

Breaks and endings in the counselling professions

**Good Practice in Action 132
Fact Sheet**

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Using Fact Sheet resources

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Introduction

As well as new content, this resource combines information from three previous resources, and the contribution of the previous authors - Carys Williams and Karen Stainsby - is acknowledged.

Breaks and endings are an unavoidable part of life and a normal part of the therapeutic relationship. Whilst a break or therapeutic ending can be routine and unproblematic, they can also be powerful and troublesome for both parties.

Breaks and endings can be:

Planned: Therapy is paused or ended with advance notice and planning e.g. taking a break for a planned holiday, or working to a pre-arranged number of sessions.

Unplanned: Therapy stops without notice e.g. personal emergency or when a client ceases contact after failing to attend a session.

Mutual: The decision to break or end is agreed by both parties e.g. after reviewing client progress, or if both parties decide they are not the right fit.

Unilateral: The decision is made only by one party e.g. therapist retirement or relocation, change of employment, or if the client no longer wishes to continue.

Forced: The decision is taken out of both parties hands e.g. a service being closed or client redundancy meaning they can no longer afford sessions.

For thousands of practitioners and clients, a clear example of forced or unplanned endings came about during the Covid-19 pandemic, when many had to pause or end therapeutic work very suddenly for practical or emotional reasons.

Regardless of circumstances, breaks and endings can impact greatly on clients and practitioners. It is never too early to reflect on breaks and endings in your practice. While this resource aims to offer an overview of what to consider, it may also be helpful for the issues raised here to be reflected on in supervision and with additional personal reading and CPD to ensure our commitment to the *Ethical Framework*, Good Practice, points 38-42.

Aspects to consider regarding endings in a range of situations are discussed in sections 2 to 7. Additional points related to the specific issues of retirement and pregnancy are dealt with in section 8, but should be read in conjunction with the other general sections in this resource.

1 Reasons clients break or end

Clients take the decision to break or end therapy for a number of reasons. These may be shared with the practitioner, or may appear completely unexpectedly. Some common reasons are as follows:

Sessions reach their planned ending

This might be decided during the work, or be pre-determined from the outset (e.g. an EAP funding six sessions, or the client and practitioner contracting only to meet for three months).

Improvement

The client may feel sufficiently improved that they no longer need therapy. This may include a break while the client 'tests out' progress, or may be a full ending. Sometimes less experienced practitioners may find these types of endings confusing, believing they can still see areas where the client remains in pain or distress. While we must be aware of the possibility of avoidance (see below), it is also important we respect a client's decision to leave therapy.

Time constraints

Sometimes the time commitment may become impossible for clients to maintain (e.g. a schedule change or decrease in availability due to caring or work commitments).

Financial constraints

Clients may enter therapy clear on the number of sessions they can afford, or be happy to work open-ended. Sometimes however clients may incur changes to their income which mean they take the decision to prematurely break or end therapeutic work.

Health

Clients may become ill while in a therapeutic relationship. Milder illness may require only a week's break, while more serious treatment may severely impact their ability to engage in therapy practically, emotionally or financially.

The client may even die; where this is the case, it could be that the practitioner only finds out a long time afterwards, if at all, as some clients do not share the fact they are in therapy with family and friends.

Life events

Life events including relationship breakdown, redundancy, bereavement, accidents and caring responsibilities can reduce a client's ability to engage in therapy.

Incorrect 'fit'

In some cases, the client will decide the practitioner is not the right fit for them relationally. In other cases, the client does not connect with the practitioner's way of working. Monitoring the work as outlined in the *Ethical Framework* (Good Practice, point 54) will allow a sensitive conversation to take place about what is working, or about who or what the client feels may suit them better. However, sometimes a client might feel unable or unwilling to speak to the practitioner about this and may simply leave therapy.

Discomfort, avoidance or lack of 'readiness'

At certain points the therapeutic journey can be uncomfortable, as growth is painful. This discomfort might prompt a client to believe they are 'not ready' for therapy, or cannot tolerate it. It may also kickstart a client's pre-existing pattern of avoidance. On occasion, even after a period of successful therapeutic work, a client may simply find it too difficult to face the ending of the relationship. This may result in non-attendance at a planned ending, or an abrupt end to the work.

Therapeutic 'stuckness' or lack of usefulness

While feeling 'stuck' is a common feeling at various points in the therapeutic journey, it can still feel frustrating for clients. So too can a feeling that the therapy is not 'working'. While ideally the practitioner and client are able to discuss and work with these feelings, it may still be that it is decided by one or both parties that the client may be better served seeking support from a different practitioner.

Relational rupture including ethical or boundary issues

Ruptures may occur in the therapeutic relationship. These can form a valuable opportunity for repair and growth if explored and resolved, however where this has not been attempted or achieved, the client may decide to leave therapy. In cases where significant physical, emotional or ethical boundaries have been crossed by the therapist (i.e. sexual exploitation), the client may also seek legal consultation or process a complaint.

Unknown

Finally, it must be acknowledged that sometimes a client leaves therapy and the practitioner never knows why. These endings should be taken to supervision so they can be explored and to some degree understood (see Section 9 Supervision).

2 Reasons practitioners break or end

Practitioners too may decide to action a break in their work, or end it completely. While practitioners are reluctant to impact the client's therapeutic journey, we must reflect on our ability to continue working in the context of putting clients first by 'making clients our primary concern whilst we are working with them' (BACP, 2018, Commitment 1a). Some common reasons for a practitioner-led break or ending are as follows:

Fitness to practise

Fitness to practise covers many areas; below are some key issues which may require therapy to pause or end:

Health

Ill health may impact practitioner ability to continue working. Appropriate action may range from one-off cancellations to winding down practice. Whatever the case, if we do not break or end when it would probably be beneficial there are likely to be consequences. We are committed through the *Ethical Framework* to: '*maintain our own physical and psychological health at a level that enables us to work effectively with our clients*' (Good Practice, point 18).

It is also advised that we have a clinical will in place. See also Self-care, and Section 8 Specific situations – pregnancy and retirement.

Challenging life events

Life events such as relocation, relationship breakdown, bereavement or caring responsibilities may mean practitioners do not have sufficient emotional or physical resources to continue their work.

Competence

The *Ethical Framework* compels practitioners to ensure they work within their competence with clients (see Commitment 2a); sometimes the work moves beyond what can be ethically provided. The practitioner may have concerns, or these may be raised by their supervisor, service, or training provider. In some cases, such concerns can be addressed with careful support and additional training, but in others, the practitioner may need to end with the client and refer them on.

Other reasons for a practitioner-led break or ending

Death and serious impairment

When a practitioner is suddenly seriously incapacitated or dies, it may fall to others to inform their clients.

Self-care

Self-care is woven throughout therapeutic practice, and we are bound by the *Ethical Framework* to 'take responsibility for our own wellbeing as essential to sustaining good practice' (BACP, 2018, Good Practice, point 91 a-d).

Times when issues of self-care might lead to a break or ending include when the practitioner is burnt out, fatigued or needs their enthusiasm for this demanding work rejuvenated, or even when they wish to devote time to friends and family, travel, hobbies or new opportunities.

Organisational and business contexts

Practitioners' organisational context might dictate a break or ending; when a service loses its funding, when a practitioner moves departments, when private practice rooms are withdrawn from availability or when the technologies used for therapy become unavailable.

Boundary issues

Clients too might attempt to cross important boundaries around time, finances, sexual attraction or communication amongst others, any of which might influence the practitioner's decision to end the relationship. Another boundary issue leading to an ending might be if a dual relationship were uncovered after the work had begun.

Therapeutic stuckness or wrong 'fit'

As with clients, therapeutic stuckness or the feeling of being the 'wrong fit' can lead practitioners to decide to end therapy. This should be reflected on in supervision to ensure minimal impact to the client.

Practitioners do not have a duty to treat clients indefinitely, and they do not need the client's permission to end the therapeutic sessions. However, they do have an ethical obligation to act consistently with the client's best interests in mind. It is important that they take necessary actions to ensure that their clients are informed, and any ongoing therapeutic needs are sufficiently met if they decide or have to end the relationship prematurely. See Section 6 Planned breaks or endings for more to consider.

3 Client responses to breaks and endings

Client responses to breaks can be both expected or unexpected, and often strongly influenced by both their early life experiences and the here-and-now therapeutic relationship. How clients responded previously to breaks such as holidays and sick-leave can help inform practitioner thinking. We are committed through the *Ethical Framework* to *'be sensitive to our client's expectations and concerns when we are approaching the end of our work together'* (Good Practice, point 39). This applies whether the contract is ending or the work is 'ending for now' (taking a break). Helping clients express, understand and manage responses to breaks and endings is paramount.

Clients may display a range of emotions when facing a break or ending. They may express anxiety at having to cope 'without you', or dismay at losing 'the one place' they are heard. Some worry they have been 'too much' for you, leading to self-criticism. Others may experience anger at you, or begin pushing boundaries, perhaps suggesting a new form of relationship outside sessions.

Clients can feel rejected, disappointed and let down, especially if in the early stages of the work, experiencing a new crisis or if perhaps they have just had a breakthrough. Others develop somatic responses (symbolising what cannot be verbalised), re-experience symptoms (perhaps to 'rubbish the therapy') or develop new ones (possibly to elicit care).

Clients may be curious, or ask 'social' questions such as asking if you're 'going anywhere nice' when taking time off during the year; some clients speak of fantasies in which the practitioner never leaves the therapy room so to have to 'relocate' the practitioner in their mind may be challenging! Different modalities respond to these requests for information in their own way. Sometimes self-disclosure can deepen the therapeutic relationship. Used inappropriately, it can feel confusing for the client or shift focus away from them.

However, for some clients, a break or ending is a positive experience. Some feel relief, perhaps having not felt able to express their desire to end, or due to the money and time the client will save. Some express gratitude, a sense of freedom or a new awareness of their own capabilities to manage life. There may be recognition of how far they have come. For some clients, the imposed time frame provides opportunities to explore ideas that were going to 'wait for another day' or which surface into consciousness.

Client responses to breaks and endings may also be apparent in their actions.

Some will respond to an impending break or ending by leaving the relationship; perhaps the only time they have had control over an ending.

Others exercise control by disconnecting; the practitioner may encounter long silences within session, or find the client takes to not showing up, being late, leaving early, or forgetting to pay. Some may abandon a previous process of therapeutic depth in favour of safer topics.

Some clients will make sudden life-changing decisions, or make a significant comment which requires follow up partway through or at the end of a session. These can be difficult to manage and each situation must be assessed and responded to on an individual basis. Risky and self-harming behaviours may also feature as clients attempt to find a way to communicate their distress.

For some clients, old endings, losses and early separations may be re-imagined before and during breaks and endings. It is important to consider how endings or breaks might affect clients who have damaged or difficult early attachments e.g. adoption, fostering, loss of a parent, etc, or who have experienced a profound loss in adulthood such as bereavement.

Client attachment may also influence the response to a break or ending:

Secure attachment may mean clients may not like the idea of a break/end, but they are likely to cope well enough with it.

Ambivalent attachment may see clients 'clinging' to the practitioner to stop them going.

Avoidant attachment may see clients appear unaffected by the news or suddenly bring up the idea that they were 'thinking of ending the whole thing anyway'.

After a break

Many clients struggle with breaks (even planned ones). When (or if) the work recommences, clients can express a responses ranging from relief that the 'therapeutic couple' is reunited to anger that the break happened. Some clients express surprise the practitioner returned as they stated.

Others may be keen to tell you how well they have coped or how awful it has been. Some appear indifferent and pick up where they left off.

This can be quite disconcerting for some practitioners whereas others (who may have been reluctant to take a break) can feel relieved that their client appeared to cope well. Other clients will have found inner resources or sources of environmental support. Occasionally, a client never returns.

4 Practitioner responses to breaks and endings

Whilst practitioners will be mindful of potential responses clients may have to a break or ending, they too will have their own responses (Power, 2016). These are likely to be influenced by the reason the decision has been taken but also a practitioner's own attachment patterns and life. It is not uncommon for practitioners to feel a range of emotions at this time e.g. relief, elation, sadness, guilt, anxiety, etc.

Insecurities can feature too:

'Issy' spoke of significant self-questioning, half-way through her year-long break, saying:

'It felt like closing down a whole part of me, not just a business... I've had moments of, "I might never go back to being a therapist, why am I a therapist?" – so that's been a part of it. But that was matched by "I love this profession and it's a vocation for me". Issy went on to describe her break as "the biggest piece of CPD that I have ever done"'. (Power 2016)

When deciding to take a break or end work, making that decision may not be easy. It is likely to be based on many individual and occasionally complex factors. Financial or employment implications may arise. Some practitioners use work as an escape from difficult areas of their life. Others worry that if they do take a break, they will not want to return. Some practitioners imagine clients would struggle without them. Others may feel guilty about taking a break or ending when they still have an active case-load.

Even where a practitioner is at peace with their decision, or it is out of their hands, difficult emotions can still arise.

Issues of identity and fulfilment may come to the fore (more of this in Section 8 Specific situations – pregnancy and retirement). Practitioners may feel sadness, confusion, abandonment, rejection or fear.

Where the break or ending is the result of the practitioner's circumstances, i.e. sudden diagnosis, bereavement, unanticipated change in employment circumstances, the practitioner may feel guilty, responsible and concerned they have 'damaged' the clients they have 'left'. Where it is the client who has left the relationship unannounced, feelings of professional insecurity, frustration, rumination and concern may be present. In either case, supervision is a valuable space to explore the circumstances surrounding the ending (where possible, dependent on practitioner circumstance) and look at any self-care or CPD needs going forward.

Where a client has ended work without notice (including due to their death) it may be pertinent for practitioners to take their feelings to their own personal therapy, and to write or create their own 'goodbye' as advocated by Libby Watson in her talk *Unplanned Endings* (date unknown) and Debbie Collins' article (2019) *Making meaning from endings*.

And as Rebecca Mitchell reminds us, ending with a group can be just as emotive as ending with an individual client, if not more so (2018).

5 Planned breaks and endings – things to consider

Georgia Swift tells us 'modelling positive endings can help a client to experience that an end can be within their control, and they can call on that experience moving forward' (*Talking Points*, 2022). However complaints received by BACP show poorly managed endings can have considerable impact – read the findings at www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/what-complaints-tell-us/endings then consider the following in light of your practice.

From the start

It is advisable to address 'endings' at the start of the work, helping a client make informed decisions (BACP, 2018, Good Practice, points 30, 38) and ensuring the relationship is framed as finite, which may reduce issues of dependency.

Members of BACP are committed to 'Building an appropriate relationship with clients by: communicating clearly what clients have a right to expect from us.' (BACP, 2018, Commitment 4a), so practitioners should ensure their initial contracting process offers sufficient information on how breaks and endings will be managed.

Practitioners working in organisations should inform clients about any fixed limits to the number of sessions as part of the contracting process. Their contract should also be clear how the client's needs are addressed if they cease working for the organisation whilst the client is having sessions.

For those within private practice, care should be taken to acknowledge the work will end at some point, and to discuss any required limit on session numbers, perhaps due to the client's financial circumstances. Clients should also be made aware of the arrangements should the practitioner need to suddenly break or end work.

Timing and notice period

We are committed through the *Ethical Framework* to:

Inform clients in advance of any planned breaks in working together [...] and give as much notice as possible (Good Practice, point 40).

If there is choice, consider when the break or ending might happen. Do you choose a 'natural ending' such as the end of the calendar year? If possible, try to avoid times that remind clients and ourselves of significant losses or traumatic incidents. With an autonomous ending, do we wait until all clients have ended work (or might that final client sense we are 'hanging on'? Can we in fact hang on without resentment?). Do we tell all our clients within a short space of time or do we spread it out?

Once a practitioner decides to break or end there needs to be careful consideration about accepting new referrals. Consider safe and ethical practice, and whether useful work can be carried out within the time available.

Similarly, careful thought is needed when contracting with new clients who may feel wronged if we announce a break just as they settle into the relationship and therapeutic process.

Opinions differ as to what notice to give for significant breaks or endings; too little and clients may feel hijacked, too much and the ending could be 'forgotten'. The notice period given may depend on practitioner circumstances, employment context, modality and on the nature of client issues.

When informing clients of an impending break or ending, consider giving news at the start of a session so that clients have a chance to respond in that session if they wish and are not left with what might feel significant news as they leave. It is often useful to revisit the discussion in later sessions, once the client has had the opportunity to reflect on what it means for them.

Referral

Whilst Dewald (Power, 2016:120) suggests that unacknowledged guilt might lead to unnecessary referral, it could be in the client's interest. We have agreed:

'We will collaborate with colleagues over our work with specific clients where this is consistent with client consent and will enhance services to the client' (BACP, 2018, Good Practice, point 16).

It is important the pros, cons, reasons and purpose of referral are explained to the client before they make a choice. Some clients may be under the impression that all notes and records will be passed on to the second practitioner and this may or may not be the case (as it will depend on work context). It is useful for a client to understand that this second practitioner is likely to want to make their own assessment of their situation and that only very little information might be passed on (following client consent).

Communication

How we communicate before, during and after a planned break or ending is an important consideration.

The language we use to tell clients about a break or ending is likely to be significant. For example, does a practitioner 'stop work for a while', 'take a break', 'have a rest', 'retire', 'start a new chapter' etc.? How much detail do we give regarding the reason? This may depend on your reason for the break, modality and relationship with clients. We should also consider the importance of language used in terms of cultural or ethnic differences, including when a third person has been involved in working with the client, for example, an interpreter.

Before a significant break happens, review work thus far so both parties have some sense of what has been achieved. If, part-way through a break, the client chooses not to return to the therapeutic relationship, this review may serve to act as an 'end of a chapter' in the client's personal development.

Make sure clients are aware whether they are able to get back in touch with the practitioner in future. Again, this might be dealt with at the contracting stage, in preparation for an unplanned ending.

Sometimes during longer breaks, clients ask if they can check-in with a practitioner or have an interim session. Any agreements to this will be influenced by factors including risk, modality or workplace context. Whatever is agreed must be realistic. It is important to record in a client's notes any agreements reached (See *Ethical Framework*, Good Practice, point 31e) as well as their responses to those agreements.

It is also useful to consider management of communication you might receive during the break, either from new people wishing to engage your services or from former clients who wish to return (if in private practice).

Remember: all ethical commitments and legal requirements remain in place during any break from practice, and all communications should continue to be conducted in a professional manner.

Even standard breaks such as annual leave can cause issues, with remote working increasing the demand for offering sessions while away, sometimes overseas.

Before offering/agreeing to such arrangements, practitioners should consider the appropriateness of this work in terms of insurance coverage (many providers do not cover work where one party is outside the UK) and the rejuvenating qualities of a complete break.

Records

Client and supervision records are a vital part of our service (see *Ethical Framework*, Good Practice, point 15) with retention/destruction requiring careful consideration. Records may be relevant to future court proceedings, complaints or client access. It is important clients are made aware at the start of the work how long their records will be retained and what will happen to them afterwards. Even after leaving the profession, we honour commitments made to clients concerning their records:

'If a period for retaining records is agreed on with the client, then the therapist or agency should stick to the agreed time, even if this is affected by the therapist's intended move to another location or retirement'. (Bond and Mitchels, 2015)

If you re-locate, transport all notes/records securely to their new home for confidential storage as before. We agree to:

...protect the confidentiality and privacy of clients by actively protecting information about clients from unauthorised access or disclosure (BACP, 2018, Good Practice, point 55a).

Records remain subject to the Data Protection Act after work has ended, and the former practitioner is still the 'data controller'. For further information on data protection requirements see: <https://ico.org.uk/for-organisations>.

Emotions

When ending or taking a significant break, practitioners face seeing their final client for the final time and those closing few minutes may feel very emotional. Because we are still working in a boundaried and ethical way with a client until the final second of that session, this should be prepared for.

How might you mark this ending? And when might you have a final supervision session? It is important to have access to supervision until your practice is formally closed. Some practitioners have a final session several weeks after seeing their last client to process residual feelings and make a final ending with their supervisor.

Practical Issues

After we end or break, ethical and legal commitments to past clients and supervisees, particularly in areas of confidentiality, record-keeping and dual relationships continue.

We recognise that conflicts of interest and issues of power or dependence may continue after our working relationship with the client, supervisee or trainee has formally ended. We will exercise caution before entering into personal or business relationships with former clients etc. (BACP, 2018, Good Practice, point 37, 37a).

So do think about possible requests from current clients or supervisees to 'keep in touch' or to set up a different type of relationship.

Practical tasks may be to cancel memberships and subscriptions, remove websites/advertising entries, contact your insurance provider, finalise business accounts, cancel room hire contracts, decide what to do with any objects that you used for your work e.g. toys, stones, art materials, and any books or resources which have been collected.

If you have agreed to be executor for a clinical will, consider what this might involve. What practical information might you require, and where will this come from? What emotional support might you need while you carry out this duty?

6 Unplanned breaks and endings – things to consider

Many issues discussed above remain relevant in an unplanned situation – issues of language and communication, referral and GDPR commitments still apply, and should be considered well in advance of an emergency. Discussion with line managers, experienced colleagues or in supervision can all be fruitful ways to begin planning for the unexpected.

One practicality unique to an unplanned ending or break is that of the clinical will. This may come into effect in the event of a practitioner's death, accident or sudden illness, and is covered by the *Ethical Framework* Good Practice, point 42 regarding '...appointing someone to communicate directly with clients...'.

This is an arrangement whereby it is agreed who would contact each client (and or agency) in a situation where the practitioner is no longer able to do this. The person appointed would usually be a recommended person from a particular agency, or for private practitioners, the practitioner's supervisor, line manager, or an experienced colleague who has agreed to carry out this duty.

7 Specific situations – pregnancy and retirement

Pregnancy

Turning to two very common reasons why a practitioner might take a break from practice – pregnancy and maternity/parental leave, and some broad themes to consider.

Although common, pregnancy and the post-natal period may not always 'go to plan'. This unpredictability can impact on the ability to work as practitioners try to manage what might arise during these times. From medically recommended bed rest to early labour and a reluctance to return once maternity leave is ended, practitioners must plan for the unexpected as far as possible.

After a certain point, pregnancy brings with it issues of disclosure, as for sighted clients it may become increasingly difficult to hide. Thought should be given to what, when and how the pregnant practitioner wishes to disclose to their client. Similarly, once a practitioner returns from leave, there may be questions from clients about the child. As well as feeling potentially intrusive, this could cause an emotional response in a practitioner for whom the birth was difficult or worse, did not result in a live birth.

Clients may have various responses to a practitioner's pregnancy. These range from a mild happiness or curiosity to stronger emotions such as envy, anger, abandonment or a new awareness of the practitioner as a sexual being.

Supervision can be used to look out for any impact on the therapeutic relationship due to such feelings.

Pregnant practitioners should also reflect on issues such as a notice period for ending and decisions around beginning with new clients – see Section 6 Planned endings – things to consider for more on these.

Similar challenges around leaving/returning to work may apply in the case of paternity or adoption leave.

Retirement

While planned endings have been addressed, a few points are worth returning to in the context of retirement.

In any retirement decision there may be 'pull' and 'push' factors. Pull factors are desirable reasons to retire e.g. to travel, spend time with friends and family etc. Push factors are imposed on us e.g. ill health, fitness to practise issues, fatigue or cognitive decline.

Anne Power describes the concerns of 'Rosemary', an ageing practitioner interviewed about her decision to retire:

'I didn't have a dilemma I just didn't want to do it, but I also knew that there was really no choice. You can't take the risk of thinking "What the hell is she (the client) talking about, who is this Philip?"' (Power 2016)

Power asks whether ability to self-monitor becomes compromised with age (Power, 2016: 37). Practitioners may also wonder 'Can I keep up with my understanding and appreciation of the lifestyles of younger clients?' or 'Do I tire more easily nowadays?'. Sally Sugg suggests we ask ourselves 'how much passion and aliveness are still in my work?' and 'what is most important to me at this time in my life?' (Sugg, 2011).

Considering retirement might be difficult as we could be confronted with our own and others' mortality. Practitioners may also worry they will lose a sense of meaning, purpose, identity, caring, income, status, and structure.

When reaching retirement age, practitioners may feel they have fewer supportive external factors e.g. family, friends, financial security, health and developmental opportunities to sustain them once work ends. This may cause reluctance to retire.

However, if we put off thinking about retirement, we risk not being able to work effectively, putting clients at increased risk of our death or illness whilst 'in service' (Gervais in Power, 2016: 39), getting drawn into role reversal as a client attempts to 'parent' an elderly practitioner, or 'missing the boat' in terms of exploring fresh vistas whilst still able. We might also already be living with several significant losses or have fewer friends with whom to spend our retirement.

For those seeking to retain connection, BACP has a 'Retired member' category for practitioners who have taken either a long career break or retirement, enabling you to stay in touch with the profession if you choose.

8 Supervision

Supervisors can contribute much when considering breaks and endings. This may be especially important when we are experiencing challenging life events.

Supervision supports thinking through structural matters (e.g. notice period, referral etc), considering dynamics for those being left (e.g. the needs of most vulnerable clients), and identifying defences, denial or collusion in the therapy. Supervisors may also offer emotional support in holding strong emotions in the practitioner (e.g. guilt, sadness, fear and anger).

Sometimes these discussions rattle the supervisory alliance. Times when a supervisor thinks the supervisee should take a break (and vice versa) can be very challenging. It may not be easy to raise the subject or the other person may refuse to consider the idea. A strong supervisory alliance is essential, especially where difficult discussions are required, e.g. around a supervisee's fitness to practise.

Supervisors will recognise their own potential for vulnerability, fitness to practise and envy at a supervisee's choice to stop work, and *'...will also ensure that they work with appropriate professional support and their own supervision.'* (BACP, 2018, Good Practice, point 62).

9 Summary

While it is impossible to predict all breaks or endings in the therapeutic relationship, there is much we can do to ensure we have given sufficient thought to managing the most common situations and ensure that the needs of the client are put first (Commitment 1). This will involve reflecting on issues such as clinical wills, self-care, development needs and fitness to practise long before they become an emergency. We should use supervision to reflect on our clients' process as well as our own, and appropriately manage the breaks and endings which arise throughout our professional lives.

10 Reflective questions

How prepared do you feel for an unplanned break or ending?

What do you have in place in case of an emergency on your part?

How do you respond to an unplanned ending on a client's part?

What support can you seek when deciding on a planned break, or to end practice?

How do you work with endings clinically? What endings do you find harder than others and why?

What role have endings played in your life and how might this show up in your work?

What do you have in place to address your self-care needs when dealing with breaks or endings in practice?

About the author

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Relevant resources

Resources on breaks and endings available at: www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/breaks-and-endings

The primary Good Practice in Action resources related to the content of this resource are listed below, with many other topics (including record-keeping, dual relationships, risk, attraction, supervisory relationships and GDPR) found at www.bacp.co.uk/gpia

BACP (2017) Good Practice in Action 078 *Fact Sheet: Fitness to practise in the counselling professions* (Content Ed. Stainsby, K.). Lutterworth: BACP.

BACP (2018, updated 2023) Good Practice in Action 088 Fact Sheet: *Self-care for the counselling professions* (Content Ed. Stainsby, K.). Lutterworth: BACP

BACP (2018) Good Practice in Action 103 Fact Sheet: *Clinical wills and digital legacies* (Content Ed. Williams, C.). Lutterworth: BACP

BACP (2019, updated 2020) Good Practice in Action 110 Fact Sheet: *Boundaries within the counselling professions* (Content Ed. Williams, C.). Lutterworth: BACP

BACP (2020) Good Practice in Action 055 Fact Sheet: *Making the contract within the counselling professions* (Content Ed. BACP). Lutterworth: BACP

References

BACP (2018) *Ethical Framework for the Counselling Professions*.
Lutterworth: BACP

BACP (date unknown) Libby Watson – Unplanned Endings video. Available at www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/ethics-in-action-videos/unplanned-endings (accessed 30 July 2023)

Bond, T., Mitchels, B. (2015) *Confidentiality and Record Keeping in Counselling and Psychotherapy* (2nd. Ed.). London: Sage.

Collins, D. (2019) Making meaning from endings *Therapy Today*; Vol 30(4). Available at www.bacp.co.uk/bacp-journals/therapy-today/2019/may-2019/articles/making-meaning-from-endings (accessed 30 July 2023)

Mitchell, R. (2018) The sense of an ending *Private Practice*. Available at www.bacp.co.uk/bacp-journals/private-practice/march-2018/the-sense-of-an-ending (accessed 30 July 2023)

Power, A. (2016) *Forced Endings in Psychotherapy and Psychoanalysis*. East Sussex: Routledge.

Sugg, S. (2011) Retirement: when is it time to stop? *Therapy Today*; Vol 22(7) pp17-19