

# Psychotherapy

## **Plan-Compatible Termination in Psychotherapy: Perspectives From Control-Mastery Theory**

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# Plan-Compatible Termination in Psychotherapy: Perspectives From Control-Mastery Theory

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Termination processes in psychotherapy vary widely across patients, therapists, and therapies. While general guidelines on termination can inform ethical and responsible termination practices, termination decisions and processes are likely optimized using a case-specific approach. Control-mastery theory (CMT) provides a framework for considering the unique ways individual patients work in psychotherapy and can be applied to help therapists understand and facilitate optimal terminations. The present article provides a brief overview of CMT and outlines perspectives regarding the decision-making and discussion of psychotherapy termination, the processing of termination, and the final session of therapy.

## *Clinical Impact Statement*

**Question:** How can psychotherapy termination be considered and responded to in a case-specific, personalized way? **Findings:** Control-mastery theory provides a framework for considering the patient's adaptive goals, pathogenic beliefs, traumas, and tests in determining individualized clinical responses to termination-related issues in psychotherapy. **Meaning:** Clinicians can help patients disconfirm pathogenic beliefs—through passing their tests—throughout the termination process, including during the final psychotherapy session. **Next Steps:** Further research is needed to understand patients' testing strategies specifically in the context of psychotherapy termination.

*Keywords:* psychotherapy, termination, personalized, case formulation, pathogenic beliefs

As with many aspects of psychotherapy, termination—the completion or ending of treatment—is highly complex, yet only partially understood. While recommendations to prevent premature termination draw upon research regarding pretherapy preparation, patient preferences, and the alliance (Swift, Greenberg, Whipple, & Kominiak, 2012), limited research is available to inform decisions and processes involved in planning and carrying out effective therapy endings. Rather, clinical wisdom about termination tends to be passed down through training and supervision, often focusing on issues such as reviewing therapeutic gains and preparing for life after treatment. A recent survey of expert psychotherapists revealed remarkable consensus regarding several core termination

tasks, including collaboratively determining the pace of termination, review of progress and attribution of gains to the patient's efforts, processing of loss feelings, and support for patients' future functioning and use of coping skills (Norcross, Zimmerman, Greenberg, & Swift, 2017). Such recommendations, combined with ethics-based termination standards (Vasquez, Bingham, & Barnett, 2008), are useful signposts in helping therapists work toward appropriate and satisfactory treatment endings. Yet we still do not know—and indeed lack empirical data for—what constitutes an optimal termination process, a phenomenon that varies widely across patients, therapists, and therapies. Moreover, there may be considerable divergence in patients' preferences for and experiences of termination. One patient may favor leaving treatment shortly following symptom relief to practice new skills independently, while another may prefer to continue the therapeutic relationship throughout a “practicing” phase. One patient may welcome a discussion about loss as treatment ends, while another may experience this as detracting from more salient themes. Thus, termination-related decisions and practices likely require a considerable degree of case specificity and personalization. The present paper discusses termination considerations and processes from an idiographic perspective through the lens of control-mastery theory (CMT).

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