

*A Child Psychotherapy Primer*

# Termination

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# **TERMINATION**

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e-Book 2016 International Psychotherapy Institute

From *A Child Psychotherapy Primer* Josiah B. Dodds Ph.D.

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# TERMINATION

## HOW DO YOU KNOW WHEN TO TERMINATE?

If the goal of therapy with the child is to change a behavior, removing unwanted behavior, or establishing desired behavior, then the therapy is completed when the target behavior is changed. If the goal, however, is to help the child by means of the therapeutic relationship to achieve greater independence and capacity to deal with stresses in life, then the answer to the question of when to terminate is more complex.

In Frederick Allen's excellent chapter, "The Ending Phase of Therapy" (Allen 1942; reprinted in Haworth 1964), he makes the point (p. 268) that when parents make the move to seek outside help for an impasse in their relationship with their child, this very move is the beginning of the end of the impasse. So if the goal of therapy is to help the child and parent achieve autonomy in solving their own problems, then the act of starting therapy is a large step in the direction of attaining such autonomy. Thus, the beginning of therapy is the beginning of the end of a problem. The therapist going into a therapeutic relationship with this attitude will be less likely to foster dependency than will the therapist who perceives him/herself as having the solutions to the client's problems.

Allen writes that the child will sense when he/she is ready to fly solo and will let the therapist know. The problem is that the child is seldom clear in his/her own mind when this time has come, let alone able to tell the therapist in so many words. Here are some clues the therapist might look for in the child as indications that the child has outgrown the therapeutic relationship and is getting ready to be more independent.

1. The child comes late or misses appointments. In cases where the child is brought to therapy by a parent, these late and missed appointments may be an expression of the parent's feelings about terminating therapy. In this case, the parent's therapist should bring up the issue of termination.

2. The child wants to leave the sessions early. This is noteworthy if the child has not done so before

for some other reason.

3. The child brings a friend into therapy, if this has not been done before as resistance to dealing with painful issues that the child fears will come up.

4. The child discusses his/her relationship with the therapist, particularly if the child is not in the habit of discussing this relationship. Focus on the relationship indicates that the child is able to see the relationship with some degree of objectivity and is attempting to put it into perspective in terms of the rest of his/her life. Conceptualizing the existence of a relationship is a prerequisite for conceptualizing its cessation or nonexistence.

5. The child focuses more than usual on matters outside the therapy room, such as school, friends, family, past experiences, and plans for the future. Particularly noteworthy are discussions by the child about what he/she would be doing were he/she not in the therapy sessions, e.g., playing with friends or watching a favorite TV program.

6. After many active hours with the material in the therapy room, the child begins to complain about there being nothing interesting to play with in the room.

7. The child begins recalling past times with the therapist in earlier therapy hours.

8. The child who has been using the play materials in a symbolic way begins to play out themes that suggest termination. Such themes could be of birth, independence, solving problems for self, leaving home, autonomy from adult figures who could represent the therapist or parent, constructing separate facilities for self and therapist, and being in control of interpersonal connections like bridges and the keys to doors.

9. The child expresses anger toward the therapist for no evident reason. The anger might be an expression of the child's understanding that at some level he/she is ready to terminate but becomes anxious or frightened about the idea and blames the therapist for throwing him/her out of therapy.

Some of these signs can be quite obscure. One problem in reading them is that the child seldom approaches termination with a single feeling. Most children ending therapy will have mixed feelings of

fear, sadness, excitement about being more mature and independent, anger, and so on. Indeed, almost everyone has mixed feelings in ending any relationship. How the therapist and child deal with these feelings will be discussed in subsequent sections.

Although any one of these behaviors of the child may not signify a feeling of readiness to consider moving on and out of the therapeutic relationship, the therapist who is not emotionally overinvolved with the child—that is, who does not use the therapeutic relationship to meet his/her own emotional needs—will be alert to this possible meaning of any changes in the child's behavior. The therapist should from the onset of therapy always have the question in mind, "Is this an indication of the child's need to move on in life and away from our relationship?"

### **HOW DO YOU DEAL WITH PREMATURE TERMINATION?**

Often in real life the therapist and child do not have the opportunity to agree mutually on termination when the child is feeling strong enough to leave the relationship behind. The therapist might move to another town (especially early in the therapist's career with time-limited training assignments and new jobs), or the family might move out of town. For these kinds of reasons there is usually enough time before the separation date to have discussions with the child so he/she can understand the reason and to allow the child some expression of feeling about the separation and some time to work through (accept) some of these feelings.

If the family comes to the clinic knowing of some reason why sessions will terminate at a specific date, such as an impending move, limited financial resources, or short insurance coverage, then the therapist together with the family can decide whether this is enough time to really help the child. If time-limited sessions are started with everyone's knowledge of how many sessions are possible, then one could not expect the same depth of therapeutic relationship to develop between therapist and child. At times, however, such a limited number of sessions could speed up the process of the child's building independence precisely because he/she knows there is only a limited time to do so. I have seen rapid change associated with few sessions. Whether such change is the result of, or in spite of, the therapy is a question that single-case clinical research cannot answer.

One factor in deciding if short-term therapy should be undertaken is the nature of the presenting problem. If the problem is such that it would take a long time to resolve, then probably it would be best not to start, particularly if your short-term therapy would preclude the child's starting the needed longer therapy with someone else. Also, the child's problem might be of a nature that starting and stopping a relationship would be particularly harmful. It could be that a child who has experienced repeated rejections or a child who has basic trust problems might have feelings of unloveworthiness confirmed or belief in the untrustworthiness of others strengthened by a short-term relationship, particularly if the child cannot understand the external reasons for the termination.

More difficult to deal with, however, than planned early termination is the sudden, unexpected termination, such as that caused by serious illness of the child or therapist, the unexpected acquisition of a new job for the therapist or the parent, or the parents (for a variety of reasons) pulling the child out of therapy before the child is ready. In one unforgettable case of mine the mother of the 6-year-old boy discovered that he was becoming attached to me and very fond of coming to therapy. This gave her one more weapon in her bag of sadistic tricks to play on her child. With no notice, she withdrew the child from therapy. The experience is unforgettable for me because of my unresolved angry feelings and perhaps unforgettable for the boy because of his hurt feelings. I did meet the boy by accident on a school playground two years later, and it was a joyful reunion. It is difficult to assess the depth of the scars of such a ruptured relationship.

Unexpected terminations can cause pain for sure. The best the therapist can do is attempt to have at least one final session with the child or, if that is impossible, contact by phone or mail, in which the realistic reasons for termination are explained to the child and the positive good wishes from the therapist to child are conveyed. It would be appropriate in most cases, also, to leave the door open for future visits by the child.

The beginning therapist often asks whether it might be best *not* to form a close relationship with a child because of the hurt when the relationship ends. This is another form of the poet's question, "Is it better to have loved and lost than never to have loved at all?" The answer in life, as well as for child psychotherapy, comes from faith. For me, the answer lies in the belief that a child can grow and mature in a relationship with an adult who accepts the child unconditionally and that living through the pain of



separation can be, in itself, a maturing achievement for the child. Of course there are times, especially in premature termination, when the pain outweighs the growth-fostering advantages. But life is not risk-free. To avoid all possible pain, one would not form relationships. One should stay alone in bed to be perfectly safe—except that is not so safe either, considering the number of people who die in bed.

### **HOW AND WHEN DO YOU TELL THE CHILD ABOUT TERMINATION?**

Ideally, the child will let the therapist know in a direct or, more likely, in an indirect way when he/she is ready to stop therapy. If the child gives clues about termination, then you simply reflect to the child that he/she might be ready to stop therapy. More often, however, the therapist looks 2 to 3 months ahead to the summer vacation (the therapist's or the family's) or to another kind of holiday break and says something like, "How long do you believe you would like to continue coming in here for our sessions?" This question directs attention to termination but also lets the child know that he/she has a say in the matter. If the child answers, "Forever," you might say, "Forever, wow! That would be nice in a way, wouldn't it? Can you imagine when you are sixty and I am eighty-five years old we are still here playing? I guess you are really saying that you enjoy coming to our sessions and that you do not like to think about seeing them come to an end. Me too. I wish it didn't have to end." That might be enough for one session. At least you will know how the child feels about ending, depending on his/her behavior following this conversation. Perhaps, then, if there is time, you could let the topic lie for two to three sessions before bringing it up again for the child to contemplate. Each time be sure to read the child's answer and allow for mixed feelings in the child (see next section).

If the therapy has been time-limited from the onset, be sure the child knows at the first session how many sessions are planned. Then you might remind the child three or four sessions before and again two and one session before the last session. If the child had planned the termination date with you, then he/she simply needs a reminder as the agreed-on termination date draws near.

### **HOW DO YOU DEAL WITH THE CHILD'S FEELINGS ABOUT TERMINATION?**

The child is likely to have a mixture of feelings about ending the therapy relationship. A common reaction, of course, is sadness at the loss of a valued relationship. The child could feel rejected, which

might generate anger at the therapist or feelings of unloveworthiness. On the positive side, perhaps the child feels relief at ending a painful or boring relationship. The child might feel excitement about the future, about being “on my own.” The freedom, the newly found autonomy, and the competence at handling stress better could produce feelings of pride. On a more concrete level, the child simply might be glad not to come to the therapy sessions so he/she does not have to travel through city traffic or so he/she can be doing something more interesting like playing with friends. In all likelihood the child will be having more than one of these emotional reactions to termination.

How you help the child deal with these feelings will depend on how you have been dealing with feelings all along in the therapy. You probably would not shift tactics just to deal with feelings around ending therapy. If the goal has been to help the child master situations, including managing his/her own feelings, then you would continue in that vein. First, the child would be allowed or encouraged to express the feelings, verbally or through play. Then the child would be helped to own the feelings. One way to help the child express and own feelings is to model the expression and owning of these feelings in yourself, especially if you can honestly identify some simultaneous negative and positive feelings so the child may see that it does not have to be all one or the other. Caution must be exercised that in doing so you do not burden the child with your feelings, so that he/she does not feel responsible for either causing them or for helping you deal with them. You are simply mentioning your feelings in order to give the child permission to have these or other feelings him/herself. But you probably would not start doing this unless you have been using this technique all along.

Since the negative feelings tend to overpower and crowd out the positive feelings, you might want to focus on the child’s positive feelings, i.e., encourage the child to express and talk about positive feelings. This is not to deny the negative feelings that have been expressed, but to balance them with the more positive ones. One can thus try to end on an upswing, which probably would be more comfortable for both you and the child.

You are not limited to direct expression as the only way to help the child deal with feelings. Cognition may be used. In fact, the cognitive theorists tell us that restructuring the meaning of events in life, viewing events differently, changes emotions. Here are two ways in which the child may gain a different perspective on the relationship and thus on ending it: (a) you could discuss, with the child’s

help, changes that you and the child have seen in his/her life since therapy started, and (b) you could direct the child's attention to the future. Discuss potential future events and how the child will deal with them. These processes should help the child gain some distance and a new perspective on him/herself and the relationship.

To help the child obtain some closure on the relationship, you might review some of your past experiences together. This is a natural occurrence when two adults end a regular relationship. Many children will do this spontaneously during the last session. Several times I have been astounded by children's memory as in the last session they go through in rapid succession and correct sequence all of the play themes of the past 5 to 8 months of therapy. When the children acted out the last episode, it was the perfect place to say good-bye and leave, which they did.

One final and important point about helping the child deal with termination is, I believe, that the door should remain open for the child to return to see the therapist if he/she desires. Usually children do not, but if they know that they can, then the ending of therapy is not so painful, perhaps because it is not so final. This possibility of returning simply on request was not so clear to one of my recent clients. About 2 months after termination the boy's school principal telephoned to complain that he was suddenly acting terrible: fighting on the playground, sassing and cursing his teachers, and refusing to do his schoolwork. These were the very behaviors that brought him to therapy in the first place. On his return to the clinic I asked him why he was starting to do all those old things again. "I wanted to see you," he said. The behaviors faded off rapidly as he started regular therapy sessions again. He continued for 2 months before he was again ready to terminate but this time with a clear understanding that he could return to see me simply by calling for an appointment.

### **HOW DO YOU DEAL WITH YOUR OWN FEELINGS ABOUT TERMINATION?**

The mixture of feelings about termination the child might have, which are discussed above, are also feelings you are likely to have. If you do not have any of them, then you should ask yourself if this is the right profession for you.

The child therapist must walk a tightrope between overinvolvement and detachment, neither side

of which makes a very good therapist. You, the child therapist, should be emotionally stable enough and have sufficient sources of psychological gratification outside the professional role that you do not need to obtain gratification primarily from clients. On the other hand, if you remain emotionally detached from your child clients, you will not be effective in helping them, no matter what model and which techniques you use. Research results indicate that adult clients' perceptions of their therapists' warmth, empathy, acceptance, autonomy-giving, and other personality characteristics account for a great deal of the variance in therapy outcome. Perhaps the same is true for child clients.

So if you are an effective therapist, you will become emotionally involved, and naturally you will have feelings in terminating with a child with whom you have grown close. The only suggestion I have is that as you have helped the child focus on the more positive feelings, so you might focus on those feelings in yourself: joy at seeing the child more mature and autonomous, pride at having played some part in the change the child has made, hope that the future will be good for the child, and trust that the child will feel able to return to see you if the need arises. The painful emotions of ending a relationship you will simply have to chalk up as part of living.

The feelings I am experiencing now at the termination of this work are hope that it may be of some use to you, the beginning therapist, and relief as I place the last dot.