

**ENDINGS IN TIME-LIMITED THERAPY**

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**WHAT WE'LL BE COVERING TODAY**

- Context of time limited therapy and influences on CAT – the importance of time
- The active use of endings in CAT
- Reflecting on your own thoughts, feelings and experiences about endings
- Paul's final therapy session
- Goodbye letters and having a go at writing
- Follow up sessions & difficult endings

**AND – REFLECTION ON OUR OWN USE OF TIME TODAY –**  
We have a finite amount of time today – can we be curious about this? What do we notice about our own use of time?

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**INTRODUCTION: TIME LIMITED THERAPY**

- Big shift over the past 20 years from long term to briefer, time limited therapies
- Common definition of 'brief' therapy is up to 25 sessions (Koss & Butcher, 1986; Messer & Warren, 1995)
- Pressures for cost effectiveness
- Innovation in therapies resulting in more efficient therapy
- Conventional psychoanalytic view that 'longer is better' increasingly challenged by evidence
- Also a change in how different therapeutic paradigms approach treatment length

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TERMINATION IN BRIEF THERAPY

- Brief therapies manage the feelings aroused by a time limit in contrasting ways
- Some set a time limit and emphasise ending and the therapeutic significance of termination
- Others aim to minimise impact of the time limit e.g. therapist like “psychological family doctor” available over the lifespan (Budman & Gurman, 1998)
- Some more concerned with skills base & ‘relapse’ and less with therapeutic value of termination – generally cognitive behavioural approaches
- Little evidence re which approach leads to best outcomes, for which clients

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ASSUMPTIONS AND TECHNIQUES IN TIME-LIMITED THERAPY

- Aim to build a strong therapeutic alliance and avoid regression and collusive dependency
- Agree realistic focus and address expectations at start of therapy
- Use psycho-education, collaboration, self-observation
- Undertake tasks of termination phase: review therapy (looking back); consolidate work done, anticipate future challenges (looking forward); saying goodbye.

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MODELS OF THERAPY WHICH PLACE VALUE ON TIME-LIMIT

- The therapy process is intensified through use of strict time-limit
- Number of sessions is agreed early in therapy
- Client will have feelings about ending throughout course of therapy
- Clients may have positive as well as negative feelings about ending
- Therapist needs to anticipate and address meaning of ending and client’s feelings about it throughout therapy

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EXAMPLE: DAVID MALAN'S BRIEF FOCAL PSYCHOTHERAPY

- Tavistock Clinic in 1960's and 1970's
- Psychoanalytic approach for carefully selected patients
- Focus for therapy established and persisted with
- Time-limit accelerates resolution of central problem
- Sets calendar date for termination, not set number of sessions
- Upper limit of 30 sessions, mean of 20
- Influenced Ryle and the 'A' in CAT

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JAMES MANN'S TIME LIMITED PSYCHOTHERAPY

- Model of brief therapy which influenced Tony Ryle most
- Takes idea that time-limit of therapy influences entire therapeutic process much further than any other model of therapy
- 1-3 sessions of evaluation to establish a formulation of central conflict linking current difficulties to past sources and tracing the "chronically endured pain"
- followed by 12 sessions of therapy

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CENTRAL ISSUE

- Therapist formulates 'central issue'
- Encompasses present and chronically endured pain
  - e.g.1 'Because there have been a number of sudden and very painful events in your life things always seem uncertain, and you are excessively nervous because you do not expect anything to go along well. (Mann, 1973)

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JAMES MANN'S TIME LIMITED PSYCHOTHERAPY:  
TIME & LOSS

- Finiteness of time is of fundamental psychological importance
- Time has unconscious meaning and significance for everyone
- Feelings about termination shaped by past history of endings
- Sadness, grief, anger and guilt experienced and relived in the 'disappointing ending of therapy'
- Loss is opportunity for development, transformation and internalisation of the therapist

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MANN: CHILD TIME AND ADULT TIME

- **Child time:** 'ubiquitous human yearning to deny time, reality and death by regaining a lost childhood paradise of timelessness'
- Timelessness is fantasy that mother and child are endlessly united
- Re-gained by adults through dreams, intoxication of drugs or love, mystical experience



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MANN: ADULT TIME

**Adult time:**  
The sense of finite time, reality and death, ultimate end to time, life's lost opportunities, the limitations imposed by the finiteness of time



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RELEVANCE OF TIME FOR THERAPY

- Conflict in everyone between these two senses
- Adult reality and adult time mean accepting the limitations (boundaries?) imposed by time
- Time-limited therapy provokes magical fantasies (child time) and evokes the horror of finite time (adult time)
- In time-limited therapy sense of child time is confronted with reality and work to be done

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- If length of therapy unclear client's unconscious expectations of therapy will be influenced by child time
- Aim is for client to internalise therapist in a more resolved way than at previous separations
- Therapist must deal insistently with patient's reaction to termination
- Clinging to therapist: holding on to Child time

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14

MANN: THREE STAGE MODEL OF THERAPY

- Client's feelings about time activated at each stage
- 12 session therapy has 3 stages:
  1. Positive hopeful first stage - relief and improvement, unconscious expectations of endless care
  2. Ambivalent stage - about therapist and outcome of treatment, reality of ending emerges
  3. Final stage - disappointment and anxiety of 'separation without resolution.' All feelings must be explored: anger, guilt, fear, frustration

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CAT

- Built on Mann's model, similar structure
- Similar view about significance of impact of set number of sessions on client's attitude to therapy
- Similar view of feelings and expectations at different stages of therapy
- CAT integrates
  - Psychoanalytic understanding of issues about ending
  - Cognitive approaches to preparing for ending

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BREAK

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THE ACTIVE USE OF ENDINGS IN CAT

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18

THE ACTIVE USE OF ENDINGS IN CAT: HOW TO MANAGE ENDING

**Address it from the beginning**

- On agenda from beginning. Set times and dates from beginning, as far as you are able.
- Mention number of session and number of sessions remaining
- Explain the value of a clear ending and its role in the therapy
- Time-limit means therapy is engaging and minimises chance of severe regression and fantasy of perfect, boundless care. Rooted in reality of there being a job to do and some time to do it in.
- Be curious about what might come up at ending, discuss and map out
- Be aware of the use of time in sessions, themes related to not enough time, running over (pull to)

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19

SPEND FIVE MINUTES REFLECTING IN PAIRS ON A CASE AND THE USE OF TIME, USING RR'S

Attending to  
↓  
Meeting every need

Never enough

Dismissing  
↑  
Needs not met

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ADDRESS IT DURING REFORMULATION AND THROUGHOUT THERAPY

- In reformulation experiences of loss, separation and abandonment will be mentioned. These will be related to TPs and TPPs.
- Difficulties about time-limit can be anticipated in reformulation letter or earlier in therapy.
- SDR can be used to demonstrate likely procedures in relation to termination.
- Termination is another opportunity to recognize in session enactments and revision of them and use of new procedures.

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21

**LOOK OUT FOR SIGNS OF ANXIETY ABOUT TERMINATION:**

- drop in ratings,
- missed sessions (abandoning before abandoned), coming late, mistaking time or day,
- wanting to space out remaining sessions (avoidance of the ending),
- exacerbation of symptoms in last part of therapy.
- new problems/procedures emerging, negative or distancing procedures
- expression of concerns re future
- Different responses to endings from previous discussions

Often comes on to client's agenda soon after middle of therapy  
 Helpful for therapist to predict e.g. exacerbation of symptoms and to relate it to forthcoming termination.

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**SPEND TEN MINUTES BUILDING ON RR'S AND REFLECTING ON THE PROCEDURES YOUR CLIENT MIGHT ENGAGE IN AROUND ENDINGS**

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**MANAGING THE ACTUAL ENDING**

- Talk about the value of ending in an educative and considerate way as part of a count down to the end, session by session
- Convey trust in their capacity to manage
- Allow time and space for client to explore feelings about ending and to understand them, whether or not there are signs of anxiety
- Acknowledge all feelings – good and difficult
- Almost never advisable to extend contract: extending contract invites collusion with RRP of ideal care.
- Explain and give value to and normalise the self-help phase

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'THERAPISTS' ABILITIES TO HANDLE TERMINATION ISSUES ARE PRIMARILY A FUNCTION OF THEIR SUCCESS AT UNDERSTANDING AND MASTERING THEIR OWN FEELINGS ON THE SUBJECT' (STRUPP AND BINDER)

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### THERAPIST'S FEELINGS ABOUT ENDINGS

- Therapist needs to be aware of and able to manage own feelings about endings, separations, loss (from own history and current ones). How they may impact on therapy. -e.g. Therapist refusal to acknowledge that you are important to your client, or doubts re own effectiveness if there is exacerbation of symptoms.
- Be aware of feelings pertinent to this particular client and how this may impact on therapy
- e.g. genuine sorrow about losing relationship, therefore reluctant to explore and work through client's feelings re separation, wish to prolong therapy
- e.g. ambivalence towards client, and secretly welcome end, but feel guilty about pursuing realistic objective

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### EXERCISE: EXPERIENCES OF ENDING IN RELATIONSHIPS

- What did you feel towards the other person?
- What did you feel inside/about yourself?
- How did you deal with the ending:
  - direct/indirect expression of feeling, cut off, denial, anger
  - aware and responsive (or not) to other person's feelings?
- What made the ending OK or not OK?
- Can you trace your own reciprocal role procedures in relation to leaving and being left?
- Therapist reflection tool

27

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**ENDINGS: THERAPIST TOOL FOR SELF REFLECTION**

<p>What feelings do endings bring up for me? How do I tend to cope with my feelings about endings?</p>	<p>How might my feeling about endings impact on how I work with the ending with my clients? What might I enact with clients? Could this be expressed as a RRP?</p>
<p>How well I recognise in myself if my RRP is being activated when working with termination issues? Recognition... (e.g. feeling, bodily sensations, memory, thought, narrative, behaviour)</p>	<p>What can I do to contain/manage my own feelings about endings, so they don't "take out" and allow me to remain focused on the client's experience/needs? Revision...</p>

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28

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28

**AWARENESS OF THERAPIST'S RECIPROCAL ROLES IN MANAGING ENDING OF THERAPY**

- Be aware of own RRP in relation to ending and loss and how to manage these in therapy
- Remember that therapist and client each have RRP learnt through experience of loss and ending
- Be aware of own feelings about ending with particular clients e.g. sorrow, rescuing, ambivalence, guilt
- Avoid enacting unhelpful reciprocal roles e.g. prevaricating, being unclear about ending, apologizing, being too busy, ignoring
- Aim to enact RRP of:  
appropriately withholding – manageably deprived

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29

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29

**A GOOD ENOUGH ENDING**

- Spend five minutes in pairs drawing out emergent RR's – how might we describe the internalized relationship with the therapist

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LUNCH

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31

FILM: ENDINGS

- o In this film, we join Lisa and Paul in their final session. In the previous session, Lisa has invited Paul to write a letter if he wishes to, and has explained to Paul that she will be sharing the goodbye letter she has written to him.
- o As you watch, reflect on what you know about Paul, his TPPs and RRs (both in his SDR and those new, emergent roles during therapy).

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32

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32

FILM: PAUL'S GOODBYE LETTER & DISCUSSION

- o Questions, reflections on the film, anything take away for your own practice?

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33

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33

GUIDELINES FOR THERAPIST  
GOODBYE LETTER TO CLIENT

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34

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GUIDELINES FOR THERAPIST GOODBYE LETTER  
TO CLIENT

**Purpose & Structure**

- Reminder of target problems
- Recognition of achievements and gains in relation to TPPs (specific examples, learnt in therapy & applied to everyday experience)
- Acknowledgement of failures and disappointments, areas of difficulty in relation to TPPs (things that were difficult & overcome/remain to be overcome)
- RRP's acted out in therapy relationship,
- Acknowledge the quality of, and/or difficulties in the relationship between you. Does it mirror other significant relationships?

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PURPOSE & STRUCTURE OF GL

- What emotions the client has been able to express as well as suspected unexpressed negative feelings.
- Address meaning for client of ending in the light of the past
- Look to future, indicating areas of future work
- Acknowledges a follow-up
- Can express therapist's feelings about termination- sadness, hopes, admiration, disappointments, fears, appreciation
- Can keep the therapist and tools active in client's mind through f-u & beyond

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36

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**CONTENT OF GOODBYE LETTER**

- Empathic and authentic
- Provides overview of issues arising in therapy rather than history, not detailed account of therapy, but summary of core themes
- Speaks in a new more positive voice compared to the client's internal dialogue
- Hope balanced with realism about the difficulties- internal and external obstacles
- Give specific examples of exits taken

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37

37

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**COMPARED TO REFORMULATION**

- Restatement of old themes
- Has continuity with reformulation – but don't repeat history of RL
- Statement of new, agreed Exits
- By being explicit it may guard against the client coping with loss of the therapist by either idealisation or denying value

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38

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**TIMING**

- Penultimate session- joint activity, more collaborative, can change it, or.....
- Final session- rite of passage?
- One third of way through session, allowing time for responses to it
- Allow time before reading letters for client to talk re feelings about coming for last session and any important events of previous week

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39

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**THINKING ABOUT WRITING**

- What was this therapy about?
- What was it realistic to achieve, with benefit of hindsight?
- Awareness by therapist of
  - own omnipotence (e.g. desire to understand & explain all, brilliant therapy)
  - urge to reciprocate client's RRP's (e.g. distancing self, provide ideal care)
  - own fears (e.g. I was useless/ rejecting/ uncaring)

Any of these could influence what the therapist writes.

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**EXERCISE: WRITING A GOODBYE LETTER**

- In pairs / threes
- You can either write a letter to a client you are working with or use Paul as a client.
- Have a look at the handout which suggests areas that are useful to consider including when writing a goodbye letter (but remember ZPD) if you're not sure where to start.

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**REFLECTIONS ON THE LETTER WRITING EXERCISE**

- How did you find making a start on the goodbye letter?
- What were your reflections on the exercise as a whole?

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42

42

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**CLIENT'S GOODBYE LETTER**

**Purpose – it aims to allow:**

- An experience of self-evaluation
- A demonstration of ownership and internalising the tools
- Affirmation of formation of new RRP's & self-management procedures
- Helps to use the ending as a time to promote self-care and new self-management procedures
- What the client does with help today they can do on their own tomorrow (Vygotsky)

**How to ask for GL?**

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43

43

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**BREAK**

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**ENDINGS AND FOLLOW UP SESSION(S)**

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**SUCCESSFUL RESOLUTION**

- Client awareness of the work
- Feeling that TPs are bearable
- Clarity of TPPs worked on
- Client keen to work on revision of TPPs, RRP on their own
- Awareness of loss of the therapy
- Ability to express difficult feelings
- Genuine recognition of therapist's role  
*- not placation or idealising or devaluing*

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**WAYS OF HELPING CLIENTS WITH DIFFICULT ENDINGS**

- Acknowledge client's feelings from the start
- Be aware of own RRP
- Link feelings with
  - past experiences of ending
  - RRP, TPP
  - SDR
- Remind client of
  - what client has achieved
  - experience of past setbacks and mini-endings
  - how to deal with very strong feelings
- Convey confidence

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**FOLLOW-UP**

- Actual termination is at follow-up
- Basic assumption that it is the final session
- When to mention follow-up: last, penultimate, earlier session, at the start
- Timing of follow-up: 3 months
- Borderline 24 session therapies 1,2,3,6 mo
- Mann: 'Cases evoking particular anxiety – shorter intervals or spaced sessions may be helpful, without depriving client of experience of termination'

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48

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### PURPOSE OF FOLLOW-UP

- Review of time between last session & follow up
- Therapeutic process continues after ending
- See how far understandings have been taken on board during this period: "How do you think you have coped?" "How have you managed to reflect on that?"
- Not a therapy session. So watch out for story-telling or supportive counselling.

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### REFLECTION ON THE CAT TOOLS/FOCUS

- Have the SDR out
- Discuss TPs and TPPs. Do they remember the details of them?
- Have they made use of tools, of paperwork? Have they been self-monitoring?
- Ask them to rate themselves now in relation to TPs or overall well-being
- How much recognition and revision have they done?

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### WHAT HAS BEEN INTERNALISED?

- Ask how absence of weekly therapy has been.
- Any major new problems or life events. How did they deal with them?
- Have they enlisted allies who could support them?
- Client must continue to be a therapist to self. Ongoing internal conversation with therapist, a therapeutic dialogue should be encouraged.
- Look at challenges in weeks and months ahead

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**IF CONSIDERING MORE THERAPY**

- Ask if they feel they need more treatment
- If they need more therapy what sort and *why*?  
(e.g. Individual, couple, family, group, CBT, more CAT)  
*How much?*  
*What would be the purpose?*
- Before coming to decision, beware of procedural/role re-enactments
- Assuming this is the real goodbye, can the two of you acknowledge both the value of what's been done and perhaps some sadness too?

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**IF DIFFICULTIES REMAIN**

- If good understanding but little revision
- If some revision
- If no progress

**What about re-assessment and further therapy?**

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**FURTHER READING**

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