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Premature Terminations:

A Social Construct Affects Psychotherapy's Outcome

Key Words: halo, termination, open-ended terminations, closed-ended terminations, suicide, construct

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Abstract

Premature termination is a pivotal point in psychotherapy. When patients relate mental health professionals to medical health professionals, the words, "I cannot help you," can be a discriminating stimulus for suicide. A patient who hears this may feel as helpless as someone who has been diagnosed with terminal cancer. This Analysis of Variance (ANOVA) role-playing study compares the feelings experienced by patients in open-ended and closed-ended terminations. The open-ended psychotherapy termination group generated the most positive emotional reactions, with no one in the open-ended termination group expressing strong suicidal tendencies. Three participants among the closed-ended termination group expressed strong suicidal tendencies. The results indicate that using the standard therapeutic termination for a full-term psychotherapy relationship is a safe stance to take for any premature termination. For ethical and legal reasons, providing an open door for future client contact should be a standard part of all psychotherapy terminations.

Research into termination techniques for psychotherapy sorely needs developing. As late as 1999, therapists claimed that very few empirical studies on terminations exist (Schulz, Lang, Lotz, Winfried, & Koch, 1999). Quintana and Holahan (1992) were surprised to find how few empirical studies there were at that time. After examining the literature on the subject of therapy terminations, the researchers' concerns remain. There is still a large lack of empirical data relating to terminations, especially premature terminations.

Studies with empirical data were the focus of this research, which examines the therapist's role when clients unexpectedly initiate premature terminations. Some statements may seem controversial. These statements are designed to arouse interest in research.

This paper-and-pencil, role-playing, three-group, between-subjects experiment used therapeutic aspects of actual psychotherapy cases that resulted in suicide. These aspects were carefully reconstructed into a story that participants read in order to hold constant the important features of psychotherapy for each role-playing participant. The participants had no idea that the clients depicted in the narratives had committed suicide. Great effort was put forth to make this role-playing experiment accurate, safe, and in harmony with the American Psychiatric Association's ethical guidelines. The experiment is easy to replicate. It follows a common experimental design for social psychology experiments.

Since very few empirical studies exist, some assumptions were used when writing the story. Except for the independent variable, the assumptions were held constant for each group in the experiment. The assumptions are as follows:

- The therapist consistently used Rogerian unconditional positive regard.
- The therapist's words about mental health were equal to a doctor's words about physical health.
- Coping skills were learned during the client's sessions.
- The client developed too close of a relationship with the therapist.
- The client chose to terminate therapy before the therapist thought the client should.
- A social construct existed that set the mental health professional on the same level as a medical health professional.

The moment of premature termination is a pivotal point in the life of a client. When the aforementioned construct becomes paired with the words, "I cannot help you," it can be a dangerous discriminating stimulus for suicide, as the client might feel that he or she is terminally ill. This experiment has built the pivotal moment into the reading, and the questions following the story revolve around the participants' reactions to this moment. This summary of assumptions for the experiment is based on today's standard psychotherapy practice.

Buddeburg (1987) found that therapists generally feel they have failed their clients when therapy terminates prematurely. However, the clients in Buddeberg's research indicated that they wanted to leave because they felt ready to terminate. Buddeberg's abstract revealed that clients do not necessarily share the therapist's view of the termination. The client often feels positive about the act of early termination and takes it as a sign of readiness to accept responsibility. April and Nicholas (1999) also found that premature terminations were not the result of failed interpersonal relationships with therapists. Clients initiated terminations because they did not feel an urge for more counseling.

During a premature termination, there is a risk that a therapist could communicate his or her feelings of failure to a client through body language, emotions, or words. A therapist's words can adversely change the outcome of a client's therapy. If a therapist feels as though he or she has failed a client, the client may notice the therapist's feelings of failure and misinterpret them. The client may think these feelings are a result of him or her being a failure or hopeless case. This is known as an internal attribution error. Suddenly, the termination the client thought was positive will become negative and will most likely result in an unsuccessful termination.

An unsuccessful termination, as defined for the purpose of this article, is the inability of a client to leave counseling after terminating therapy, a client returning to therapy with any therapist because of a fear of living life without therapy, or a client having a serious negative halo effect resulting from the termination, which influences his or her life after therapy.

It is possible that when a client hears the words, "I cannot help you" from his or her therapist, the client might suddenly feel as though he or she is experiencing a forced termination. Bostic, Shadid, and Blotcky (1996) found that forced terminations resemble earlier life losses and result in stages of loss. In a three-group study, Khan (1995) found that the severity of the loss felt was proportional to whether the client had advance warning of the forced termination. Khan found that the most damaging element of these sudden terminations was that the client interpreted them as a repeat of previous abusive home environments.

Hopelessness raises the odds of suicide (Dahlsgaard, Beck, & Brown, 1998). This can be a trait of the individual. For this experiment, it is assumed that the phrase "I cannot help you" could tap into this trait, raising the likelihood of suicide. This is one level of the independent variable. An urge to return to therapy for more help, the feeling that some unknown thing was wrong, fury, referral to friends, and suicide were all dependent variables.

For comparison purposes, this experiment names the negative effect upon clients as the negative halo effect. It names the positive effect upon clients as the positive halo effect. This is to clarify that the therapist can create a positive or negative effect upon a client. Based on ample data from various fields that study effect, it is assumed a positive halo effect can carry over into a person's life when he or she experiences a more positive therapeutic termination (another level of the independent variable).

Marx and Gelso (1987) studied premature terminations and found that individuals had more positive effect at premature termination than negative effect, while Ward (1984) found a significant negative

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effect for premature terminations. The hypothesis is that the therapist turns the premature termination into a successful or unsuccessful termination by the type of termination he or she chooses to impose: open-ended termination (one level) or closed-ended termination (other two levels).

For the purpose of this experiment, open-ended terminations are defined as terminations in which the therapist promises the client that he or she may return for more therapy or may contact the therapist if he or she feels the urge to do so. Closed-ended terminations are defined as those terminations in which the client does not receive that invitation and cannot have further contact with the therapist.

Brogan, Prochaska, and Prochaska (1999) used the transtheoretical model to discover techniques to lower the 40% rate of outpatient therapeutic relationships that terminate prematurely. With this many outpatient therapeutic relationships terminating prematurely, the issue of how best to handle this situation is important.

Quintana (1993) estimates that 50% to 66% of all individuals leaving therapy return within a year. Quintana and Holahan (1992) previously acknowledged that there has been very little research into successful terminations (by their definition this means the ability to terminate therapy) and unsuccessful terminations (by their definition this means the inability to terminate therapy; it does not consider life after therapy as part of the definition).

Maugendre (1994) found that stopping therapy abruptly made clients truly interminable. Johnson calls this form of termination cold-turkey termination and believes that such endings bring people back to therapy in what she calls revolving-door therapy (1988). Johnson's ideas are based on experience as the head of a large corporation, not empirical data.

This research holds constant issues in termination that could influence the outcome of therapy. They are held constant by having each group read a scenario that is exactly like the other groups' scenarios except for one sentence, the independent variable. They involve intense, consistent use of Rogerian unconditional positive regard, echoing and mirroring a client's emotions, developing coping skills, becoming too attached to the therapist, and a diagnosis of a clinically depressed client with suicidal tendencies.

The first prediction was that both groups with closed-ended terminations (Form B and Form C) would show significantly more negative effect than the group with an open-ended termination. The second prediction is that the group participants who were told the therapist could not help them (Form C) would have significantly more negative effect than the group having the same termination using other words. The third prediction was that open-ended terminations (Form A) would generate the most positive effect, emotional reaction. The fourth prediction was that the participants who were told they could not be helped would be furious.

Role-playing was the design for this experiment because it could most closely resemble the actual situations without putting anyone in an unethical position. Role-playing gives minimally significant results regarding the strong emotions involved in psychotherapy (Greenberg & Eskew, 1993). This is important for this type of experiment because it would be too dangerous to replicate the level of emotion that could result in suicide. By role-playing, the experiment can safely test the interactions of these schemas in society with both open and closed terminations. Greenberg and Eskew show that role-playing is indicative of significant results (Stanton, Back, & Litwak, 1956) but cannot show the magnitude of those results (i.e., the strength of the emotions involved with termination). Because of this, role-playing can provide insight into the effects of schemas (Spencer, 1978) that exist in the general population. It is an appropriate model for examining the attitudes that people bring with them to therapy. It is also a good method because it can hold certain therapy principles constant while manipulating others for testing purposes.

Method

Participants. Fifty-nine students from Missouri State University in Springfield, Missouri, took part in the experiment. The participants were randomly assigned to Form A, B, or C. As each participant walked into the room, he or she took a questionnaire from the top of an ordered stack. Each participant was asked to read the story as many times as necessary to step into the role of a clinically depressed individual with suicidal tendencies and experience the therapy scenario (Appendix A) that ends with either premature termination A, B, or C. The participant then answered the five accompanying questions, which were the same for all the groups. All participants received the opportunity for a debriefing. All participants declined the offer, saying they did not need it.

Materials. The materials were a pencil and paper test. A reconstructed story depicted a client entering therapy suffering from clinical depression with suicidal tendencies. The client's mental health improved over time. Throughout the therapy process, the therapist practiced intense, consistent unconditional positive regard, echoed and mirrored the client's emotions and thoughts consistently (Karlsberg & Robert, 1994), and gave practical advice for building coping skills.

Table 1: Participants' Ratings of Their Agreement with the Statement "After a good-bye of this manner, I would feel like 'something' is wrong with me."

Groups*	Number of participants who selected each agreement level				
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Group A	8	5	3	4	0
Group B	2	4	3	7	4
Group C	2	5	1	9	2

F(2,56) = 5.435, p = .007, R^2 = 0.133; Group A: M = 2.1500; SD = 1.8210; Group B: M = 3.3500; SD = 1.3089; Group C: M = 3.2110; SD = 1.2727

Table 2: Participants' Ratings of Their Agreement with the Statement "After a good-bye of this manner, I would feel a strong urge to return to therapy."

Groups*	Number of participants who selected each agreement level				
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Group A	7	6	3	3	1
Group B	5	4	2	6	3
Group C	3	5	1	4	6

F(2,56) = 2.509, p = .090, R^2 = 0.049; Group A: M = 2.2500; SD = 1.2513; Group B: M = 2.9000; SD = 1.4832; Group C: M = 3.2632; SD = 1.5579

Table 3: Participants' Ratings of Their Agreement with the Statement "After a good-bye of this manner, I would recommend therapy to my family and friends."

Groups*	Number of participants who selected each agreement level				
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Group A	3	0	2	5	10
Group B	5	2	3	4	6
Group C	2	5	4	5	3

F(2,56) = 2.010, p = .144,, R^2 = 0.034; Group A: M = .9500; SD = 1.4318; Group B: M = 3.2000; SD = 1.6092; Group C: M = 3.1053; SD = 1.2865

Table 4: Participants' Ratings of Their Agreement with the Statement "After a good-bye of this manner, I would feel furious."

Groups*	Number of participants who selected each agreement level				
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Group A	14	3	2	1	0
Group B	8	8	1	3	0
Group C	5	2	4	3	5

F(2,56) = 8.559, p = .01, R^2 = 0.207; Group A: M = 1.5000; SD = 0.8885; Group B: M = 1.9500; SD = 1.0501; Group C: M = 3.0526; SD = 1.3494

Table 5: Participants' Ratings of Their Agreement with the Statement "After a good-bye of this manner, I would feel suicidal."

Groups*	Number of participants who selected each agreement level				
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Group A	17	1	0	2	0
Group B	8	3	5	2	2
Group C	8	6	0	4	1

F(2,56) = 3.669, p < .032, R^2 = 0.084; Group A: M = 1.3500; SD = 0.9333; Group B: M = 2.3500; SD = 1.3870; Group C: M = 2.1579; SD = 1.3443

*Group A received the standard theoretical termination with an open-ended termination. Group B had a closed-ended termination where the therapist used words other than "I cannot help you" to convey disappointment. Group C received the words, "I cannot help you" from the therapist.

The client gained coping skills and changed from one who was clinically depressed to one who decided to leave therapy prematurely because he or she had developed too much closeness with his or her therapist.

Group A received the standard theoretical termination for a full-length successful therapeutic relationship with an open-ended termination. Group B had a closed-ended termination in which the therapist used words other than "I cannot help you" to convey his or her disappointment that therapy was terminating. Group C received the words, "I cannot help you" from the therapist.

The participants answered five questions about these parting words to see what effects the parting words have on clients. These questions were measured on a Likert scale varying from 1 (very strongly disagree) to 9 (very strongly agree). By not focusing on any particular therapeutic issue (other than the constants that can be manipulated in future studies), the experiment controlled for random therapy issues.

Procedure. The participants read the instructions on the questionnaire and were asked if they understood what it meant to role-play. They all answered yes. They were asked to take their time and focus fully on playing the role. Careful effort was made to refrain from indicating that the experiment checked for suicidal tendencies by sticking to the information written. The participants all read the same scenario (Appendix A) with different terminations according to their groups.

Participants with Form A received the following words as their therapy termination: "Your therapist reassures you that

> **“ ... participants who were told that the therapist could not help them could develop a stronger urge to return to therapy than those with open-ended terminations ”**

you have made great progress, have the coping skills you need to succeed on your own, and agrees with you that you may benefit from leaving therapy at this time. The therapist says, 'I wish you well in your endeavors, and you may return to see me if the need arises.'"

Participants with Form B received the following words as their therapy termination: "The therapist is disappointed that things are not working out between the two of you. You insist that you must leave, not wanting to bring up the strong bond out of embarrassment for having become that attached. At the end of the session, the disappointed therapist says, 'I'm sorry that therapy with me is not meeting your needs.'"

Participants with Form C received the following words as their therapy termination: "The therapist is disappointed that things are not working out between the two of you. You insist that you must leave, not wanting to bring up the strong bond out of embarrassment for having become that attached. At the end of the session, the disappointed therapist says, "I cannot help you."

For ease of displaying the interesting aspects, the data in the tables were collapsed from a 9-point Likert scale to a 5-point Likert scale. This did not significantly change the results. The results section of this experiment refers to the non-collapsed data from the original 9-point Likert scale.

For the tables only, the data was collapsed in this manner: Scores of 1 and 2 of the 9-point scale equaled 1 on the 5-point scale. Scores of 3 and 4 from the 9-point scale equaled 2 on the 5-point scale. Scores of 5 from the 9-point scale equaled 3 on the 5-point scale. Scores of 6 and 7 on the 9-point scale equaled 4 on the 5-point scale. Scores of 8 and 9 on the 9-point scale equaled 5 on the 5-point scale. People mentally make these divisions when scanning the data, so putting the data in the chart in this manner allows for easier reading. It is also interesting to compare the two scales. The collapsed scale accounts for the fact that people tend to refrain from marking the outer responses on Likert scales. The comparison of the two scales gives some insight into the difference between these two techniques for gathering data. The collapsed scale had no determining factor on the significance within this study.

Results

This between-subjects single-factor design analyzed types of therapy terminations using a two-tailed Univariate ANOVA with a Fischer least significant difference and an alpha level of .05. All analyses are from the 9-point Likert scale. The tables present the 5-point Likert scale.

Question #1: After a good-bye of this manner, I would feel like "something" is wrong with me. The ANOVA showed a significant difference in how those with open-ended terminations and closed-ended terminations felt about feeling something was wrong with them after they said good-bye, $F(2,56) = 4.45$, $p = .016$, $R^2 = .106$. The LSD post hoc test showed that Group A participants disagreed with feeling that something was wrong with them ($M = 3.7000$; $SD = 1.9222$). Group B participants leaned toward feeling that they had something wrong with them ($M = 5.4000$; $SD = 2.0876$). Group C participants (Table 1) leaned toward feeling that there was something wrong with them as well ($M = 5.4211$; $SD = 2.2439$).

Question #2: After a good-bye of this manner, I would feel a strong urge to return to therapy. The LSD post hoc test showed a significant difference in "urge" to return to therapy, $F(2,56) = 2.856$, $p = .006$, $R^2 = .060$, between those who received open-ended therapy terminations and those who were told they could not be helped. Most Group A participants did not feel the urge to return to therapy ($M = 3.7500$; $SD = 1.9433$) while many Group C participants did feel the urge to return to therapy ($M = 5.4737$; $SD = 2.4803$). This suggests that the participants who were told that the therapist could not help them could develop a stronger urge to return to therapy than those with open-ended terminations (Table 2). Group B participants did not differ significantly from either Group A or Group C ($M = 4.9000$; $SD = 2.4473$).

Question #3: After a good-bye of this manner, I would recommend therapy to my family and friends. The LSD post hoc test showed insignificant difference, $F(2,56) = 2.50$, $p = .091$, $R^2 = .049$, between Group A participants ($M = 6.8000$; $SD = 2.4192$) and Group B participants ($M = 5.1500$; $SD = 3.0483$). This suggests that those with closed-ended therapy terminations in which the therapist did not say "I cannot help you" are as likely to recommend therapy as those with open-ended terminations (Table 3). Group C participants had mixed feelings on the matter ($M = 5.2632$; $SD = 2.2321$). The fact that it is not significant, however, is of importance and is addressed in the conclusion.

Question #4: After a good-bye of this manner, I would feel furious. There was a significant difference between the three groups regarding fury, $F(2,56) = 8.031$, $p = .001$, $R^2 = .195$. The LSD post hoc test showed that Group A participants felt very strongly that they would not be furious ($M = 2.3000$; $SD = 1.6575$). Group B participants tended to agree with those who had open-ended terminations that they would not be furious ($M = 3.2000$; $SD = 1.9358$). Group C participants were

more likely to be furious (M = 5.0526; SD = 2.8181). However, this does not portray everything the results show regarding fury (Table 4). A bimodal division in the extremes arose among Group C participants. This is important when dealing with individuals in therapy.

Question #5: After a good-bye of this manner, I would feel suicidal. There was a significant difference between the three groups regarding feeling suicidal after their good-byes, $F(2,56) = 4.418$, $p = .017$, $R^2 = .105$. The LSD post hoc test showed that Group A participants felt very strongly that they would not feel suicidal (M = 1.9500; SD = 1.8202). Group B participants were unlikely to feel suicidal (M = 3.9500; SD = 2.4165). However, it would be dangerous to conclude that no significance existed. As a whole, Group C participants felt they were unlikely to feel suicidal (M = 3.5263; SD = 2.451). But, 2 participants in Group B strongly agreed that they would feel suicidal (Table 5), marking the highest levels of likelihood for suicide. One individual in Group C also marked this highest level for suicide (Table 5). Any high tendencies toward suicide in such small groups of role-playing participants representing clients with paper and pencil tests are significant and worthy of attention.

Discussion

A discussion of suicide will likely arouse strong emotions. This discussion presents data with a view to improving terminations. In the interest of science, the ideas revealed in this study are addressed factually in order to search for avenues for improvement within an already respected field.

One prediction indicates "I cannot help you" is a social construct that can influence behavior in a negative manner when spoken in the context of the therapeutic relationship. The research supported this prediction with 1 in 4 extreme responses of fury for closed-ended therapy terminations in which the words "I cannot help you" are used (Table 4, Group C). Two opposite attitudes in the level of fury regarding the words "I cannot help you" appeared. To clarify the reason behind the bimodal distribution, a detailed questionnaire regarding beliefs about the phrase could be used in a future research project.

One prediction was that both groups with closed-ended terminations would show significantly more negative effect than the group with open-ended terminations. The experiment fully supported this prediction. There was a significant difference between open-ended therapy terminations and the closed-ended therapy terminations. Altering the words used during closed-ended terminations did not make a marked difference.

Tapering off the intensity of the use of Rogerian Person-Centered Therapy with a random interval schedule, especially with mirroring and echoing of feelings, is a technique that could be used for future experiments addressing the issue of lowering negative effect at termination. A second idea for lowering negative effect could be educating clients early in the therapy process on what to expect of themselves in the process of mourning and loss during termination. This precaution could prepare the client for the fact that mourning and regression are temporary symptoms of termination. A third idea for lowering negative effect is to develop the belief that the client is indeed well and just needs education from the therapist on how to improve his or her life. It is very hard for people who do not think they are well to leave the source of their health, the mental health professional. An interval schedule of reinforcing the idea that the client is well throughout the therapy process could reassure the client that he or she is indeed well and protect against hopelessness.

One assumption that could be tested is the idea that echoing and mirroring emotions should be slowly extinguished from the therapy process to free the client from the captivating effects that some believe exist with mirroring others' behaviors (Reibstein & Joseph, 1988). Mirroring emotions has also been tied into developing the affectionate bond (Karlsberg & Robert, 1994).

Sometimes ideas the client learns in therapy fit together overnight and the client is finished with therapy. The person says good-bye without the knowledge that successful terminations include temporary emotional pain and temporary regression in behavior (Johnson, 1988). This lack of knowledge can result in the client returning to therapy, his or her source of happiness, to search for a cure to the pain.

At times, the client wants to leave because intimate feelings are interfering with the therapeutic relationship. If the therapist lets the client go (by refraining from indicating the client needs assistance), the client will most likely feel empowered. The opposite can also be true. If the therapist does not let the client go by indicating that he or she still needs professional assistance, the client could be burdened emotionally, believing he or she is somehow deficient or cannot be helped. According to the code of ethics of the American Counseling Association (1995), making the client feel a need to return can result in malpractice.

This experiment shows that using the

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standard therapeutic closing for a full term open-ended termination is the best technique to handle premature therapy terminations, even when terminating because of too much closeness. It is a safe stance to take in any termination situation because it empowers the individual. The significant differences in reactions between the closed-ended and open-ended terminations speak for the effectiveness of open-ended terminations.

The second prediction was that the group of individuals who were told they could not be helped would have significantly more negative effect than the group who had a closed-ended termination using other words. The experiment supported this prediction on the dependent level of fury, although it was not significant for all levels.

The experiment did not support the prediction of more negative effect for Group C than Group B on the level of feeling that something was wrong with them. Both closed-ended termination groups significantly leaned toward feeling something was wrong with them, while the open-ended termination group strongly felt that they would not feel something was wrong with them. Changing the words "I cannot help you" to another form of closed-ended goodbye did not change this effect in the closed-ended groups. Open-ended terminations significantly reduced the tendency of feeling something was wrong. Feeling something is wrong may be one reason why some people return for more counseling in closed-ended terminations, accounting for part of the 44% to 60% who return within a year for more counseling. They appear to be groping for an answer to an unknown question.

It is poor ethical practice for a therapist to coerce a client to return to therapy by making the person feel an urge to come back when he or she is saying good-bye. There appears to be an inherent danger with regard to closed-ended therapy terminations as shown by this experiment. Once the person diagnostically needs to return to therapy because of a feeling that something is wrong with him or her or, especially, because of feeling suicidal, the mental health professional is required to provide more therapy—a paradox indeed. This unethical practice can result in a long-term negative halo effect for clients.

Open-ended terminations appear to lower this tendency. It is interesting to note that those with standard theoretical open-ended terminations (Group A) felt very unlikely to feel an urge to return to therapy. This is in harmony with ethical practice (ACA, 1995). Open-ended terminations appear to generate more successful terminations than do closed-ended terminations; appear to be cost-effective for clients in terms of emotions, money, and future happiness; and can be implemented with little expense to the therapist.

The therapist can promise the client that he or she will be available for contact, for therapy in an emergency, or for contact through email, a postcard, a letter, or an occasional phone call. The therapist can promise to notify clients if he or she moves. This provides a safety net that allows the client to feel no urge to return for therapy. By using the above techniques, closed-ended terminations can be turned into open-ended terminations. Using these techniques should lower return rates for therapy, lower fury at termination, lower suicidal feelings, and ensure that the client is emotionally able to leave therapy with an enduring successful life.

Pearson (1998) gives detailed techniques for terminating therapy and indicates that therapists who continue to make themselves available after termination experience easier terminations. Many uninformed therapists object to the continuing expense caused by people returning for therapy. Penn (1990) and Siebold (1991) found that any fears of clients abusing this privilege are unwarranted. When clients know that they can return in an emergency, they feel free to leave. With this safety net to comfort them, clients rarely feel the need to return to therapy.

With so many of those who experienced open-ended terminations not having an urge to return to therapy, why is there such a high rate of returns (Quintana, 1993) when many therapists claim to practice open-ended therapy terminations? Is it possible that some therapists are unethically practicing closed-ended terminations? Or could it be due to other reasons?

Pain causes people to seek therapy in the first place, and termination causes pain. If the client is not ready for this reality, he or she may seek relief and return to therapy once more. If psychologists could find techniques to lower the pain of termination, then this rate of return might lower significantly. The following techniques could be made into research projects using the psychotherapy role-playing model presented in this article for cost-effective, replicable research: tapering off the use of echoing and mirroring of emotions and intense, consistent Rogerian Person-Centered Therapy, tapering off the use of echoing and mirroring on a random interval scale after trust has been developed, and educating clients to the effect that tapering off is a normal part of therapy. Siebold (1992) also believes that therapists should prepare clients for the loss of therapy. This allows clients to free their emotions from the therapy process, giving them time to adjust to real-world emotional levels.

This role-playing study used suicidal clients as a constant for all three groups and found that those participants with open-ended terminations did not have suicidal tendencies.

Ethical practice requires that clients develop coping skills and live independently of the mental health system whenever possible. Clients with coping skills who terminate therapy early and receive a closed-ended termination may return to therapy for a myriad of reasons. For example, a client whose family life was doing well decided to terminate because of too much closeness. The therapist told the client that he could not help her. The client experienced pain and confusion. The client's spouse became angry because of the sudden emotional state for which his spouse had no explanation. Their child ran away to friends who abused drugs. This former client immediately returned to therapy. The family's life became tumultuous (negative halo effect) when the family had just previously been elated

(positive halo effect). Could this good halo effect have been preserved with a little forethought from the therapist?

Since suicidal tendencies appeared among those groups with closed-ended therapy terminations, mental health professionals or clients who must end therapy before its natural time need to be careful to watch for suicidal tendencies. Three participants marked the ultimate level for feeling suicidal after closed-ended therapy terminations in Groups B and C (Table 5). This suicidal tendency in closed-ended terminations causes great concern in view of the fact that many people face closed-ended terminations for varying reasons.

There is an ethical prohibition against abandoning clients (American Counseling Association, 1995). As can be seen from Kahn's study (1995), improper terminations can leave the client with feelings of having been in an abusive relationship. The client might suddenly feel abandoned by someone who had promised to help him or her. Many abusive homes make family members feel abandoned. There could be a correlation here.

The third prediction was that open-ended terminations would generate the most positive effect. The experiment fully supported the prediction. In all areas, individuals receiving open-ended terminations had the most positive attitude toward therapy terminations.

All three groups in this experiment would recommend therapy to their families and friends, regardless of the type of therapy termination they received. There was no significant difference between the groups regarding recommending therapy to others. This lack of significance is of note because it supports previous studies regarding clients' evaluations of their therapy. It indicates that underlying social influences affect the clients' attitudes instead of the actual therapy they receive (Keijsers Schaap, & Hoogduin, 2000).

The pressure today to terminate psychotherapy prematurely puts clients and psychotherapists in tough situations. Therapists have the power to turn these situations into successful terminations through good termination techniques and forethought, thus reducing the urge for clients to return for more psychotherapy and improving their chances for a successful life after therapy.

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Appendix A: The Premature Termination Story Participants Were Asked to Read

The following is the premature termination story that participants in this research experiment were asked to read. Participants randomly received one of three endings: Group A ending, Group B ending, or Group C ending.

Please be aware that the story you will read may arouse strong emotions within you. If you experienced a similar incident, this story may reveal that you have unresolved issues regarding your experience. You may want to seek professional guidance to resolve your issues or speak with a school provided counselor at the counseling center to see if you want to pursue it further.

The story given below is a real incident. What the individual did and felt is not revealed. Your job is to play the role of this person and answer the questions from the viewpoint of this person with this problem at this point in life. Please read and reread this scene until you feel as if this really happened to you before you turn the page and answer the questions provided. Feel free to look back at the story any time you feel you have lost contact with your role while answering questions. You are free to stop this research project at any time you like. If you stop during this research project, it would help us if you could tell us why, but you are not obligated to do so.

You are a severely depressed individual. You have suffered from severe depression for a long time and finally gave up the idea of getting better. In short, you have become hopeless—even suicidal. At the insistence of family and friends, you enter therapy. The therapist instills hope within you that therapy will give you the coping skills you need in order to alleviate the horrid depression. The therapist listens with full, undivided attention to your descriptions of how you feel, and affirms your feelings about yourself and your situation. For the first time since you suffered the agony of this emotional state, someone understands what you are going through. Your heart sings just a little. Maybe you will get better. The therapist continues to affirm your feelings about yourself, your desires, and your dreams. You listen intently to the advice of the therapist, try it, and find that it works. Your heart sings. You now work hard to apply the counsel and make transformations to your life that you never thought could be possible. You learn coping skills that help you deal with life. You notice the consistency and intenseness with which the therapist works with you during every session. You admire this attribute of consistently echoing your thoughts to you, paying so much attention to your needs. The depression leaves. For the first time in many years, you feel like other human beings. You laugh and enjoy being alive. You are thankful you never committed suicide. You become deeply grateful for what therapy has done for you. Your admiration for the therapist's efforts intensifies. You never dreamed you could feel happy like other people and now it has all come true for you. You have coping skills as the therapist promised you would. You thrill at the idea. One day, you suddenly feel a strong bond much like a parent experiences the first time the parent holds a newborn while visiting with your therapist about some unsolved problem. Your conscience pricks you. You realize that you must leave therapy before the bond becomes so strong that you cannot leave the safety of this environment. You inform the therapist that you "must leave" therapy after your next session without disclosing this personal reason for why you are leaving. You decide to say good-bye even though you are fearful of dealing with problems on your own because of never having been successful without therapy. You realize that life will always have problems and you will need to face those problems on your own someday.

Group A Ending

Your therapist reassures you that you have made great progress, have the coping skills you need to succeed on your own, and agrees with you that you may benefit from leaving therapy at this time. The therapist says, "I wish you well in your endeavors, and you may return to see me if the need arises."

Group B Ending

The therapist is disappointed that things are not working out between the two of you. You insist that you must leave, not wanting to bring up the strong bond out of embarrassment for having become that attached. At the end of the session, the disappointed therapist says, "I'm sorry that therapy with me is not meeting your needs."

Group C Ending

The therapist is disappointed that things are not working out between the two of you. You insist that you must leave, not wanting to bring up the strong bond out of embarrassment for having become that attached. At the end of the session, the disappointed therapist says, "I cannot help you."

Supplemental Materials

To view the complete set of downloadable forms and materials for this study, please log on to the CE Articles section of www.americanpsychotherapy.com.

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