from an initially adaptive stance of trying to internalize her and aspects of their relationship as giving way to acting out through lateness or missing sessions. She related these events to his rage and the disorganizing effects his rage had on him. When faced with losing the "sustenance" he craved and received from her, he lost all sense of what he had gotten in the treatment and retreated to a "more primitive level of functioning" that resulted in some of the acting out behaviors outlined above.

Rachel reported that despite these difficulties, the termination went well enough that in the last weeks of the treatment, Jackson was able to sort out and recognize the aspects of Rachel and of the treatment that he would carry with him. Rachel viewed her "consistent interpretations and firm limit setting" as essential in helping him to fruitfully explore his sadness and pain about the impending loss.

The Transfer to Laura

In the first of her five reports on this case, Laura described the contradictory descriptions that Jackson
offered of his therapy with Rachel. In their initial session he described his work with Rachel in positive terms and also disparaged it. In this first session with Laura, Jackson described therapy as "inefficient and self indulgent," and advocated that he and Laura engage in a more "emotional" treatment, rather than "playing it cool and intellectual" as he said he and Rachel had done. In the same session, however, Laura wrote that Jackson described his work with Rachel as "helpful" and shared his sense that his sessions with Rachel had felt like a "safety net." He also described his fear that Laura would not be able to provide him with such a safety net. Consequently, he felt that he needed to maintain a "watchdog" status until he could be sure that he would indeed be safe with Laura.

To continue with her initial report, Laura went on to describe how Jackson initially vacillated between revealing his desires for closeness and expressing feelings of hostility. As a result, in the first stages of the work, he engaged in several antagonistic and distancing behaviors. Although Laura described Jackson's behavior in the first 10 sessions as "very provocative and hostile," she went on to report that he was able to share with her his conflictual feelings about becoming emotionally involved in their relationship.

Laura wrote that losing Rachel stirred up in Jackson "frightening and complex feelings" about his dependency
needs. Furthermore, she understood his antagonistic behavior as the result of an initial leeriness and fear of a new therapeutic relationship because of the painful outcome of his relationship with Rachel.

Although in Laura's view, it was important that Jackson explore his feelings about the loss of Rachel, she described how difficult this was for him and that he rarely discussed Rachel. She described how Jackson saw her and Rachel as "very similar." Laura understood this as a defensive maneuver to avoid the pain that would be evoked by acknowledging the loss of his previous therapist. Although Jackson was hesitant to discuss Rachel in any great detail, he did often point out to Laura the ways in which her "style" with him was different from Rachel's.

Although this therapy continued for close to 2 years, in four of the five reports she wrote on this case Laura mentioned the ramifications of Jackson's therapy with Rachel on the current treatment. Laura wrote about her sense that Jackson had unresolved feelings about the loss of Rachel that were difficult for him to face and explore. It is clear from Laura's reports that this treatment took place in "the shadow of the previous therapist" (Scher, 1970, p. 282).

Despite the difficulties described above, the transfer appears to have gone fairly smoothly. The initial period in which Jackson behaved in a manner that Laura viewed as
designed to prevent him from becoming emotionally engaged in
the new treatment gave way, after some time, to a treatment
in which Jackson was quite engaged and in which he worked
very hard.

The work with Laura focused on many of the same issues
as did the previous therapy. From Laura’s descriptions of
their sessions, it appears that Jackson continued to act out
both within and outside of therapy, but that his acting out
behaviors were less dramatically self destructive than they
were when he saw Rachel. In addition, his provocative
behavior with Laura is described in a manner that suggests
it was less violently antagonistic than was his behavior
with Rachel.

Jackson’s work with Laura also ended as a forced
termination when Laura left the PSC. Jackson chose not to
be transferred to a third therapist, a decision that Laura
supported. In her last note, Laura notes that were Jackson
to be in treatment again, it would be important that he not
be left by his next therapist as he had been by his first
two clinicians.

The Supervisory Context

Except for the first 3 months of her work with Jackson,
Rachel was supervised by Eliot, a psychodynamically oriented
faculty member. Thus, there was a continuity of supervision
on this case that is somewhat unusual in the PSC.
For the first 9 months of her work with Jackson, Laura was supervised by Denise, a psychodynamically oriented student supervisor. Roger, the psychodynamically oriented faculty supervisor who was the treatment team leader, supervised Denise's work with Laura.

During the following 2 month long summer semester Laura was supervised by Harry, a psychodynamically oriented student supervisor. Harry's work with Laura was supervised by Tom, a humanistically oriented faculty supervisor who was the treatment team leader.

For the rest of the time she worked with Jackson (i.e. 9 more months) Laura was directly supervised by Roger. Thus, for the second treatment there was also some continuity of supervision because Roger was involved with the case at some level through all but 2 months of the therapy.

Additional Relevant Information

As is noted in Chapter III, Eliot supervised 5 other cases among the 10 in which termination and transfer issues were discussed. In addition to the case described in this chapter, Rachel was the departing therapist on a second case among the 5 cases in which these issues were addressed. Eliot was also her supervisor on this second case.

It is not important to go into the details of this second case. It is of note, however, that in her reports about this case Rachel also wrote in some detail about
termination and transfer issues, as did the new therapist to whom this case was transferred.

Thus, Rachel was the departing therapist in 2 of the 3 cases (among the 10 cases) in which termination and transfer issues were discussed by both the departing therapist and new therapist. Among the 29 cases that were included in this study Rachel was the therapist only in the 2 cases being discussed here. Therefore, in every case in which she was the departing therapist Rachel wrote in detail about these issues as did both of the therapists to whom these cases were transferred.

Summary

This case began in 1982 and was the earliest of the 29 cases examined in this study. In addition, this case record contained more detail about the termination and transfer process than did any other case record.

The treatments described by both therapists were quite stormy and both stated that Jackson’s behavior was often highly provocative. According to their reports, both Rachel and Laura responded to this behavior by continually interpreting to him their understandings of his behavior.

In their reports Rachel and Laura wrote a great deal about Jackson’s early relationships and the way in which his experiences in these relationships were reflected in current relationships, including those with his therapists. In fact, most of the case reports were focused on issues of
relationship and described how Jackson alternated between wishes for extremely intimate involvements with his therapists to demands for complete disengagement. This ambivalence about closeness was an important focus of both treatments.
CHAPTER V

DISCUSSION: IMPRESSIONS OF CONTEXT

Introduction

Several factors play a role in shaping the formal record of a therapeutic treatment. Using the reports examined in this study as a point of departure and drawing on my status as a participant in the PSC, various contextual factors that may have influenced therapists' accounts of the termination and transfer process will be discussed. In a broader vein, ideas will be suggested as to how various contextual influences may work together to shape the scope, format, and content of case reports.

As both Chapters III and IV have suggested, the theoretical perspective of the therapist, the type of client, and the supervisor of the case influence the content of case reports, as do other important factors. These include general training issues as well as some factors that are unique to the PSC. Furthermore, legal concerns that have affected mental health centers across the nation are also relevant here. Although these factors work in conjunction in shaping case reports, for purposes of clarity they will be discussed separately.

Theoretical Perspective and Type of Client

Only psychodynamically oriented therapists wrote about client affective experiences and difficulties with the loss
of the relationship with the previous therapist. This may reflect the assumption in psychodynamic theory, especially in object relations perspectives, that a client's historically based conflicts about attachment are inevitably played out in a therapeutic relationship. That these clinicians were more likely to link their clients' experiences of the termination and transfer to experiences of early losses and separations may be an indication of this theoretical bias. Perhaps PSC clinicians working in other modalities placed less importance on the impact of the termination and transfer process on clients than did psychodynamically oriented clinicians. The data in this study raise this possibility but are not sufficient to draw conclusions about this.

In addition to including discussion of termination and transfer issues, the 10 cases in which these issues were discussed were also concentrated on relational and attachment issues (both in terms of the termination and transfer process as well as in other arenas), raising the possibility that clients with specific attachment issues may be more likely to be assigned to psychodynamic treatment teams than to treatment teams with other theoretical perspectives. Relatedly, these 10 clients were described by their therapists as quite provocative in terms of their acting out behaviors and their ability and interest in "stirring up" their therapists. These clients were
described as prone to acting out, often in a rather dramatic manner. This type of client behavior was noted by the therapists both in response to termination and transfer as well as more generally.

**Formal and Informal Guidelines for Writing Reports**

There are few formal arenas in the clinical psychology program in which report writing is taught. A student therapist typically learns about what to include in reports from the supervisor, from reading the reports of other students, and from the PSC policy manual. In the most recent "Policy Manual for the Psychological Services Center" (1990) specific note is made that when a client ends treatment with one therapist and is transferred to another, the departing therapist is to write both a "Transfer Note" and a "Termination Summary." This is a change from previous policy. Before 1990, departing therapists wrote only a "Termination Summary." Thus, for the 29 cases examined in this study only termination reports were written. Although these were to include a section on the disposition of the case, both the previous manual (1986) and the current one offer no comment about whether to discuss client or therapist reactions to termination and transfer. Thus, past and current clinic policy dictate that at least cursory mention be made of termination and transfer but further discussion is left to the discretion of therapists and their supervisors.
The Training Context

In their first year in the program, students are observers on treatment teams and it is not until their second year that they begin to work directly with clients. The therapists who receive transfer clients are, for the most part, second year students who are learning the responsibilities that seeing clients in the PSC entails. For these therapists, the often overwhelming experience of seeing clients, being supervised, and learning the required paperwork is further complicated by the exigencies of working with a transfer client (Muller, 1985).

For example, the evaluative component that exists in any training clinic is likely to be compounded for beginning therapists working with transfer clients. These students must be therapist to a client who has already worked with a more advanced student therapist. The new therapist often has concerns about being compared unfavorably to the previous therapist (Muller, 1985) and is often painfully aware of the evaluative aspect of the supervision in a psychology doctoral program. Thus, it may be that reports written by second year student therapists tend to avoid certain issues (like transfer) that are most likely to involve evaluation and comparison.

In some cases, a supervisor who worked with the previous therapist may continue to supervise the new therapist's work with the client (See cases 3, 6, 14, and 27
in Table 1). This can prove to be an extremely anxiety provoking situation because not only is the therapist being compared to his/her more advanced predecessor by the client, but also by the supervisor. For the beginning therapist, issues about the impact on the client of the termination and transfer process may pale in comparison to the more immediate concerns described above.

Most therapists who leave the clinic do so because they have completed their coursework and are about to begin an internship, usually in a different city. As a result, departing therapists are in the beginnings of a major life transition--from student to pre-professional. This transition typically involves leaving their current homes, friends, and the communities they have developed over the last several years.

In their last months of graduate school, these students are naturally preoccupied with concerns about where they will be going for internships, completing projects such as data collection for a dissertation or the dissertation itself, and saying goodbye to important friends and colleagues. For these clinicians as well, dealing with termination issues with clients further exacerbates already difficult situations. In some cases it may be easier emotionally to ignore or avoid termination issues or it may simply be that in the frenzied shuffle of the last few months of their tenure in graduate school, client issues are
placed on a back burner (Glenn, 1971; Grossman & Guignon, 1952).

In sum, the training context influences the topics covered in case reports, including the topic of the termination and transfer of clients. In their first few months of working as therapists in the PSC, second year students are likely to use the report outlines provided in the clinic policy manual as a guide in writing their case reports. This manual states that reports should mention that termination and transfer are to take place and does not comment on other issues to be covered with regard to this event, leaving this up to the therapist and his/her supervisor.

An additional speculative point about the effect of the training context on the transfer client's therapy is of note here. In working with two therapists who, at the point of the transfer, are particularly preoccupied with different issues about their professional development, the transfer client seems more likely than other clients to work with therapists who are more self-absorbed than they might be at other times in their careers.

The Supervisory Context

As the authority who gives final approval to case reports written by student therapists, the supervisor has a great impact on what is included in case reports. Recent changes in the supervisory context of the PSC may be
reflected in case reports, both in terms of whether therapists discussed some aspects of termination and transfer, specifically clients' historically rooted patterns of dealing with loss and separation, as well as more generally.

The cases examined in this study all began treatment between 1982 and 1990. During these years there were a number of changes in the make up of the clinical faculty. These changes involved several faculty members leaving the psychology department due to retirement, to budget constraints that prevented the renewal of contracts with adjunct faculty members, or to other factors.

The faculty who left the program during these years were among the more psychodynamically oriented clinicians. This inevitably affected the supervision available in the PSC, resulting in a more theoretically diverse faculty, and decreasing the likelihood that any one therapist would be supervised by a traditionally psychodynamically oriented faculty supervisor.

One way psychodynamic work differs from other theoretical modalities is in the emphasis placed on the relationship between therapist and client. It seems possible that these changes in the supervisory context are reflected in case reports. It is interesting to note that the particular termination and transfer issues that were of interest in this study were discussed in the most detail in
the 5 (of the 10) cases that were the earliest cases in the sample of 29. Perhaps the lack of discussion in later cases is one indication of a less psychodynamically oriented supervisory environment, i.e., one that is less focused on attachment issues, clients' early relationships, transference and countertransference, and other topics that are of interest in psychodynamic frameworks. However, because all these cases were extremely long term treatments, length of treatment, year the treatment began, and supervisor are confounded in this data. Thus, further study is needed to separate the influences exerted by these factors.

Legal Concerns

The increasingly contentious legal climate has affected both record keeping and the delivery of mental health services at clinics across the nation. As is becoming increasingly clear, mental health providers are not exempt from malpractice suits when failure to warn is alleged in cases involving suicidal or homicidal clients (Soisson, VandeCreek, & Knapp, 1987). There are also other important legal concerns. These include issues of sexual misconduct by therapists, complete and accurate documentation of treatment, and mandated reporting of child abuse and neglect.

Consequently, in the last ten years greater attention has been placed on what is included and excluded in case
records as these records might be used in court proceedings (Soisson et. al., 1987). Given this climate, it has become important that client charts consist of statements that can be defended in court, statements that provide adequate documentation to avoid or win malpractice suits but that cannot be used against the therapist or clinic in which a client was seen (Gutheil, 1980).

The changing legal climate has resulted in some changes in the PSC with respect to case records. In 1988 a new policy was implemented with regard to the access of clients and other agencies to PSC case files. This policy stated that the termination reports would be used as the written summary given to other professionals, or to the client, if such a summary were needed. As a result, termination reports were to be careful documentations of treatment that clearly stated treatment plans, the goals of treatment and whether these goals were achieved. It was suggested as well that these reports avoid conjecture or interpretive comment. Rather, that they focus on what a client actually said rather than formulations based on clinical intuition.

This policy is new enough that it applied only to a portion of the reports examined for this study. It is, however, one indication of the changes that have taken place in this setting due to increased attention to legal concerns with regard to recordkeeping practices.
The inclusion in case reports of theoretically-based interpretations of clients' behavior or affective states is inadvisable in the current environment. Therefore, comments about the possible meanings to a client of changes in the treatment relationship are to be avoided as such statements could potentially be used in lawsuits.

Interpretive understandings based on theory may be held by clinicians, but these are best confined to memory or in some cases to personal notes, although even personal notes may be subject to subpoena. Thus, in order to adhere to increasingly stringent legal concerns, PSC therapists may be purposely omitting certain impressions and formulations from their reports.

Summary

Several of the issues described above may work together to shape PSC case reports. A contentious legal climate coupled with less psychodynamically inclined faculty supervisors may well result in fewer theory driven interpretive statements and suppositions in case reports, and more reporting of the "facts" of therapy. These include mention of client attendance and cooperation in working towards treatment goals, quotes or paraphrased statements of what clients said, and precise documentation of the decision making processes involved in the treatments.

As the writers of these reports, the student therapists in the PSC are greatly affected by these contextual
influences. Juggling these various factors can be a difficult task for a therapist-in-training who in addition to learning to write case reports, is also often coping with the difficulties that beginning to work with clients entails. It is a difficult task for a therapist-in-training to contend with and address these myriad concerns in a case report. For a therapist-in-training to write a report that accurately documents a treatment, attends to legal concerns, and also reflects positively on his/her development and acquisition of skills and knowledge is a daunting prospect.
CHAPTER VI

CONCLUSION

In this chapter the results of this study and the ways in which these results do and do not concur with the research findings in this area will be reviewed. In addition, the influences of contextual factors will be touched upon, and avenues of future inquiry will be suggested.

With one exception, therapists did not write about their own experiences of the termination and transfer. However, 11 psychodynamically oriented therapists who worked with supervisors with the same theoretical orientation wrote about their clients' experiences of the termination and transfer. Therefore, the discussion will focus on reports of client experiences of this event. In general, what these clinicians described about the impact of this experience on their clients concurs with the findings of the research literature.

To review the results, six therapists discussed how the termination with the previous therapist evoked in their clients familiar feelings of loss and abandonment, feelings that had their origins in earlier important relationships. This concurs with the point made by many investigators (Klein, 1961; King, 1956; Keith, 1966) that the forced
termination of therapy brings up for the client unmourned or unresolved past losses.

Several therapists' descriptions of the reactions of their clients to the impending termination concur with the findings of Flesch (1947) who cited eight typical client responses to learning of an impending transfer. Client reactions noted by these 11 therapists included increased feelings of insecurity, regression to a more infantile level, overt and veiled expressions of hostility, and acting out both during and outside of sessions.

Only one departing therapist reported that her client revealed personal material that had been withheld up to that point (a reaction Flesch describes as typical). This therapist described how her client was more open during the last stages of the work and was better able to use the interpretations offered by the therapist.

A final client behavior noted by Flesch is no response at all. It is impossible to tell how many of the case records in which no mention was made of client response, in fact reflect the absence of client reaction to termination and transfer.

Several researchers (Lichstein, 1982; O'Reilly, 1987; Sene, 1969) focused on the client's feelings of anger, which are often expressed by cancelling or missing appointments, by being late to appointments, or by terminating the relationship before the scheduled termination date. The
majority of these 11 therapists discussed the various ways in which their clients dealt with or avoided dealing with their anger. In addition to descriptions of how clients acted out by being late to or missing sessions, these therapists also focused on the contortions clients went through in order to avoid directly feeling their rage at their previous therapists. These avoidance tactics often took the form of displacements of their rage onto people other than the previous therapists (including the new therapists) or defensive reactions which involved clients experiencing feelings of omnipotence or grandiosity to avoid the feelings of powerlessness and rage evoked by the abandonment by the previous therapist.

It is important to keep in mind that cases in which treatment ended primarily because the therapist left and the client did not transfer were not examined in this study. This includes cases in which a new therapist was assigned but the new treatment never began. Only cases in which there was a "successful" transfer were examined here. It is possible that the traumatic potential of transfer is more likely to appear in cases where transfer is not successful.

Rather than assuming that forced termination and transfer of therapy clients is always a difficult event, it may be that certain circumstances make this experience particularly problematic for some clients. One possibility raised by the data in this study is that clients with
specific attachment issues who are seen in long term treatments by psychodynamically oriented clinicians are more likely to have difficulties with forced termination and transfer than are clients in different circumstances. To speculate further, the emphasis psychodynamic work places on the therapeutic relationship and on linking aspects of the therapeutic relationship to the client's important early relationships may set the stage for the development (on the part of client) of a greater attachment to the therapist than might occur in other treatment modalities.

Inevitably, these case records reflect the context in which they were written, although they cannot offer direct information about this context. Some of the contextual factors that shaped the PSC case reports examined in this study include training-related issues, changes in the supervisory context of the PSC over the years in which these reports were written which resulted in less traditionally psychodynamically oriented faculty supervision, and the impact of the changing legal climate on recordkeeping practices in the PSC. Drawing on my status as a participant in this setting, these influences were explored. It seems likely that in the future, because of changes in the supervisory context as well as an increasingly contentious legal climate, PSC case records will contain less psychodynamic formulations of client problems and more rigorous documentation of treatment plans, treatment goals,
and the decision making processes that are involved in formulating treatment plans.

This study has provided one window on the phenomenon of termination and transfer. Additional research that would afford a look at other aspects of the termination and transfer experience include studies based on interviews with therapists working with transfer cases as well as interviews with transfer clients. Additionally, there is also a need for future research on the process of report writing. Some of the possibilities for future inquiry include studies about how report writing is taught and learned, the process of review and revision, the process of case formulation and description, and the development over time of report writing skills.

This project has given me an appreciation for the complexities and challenges of the transfer situation. I have also come to appreciate the interplay of various contextual factors and their contributions to an already complicated situation. Additionally, as a beginning supervisor who is working with a therapist who has a transfer case in her caseload, I have a greater sensitivity to the particular difficulties both she and her client face.
# APPENDIX A: TABLE 1

## TABLE 1: SUMMARY OF CASES

<table>
<thead>
<tr>
<th>CASE</th>
<th>DT YR IN PROGRAM</th>
<th>DT-TH OR</th>
<th>LOTx (MOS)</th>
<th>DISC T &amp; T</th>
<th>NT YR IN PROGRAM</th>
<th>NT-TH OR</th>
<th>LOTx (MOS)</th>
<th>DISC T &amp; T</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4D</td>
<td>Rachel-PD</td>
<td>16</td>
<td>Yes</td>
<td>2D</td>
<td>Laura-PD</td>
<td>21</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>4D</td>
<td>Rachel-PD</td>
<td>24</td>
<td>Yes</td>
<td>2R</td>
<td>Betsy-PD</td>
<td>8</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>3R</td>
<td>Betsy-PD</td>
<td>8</td>
<td>No</td>
<td>2D</td>
<td>Alan-PD</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>3D</td>
<td>Patricia-PD</td>
<td>19</td>
<td>No</td>
<td>4D</td>
<td>Sandra-PD</td>
<td>24</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>6D</td>
<td>Sandra-PD</td>
<td>24</td>
<td>Yes</td>
<td>2D</td>
<td>Kathy-PD</td>
<td>32+</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>7D</td>
<td>Harrison-PD</td>
<td>16</td>
<td>Yes</td>
<td>2D</td>
<td>Michael-PD</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>3D</td>
<td>Edward-PD</td>
<td>17</td>
<td>Yes</td>
<td>2D</td>
<td>Barbara-PD</td>
<td>29+</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>3D</td>
<td>Edward-PD</td>
<td>14</td>
<td>Yes</td>
<td>1R</td>
<td>Oscar-NA</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>2R</td>
<td>Marge-CB</td>
<td>11</td>
<td>No</td>
<td>5D</td>
<td>Wendy-PD</td>
<td>12</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>4D</td>
<td>Steve-PD</td>
<td>21</td>
<td>No</td>
<td>2D</td>
<td>Michelle-PD</td>
<td>13</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>5D</td>
<td>Linda-PD</td>
<td>10</td>
<td>No</td>
<td>2D</td>
<td>Nancy-PD</td>
<td>32+</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frank-PD</td>
<td>8</td>
<td>No</td>
<td>3D</td>
<td>Sandra-PD</td>
<td>23</td>
<td>No</td>
</tr>
</tbody>
</table>

Continued next page
Table 1, continued

<table>
<thead>
<tr>
<th>CASE</th>
<th>DT YR IN PROGRAM</th>
<th>DT-TH OR</th>
<th>LOTx (MOS)</th>
<th>DISC T &amp; T</th>
<th>NT YR IN PROGRAM</th>
<th>NT-TH OR</th>
<th>LOTx (MOS)</th>
<th>DISC T &amp; T</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>3R</td>
<td>Sara-PD</td>
<td>20</td>
<td>No</td>
<td>3D</td>
<td>Theresa-PD</td>
<td>12</td>
<td>No</td>
</tr>
<tr>
<td>13</td>
<td>5D</td>
<td>Freda-PD</td>
<td>7</td>
<td>No</td>
<td>4D</td>
<td>Calvin-PD</td>
<td>12</td>
<td>No</td>
</tr>
<tr>
<td>T2</td>
<td>5D</td>
<td>Calvin-PD</td>
<td>12</td>
<td>No</td>
<td>2R</td>
<td>Fred-EC</td>
<td>11</td>
<td>No</td>
</tr>
<tr>
<td>14</td>
<td>2R</td>
<td>Rhonda-PD</td>
<td>20</td>
<td>No</td>
<td>2D</td>
<td>Candy-PD</td>
<td>6</td>
<td>No</td>
</tr>
<tr>
<td>15</td>
<td>5D</td>
<td>Carla-PD</td>
<td>18</td>
<td>No</td>
<td>2D</td>
<td>Barbara-PD</td>
<td>14</td>
<td>No</td>
</tr>
<tr>
<td>16</td>
<td>3R</td>
<td>Henry-PD</td>
<td>15</td>
<td>No</td>
<td>3D</td>
<td>Alan-PD</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>17</td>
<td>3D</td>
<td>Yael-PD</td>
<td>3</td>
<td>No</td>
<td>2D</td>
<td>Alan-PD</td>
<td>9</td>
<td>No</td>
</tr>
<tr>
<td>18</td>
<td>3R</td>
<td>Rhonda-PD</td>
<td>15</td>
<td>No</td>
<td>3D</td>
<td>Greta-PD</td>
<td>13</td>
<td>No</td>
</tr>
<tr>
<td>19</td>
<td>4D</td>
<td>Lisa-CB</td>
<td>11</td>
<td>No</td>
<td>2D</td>
<td>Linda-PD</td>
<td>42</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>3R</td>
<td>Henry-CB</td>
<td>10</td>
<td>No</td>
<td>3D</td>
<td>Michael-PD</td>
<td>24</td>
<td>No</td>
</tr>
<tr>
<td>21</td>
<td>2R</td>
<td>Tanya-PD</td>
<td>10</td>
<td>No</td>
<td>2R</td>
<td>Craig-CB</td>
<td>31</td>
<td>No</td>
</tr>
<tr>
<td>22</td>
<td>4D</td>
<td>Stan-B</td>
<td>8</td>
<td>No</td>
<td>2D</td>
<td>Sam-PD</td>
<td>25</td>
<td>No</td>
</tr>
<tr>
<td>23</td>
<td>1R</td>
<td>Sara-PD</td>
<td>3</td>
<td>No</td>
<td>3D</td>
<td>Michelle-PD</td>
<td>7</td>
<td>No</td>
</tr>
<tr>
<td>24</td>
<td>2R</td>
<td>Henry-C</td>
<td>7</td>
<td>No</td>
<td>2D</td>
<td>Candy-PD</td>
<td>44+</td>
<td>No</td>
</tr>
<tr>
<td>25</td>
<td>4D</td>
<td>Lisa-CB</td>
<td>7</td>
<td>No</td>
<td>2D</td>
<td>Linda-PD</td>
<td>44+</td>
<td>No</td>
</tr>
</tbody>
</table>

Continued next page
<table>
<thead>
<tr>
<th>CASE</th>
<th>DT YR IN PROGRAM</th>
<th>DT-TH OR</th>
<th>LOTx (MOS)</th>
<th>DISC T &amp; T</th>
<th>NT YR IN PROGRAM</th>
<th>NT-TH OR</th>
<th>LOTx (MOS)</th>
<th>DISC T &amp; T</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>5D</td>
<td>Brenda-PD</td>
<td>3</td>
<td>No</td>
<td>3D</td>
<td>Janna-PD</td>
<td>42+</td>
<td>No</td>
</tr>
<tr>
<td>27</td>
<td>2R</td>
<td>Fred-PD</td>
<td>3</td>
<td>No</td>
<td>2R</td>
<td>Kent-NA</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>28</td>
<td>I</td>
<td>Bob-CB</td>
<td>8</td>
<td>No</td>
<td>2D</td>
<td>Karen-S</td>
<td>9</td>
<td>No</td>
</tr>
<tr>
<td>29</td>
<td>3D</td>
<td>Beth-PD</td>
<td>8</td>
<td>No</td>
<td>2D</td>
<td>Jill-S</td>
<td>9</td>
<td>No</td>
</tr>
</tbody>
</table>

**LEGEND:**
- **T 2:** Second transfer
- **DT:** Departing therapist
- **NT:** New therapist
- **TH OR:** Theoretical orientation
  - **PD:** Psychodynamic
  - **CB:** Cognitive Behavioral
  - **B:** Behavioral
  - **EC:** Eclectic
  - **S:** Supportive
  - **NA:** Not available
- **YR IN PROGRAM:** Year in program
  - **R:** Respecialization student
  - **D:** Doctoral student
  - **I:** Internship level student
  - **PI:** Post-internship level therapist
- **LOTx:** Length of treatment
- **DISC T & T:** Discussed termination and transfer
APPENDIX B: LETTER TO THERAPISTS AND SUPERVISORS

Dear Colleague,

I am a student in the clinical psychology program at UMass. As part of the research for a master's thesis, I used Psychological Services Center records of a case (or cases) in which you were either the therapist or supervisor. These records were used in a project which examined therapists' descriptions of the impact of the termination and transfer experience on the client, the departing therapist, and the therapist to whom the client was transferred. In the thesis itself, the identities of clients, therapists, and supervisors are disguised.

As a courtesy, I am informing the therapists and supervisors who worked on these cases about my use of these records. For reasons of confidentiality, only client case numbers and gender are provided. The following client records were used:

Sincerely,

Aida Khan
REFERENCES


Staff. (1986). Manual. Psychological Services Center, Department of Psychology, University of Massachusetts, Amherst.


Todd, D.T. (1989). Inter-office memo. Psychological Services Center, Department of Psychology, University of Massachusetts, Amherst.

