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**TERMINATION OF PSYCHOTHERAPY:  
THE RELATIONSHIP BETWEEN THE TERMINATION PROCESS,  
JUDGEMENTS OF THE CLIENT'S NEED FOR FURTHER  
TREATMENT AND PSYCHOTHERAPY OUTCOME.**

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## **ABSTRACT**

This study was based on the data gained from eighty one terminating clients and their therapists at a university Psychological Services Centre. The study investigated the frequency with which clients and therapists agreed about three components of the termination process and if agreement was related to client outcome. The three components of termination investigated were, the reasons therapy was terminated, the mutuality of termination and the degree of need for further therapy. Client narrative responses to the question "Why is your therapy ending?" were coded into categories of reason and mutuality of termination. Raters reliably coded the majority of narrative answers. No difference in the ability of raters to make a coding with regard to the raters experience in Clinical Psychology was found. In approximately fifty percent of cases, therapists and clients did not agree about these three components of termination. It was also found that in those cases where there was agreement, the clients had better psychological outcomes, than in cases where there was no agreement.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **OVERVIEW**

The introductory chapter of this thesis is set in seven sections. The first section explains the reasons why understanding termination is an important component in understanding the therapeutic relationship. The second section outlines the unique nature of each termination, leading to the third section, which outlines some of the common differences between therapist and client views of therapy. It is argued that these differences contribute to making each termination unique. It is of note that every therapeutic relationship is unique, as previous research has tended to regard the role of the therapist as constant, when the role is actually redefined in each relationship.

The fourth section of the thesis examines how previous research has tended to use therapists' judgements about the therapeutic relationship, largely ignoring clients' judgements. This section also explores the reasons why the therapists' judgements may be biased. The fifth section develops the idea of appropriate termination and how it may be more appropriately defined, using both client and therapist judgements.

Having outlined some definitions of termination status, the sixth section examines previous research into the relationship between termination status and psychotherapy outcome. Leading from previous research that does indicate a relationship between termination status and outcome, the seventh section of the introduction outlines the specific questions that this study seeks to answer.

### 1.1. WHY IS TERMINATION OF INTEREST?

The way therapy is terminated has been linked to client outcome in a great number of studies (eg. Baekeland & Lundwall, 1975; Garfield, 1986; Pekarik & Wierzbicki, 1993). Therapy is undertaken with the goal of achieving positive outcomes, therefore it is important to research the conditions under which positive client outcomes are most likely.

Prior research examining the relationship between therapy termination and outcome has shown that clients who terminate therapy earlier than is appropriate (often termed drop-outs) are more likely to experience negative outcomes than all other clients (Pekarik, 1986). Indeed, Rubinstein and Lorr (1956) found that many clients do not attend psychotherapy long enough for the helping process to have a chance to begin, while other studies have shown that between 25 and 50% of clients fail to keep even their first appointment (Rosenberg & Raynes, 1973; Turner and Vernon, 1976).

Recently, health delivery services in New Zealand have had their infrastructures reorganised (particularly with regard to funding) to make them more accountable. In this context, the cost of broken appointments and unrecovered fees must be considered an inefficient use of limited sources (Larson, Nguyen, Green & Attkisson, 1983; Pekarik, 1985a). Clients who terminate early and break appointments are often unable to be contacted, either for the recovery of fees or to assess client outcome (Pekarik, 1985b). This is at a cost to both the service delivery agency and the client (Benjamin - Bauman, Reiss & Bailey, 1984). Pekarik (1985a) concluded that psychotherapy dropouts represent clinical, fiscal and morale problems for mental health professionals.



## **1.2. TERMINATIONS ARE ALL DIFFERENT**

Every therapeutic relationship is formed under different circumstances, with different combinations of personalities, which results in each relationship being unique (Bernal & Kreutzer, 1976). Consequently, every termination will also be unique. However, termination of therapy has been divided into two broad types, those that occur when termination of therapy is considered appropriate, and those that occur when it is considered inappropriate (Pekarik, 1983a).

The way in which the therapy is terminated and the perceptions that both client and therapist have of the termination, may well reflect many of the issues present in the relationship (Blotcky & Friedman, 1984). Both the therapist and the client have entered into the relationship with their own expectations and goals of both the process and the results of therapy (Pekarik, 1985; Garfield, 1978; Martin & Schurtman, 1985). These different expectations are likely to lead the client and therapist to view termination differently and there is evidence that these discrepant expectations may contribute to premature termination (Pekarik & Wierzbicki, 1986).

There are divergent opinions about the importance of therapy termination to psychotherapy outcome, however, Sullivan (1954) stated that termination done badly, can seriously damage or destroy all the beneficial psychotherapeutic work previously accomplished.

## **1.3. THERAPIST AND CLIENT PRE-THERAPY EXPECTATIONS, GOALS AND PERCEPTIONS OF TERMINATION.**

Clients entering psychotherapy have expectations of their impending involvement in a psychotherapeutic relationship. It has been found by a number of researchers (eg. Borghi, 1968; Levitt, 1966) that these expectations are not always confirmed during the therapy. Levitt (1966) called this phenomenon the "expectation-reality discrepancy" (EDR). It has been hypothesised (Levitt, 1966) that the disconfirmation of the client expectations interferes with subsequent psychotherapeutic

efforts. Researchers (eg. Overall & Aronson, 1968) have also found that the disconfirmation of client expectations can be related to premature termination.

Therapists also have expectations of the psychotherapeutic relationship (Benbenishty, 1987; Goodyear, 1981). Client and therapist expectations of therapy are different in specific areas. Clients, on average, anticipate a shorter length of therapy (number of sessions) than that expected by therapists (Pekarik & Wierzbicki, 1986; Benbenishty, 1987). When comparing the duration of therapy expected by therapists with actual therapy duration, therapists in one study expected three times more sessions than actually occurred (Pekarik & Finney-Owen, 1987).

The finding that therapists expect a far longer treatment duration (number of sessions) than clients expect, is consistent with the finding that a large proportion of clients terminate earlier than their therapists think appropriate (Pekarik & Finney-Owen, 1987). In some settings, it has been found that over a third of clients that therapists defined as dropouts, terminated treatment because those clients had met their own goals for improvement (Pekarik, 1985b). Those clients who have met their goals for therapy would probably view their termination as appropriate, often in disagreement with their therapist. This supports the hypothesis that clients and therapists will differ in the way they view termination and perceive the need of the client for further therapy.

Differences between therapist and client expectations of therapy (eg. the differing expectations of treatment duration) are also related to their different perceptions of what happens during therapy (Pekarik & Finney-Owen; 1987). These different views of the events that take place as part of the therapeutic relationship have been shown to have a relationship with the clients' outcome (Pekarik & Wierzbicki; 1986). Llewellyn (1988) found that when both therapists and clients record their views of significant events in their therapy, greater differences in perception are found in the cases where client outcome is poor. This is relevant to termination, as termination is a significant event in the course of the therapeutic relationship (Llewellyn, 1988).

Benbenishty (1987) found that there was a gap between the expectations and the perceived realities of both clients and therapists. The gap for clients is, however, different from the gap for therapists. Early in therapy, clients and therapists both expect the clients' identified problem behaviours to occur more than they actually perceive them to happen. In the first session the expectation-reality gap was larger for clients than therapists. However, over time the expectation-reality gap significantly closes for clients, but remains nearly constant for therapists. These differences between client and therapist judgements regarding the degree of symptom improvement are likely to impact upon the differences in judgement between clients and therapists as to when termination of psychotherapy is appropriate.

#### **1.4. WHO DECIDES IF TERMINATION IS APPROPRIATE AND WHY MIGHT THERAPIST JUDGEMENTS NOT BE RELIABLE?**

In Wierzbicki and Pekarik's 1993 meta-analysis of psychotherapy dropout literature, it was found that most researchers either took the therapist's judgement of the appropriateness of termination, or used an arbitrary definition, such as the client missing the last scheduled appointment, or attending less than a specified number of sessions. In studies that have included the clients judgement of the appropriateness of termination, (eg. Garfield, 1963, Pekarik, 1988), it has most often been the judgements of clients identified as terminating inappropriately (dropouts) that have been considered.

Fiester (1977) compared therapists with low client attrition rates with therapists with high client attrition rates. It was found that different therapy approaches by therapists effect changes in the rate of client attrition (inappropriate termination). Fiester found that earlier researchers had an implicit tendency to consider the influence of the therapist as uniform and therefore of little explanatory value. It has been suggested that, regarding the role of the therapist as uniform, is yet another unfounded homogeneity myth (Kiesler, 1971; Fiester, 1977).

Therapists and clients both have personal issues that they bring into the therapeutic relationship. As early as 1937, Freud postulated theories about the issues that are brought to the therapeutic relationship by therapists and how these issues influence the course taken during therapy. Freud felt that beliefs and life experience are as much an influence on the way a therapist perceives the world, as they are for the client. Differing client pre-therapy perceptions are important to the success of therapy. Indeed, in their 1986 study of client pre-therapy expectations, Filak, Abeles and Norquist found that these expectations are predictive of client outcome.

The acknowledgment of the therapist's emotional investment in the therapeutic relationship is important when considering therapist bias in their judgement of appropriate termination. DeWald (1980) wrote that therapists will experience emotions effected by unconscious personal needs, therapeutic ambitions and reactions specific to particular clients. Given that the therapist has an emotional investment in the client, that therapist will experience feelings of loss at the termination of therapy. Goodyear (1981) highlighted the loss experienced by therapists, by stating that termination of therapy with a client who has made positive progress often involves the loss of a gratifying relationship for the therapist. Part of the overall loss is the loss of professional status, as at termination the therapist ceases to be that client's therapist (Easson, 1971).

Quintana (1993) has challenged some of the existing beliefs regarding termination as loss. Quintana emphasises that terminations as loss does not mean termination as crisis, in all cases. Quintana proposes that termination as development can be a component of the termination process.

It has also been postulated that the therapist's awareness of the importance of the termination phase of therapy can cause increased levels of anxiety, even for experienced therapists (Martin & Schurtman, 1985). This increased anxiety could colour the therapists judgement about how ready the client is to terminate appropriately. All these factors suggest multiple influences on therapist judgements

regarding termination process and appropriateness. These multiple factors are potential causes of distorted and/or biased judgements.

There are good reasons for using therapist judgements regarding the appropriateness of termination. Therapists do, as participants, have intimate knowledge of the relationship and they are accessible when clients often are not (particularly in the case of "dropouts"). However, only taking account of the therapists' judgement is severely limiting, if not clearly biased, as has been argued in the measurement of therapy outcome (Luborsky, Chandler, Auerbach, Cohen & Bachrach, 1971). The practice of only regarding the therapist's judgement may be indicative of an underlying assumption that the therapist is the "expert". Given that there are many factors with the potential to distort or bias the judgements of therapists, there may be a strong case for also considering the judgements of clients.

In a study which considered both therapist and client judgements, Huber (1990) found that in only 20% of terminations at a university psychological services clinic, did both parties agree that termination was appropriate. This implies that in eighty per cent of cases either the therapist or client (and possibly both) felt that termination was inappropriate. If this is so, then the effectiveness of therapy would potentially be undermined in the 80% of terminations that are not appropriate. In order to assess the validity of both the therapist and client judgement of the appropriateness of termination, it is important to first establish a definition of appropriate termination.

### **1.5. DEFINITIONS OF APPROPRIATE TERMINATION.**

There have been a range of definitions of termination status and appropriate termination. For example, Pekarik (1985a) described two definitions of appropriate termination. The first definition was duration of therapy; that is, clients who attended less than a specific number of sessions were defined as terminating inappropriately.

The second definition deemed those clients who missed their last scheduled appointment as having terminated inappropriately. Neither of these definitions considered the client's need for further treatment as a factor in determining who had appropriately terminated. In addition, each of these definitions defined groups which constituted different members.

Pekarik has also studied termination status by breaking inappropriate terminations into categories of reasons for termination (Pekarik, 1983b; Pekarik and Finney-Owen, 1987). Examples of reasons are "Financial", "No need for services", "Transportation problems", "Dislike of services", etc.

Reason for termination was determined by the reason the client or the therapist nominates at the time that therapy terminates (eg. cost too high, problem abatement).

Pekarik (1985b) suggested an alternative to defining termination status by reasons for termination, when he proposed that termination be defined by the nature of termination. Nature of termination was determined by whether the client or therapist initiated the termination, or the initiation of termination was mutually agreed. It was suggested appropriate termination be defined as one where termination was "mutually agreed upon by therapist and client" (Pekarik, 1985b).

By contrast, Pekarik (1983a) defined appropriate termination as "someone not in need of continued therapy beyond the last session"; this was determined by the therapist. Using this need for therapy definition, it was found that clients who appropriately terminated therapy had better outcomes than clients with any other type of termination (Pekarik, 1983a).

Huber (1991) discounted the "mutual agreement" definition of appropriate termination. He disputed the concept of mutual termination, concluding that there can be no such thing as mutually initiated termination, as one party must introduce the termination issue first. Although it is true that one party must raise the issue before the other, it does not follow that one party raising the issue of termination



first precludes the other party from (honestly) agreeing that termination is appropriate.

Pekarik (1983a, 1983b, 1985a) has suggested three definitions of termination, each focusing on different components of the termination process. Given that strong cases for using any of the three approaches have been made, determining termination status with a definition that combines nature of termination, reasons for termination and need for further therapy, may prove to be the most fruitful in predicting client outcome. This is because Pekariks' three definitions have shown termination to be a multidimensional process therefore a multidimensional definition is needed to be consistent and may be the most fruitful in encapsulating all that termination encompasses.

Given that there are influences that may cause possible therapist bias (Easson, 1971; Goodyear, 1981), it may be useful to also consider client judgements of the mutuality of termination. Specifically, there is a need to examine the level of agreement between client and therapist views of the nature (mutuality) of termination and reasons for termination.

It has been proposed by some researchers (Brandt, 1965; Baekeland & Lundwall, 1975; Pekarik, 1985a) that different criteria for defining appropriate termination is largely responsible for the inconsistencies in the results of dropout literature. For example, in one study of the reasons for termination, the group who dropped-out because they considered themselves to be improved (but who therapists considered would benefit from further treatment) were considered to have achieved "problem abatement" (Pekarik, 1988). In another, they were described as believing they had "no need for services" (Pekarik, 1983a), while in a third they were described as having their "problem solved or improved" (Pekarik & Finney-Owen, 1987).

These terms are similar, but they are not synonymous. Clients may fit the category of "problem solved or improved" in one study, but not the similar category of "No need for services" in another study, if their problem has improved, but they are still

in need of services. This difference in the descriptive term used to label these groups makes comparisons between studies of questionable validity. Comparing client and therapist judgements regarding both reasons for, and mutuality of, termination will clarify the extent of agreement between clients and therapists on these dimensions.

### 1.6. TERMINATION STATUS AND PSYCHOTHERAPY OUTCOME

In order to investigate the differences in outcomes between appropriate and inappropriate terminations, researchers have studied a wide range of variables in an attempt to provide better service to clients and to assist in allocating resources more effectively (eg. Benjamin-Bauman; Reiss & Bailey, 1984).

While it is usually assumed by therapists that dropouts suffer poorer outcomes than successful completers, Garfield (1978) found that this assumption has little empirical support. The lack of empirical data needed to support or refute this assumption is in part due to the practical difficulties of locating and following-up dropouts (Pekarik, 1986).

Some of the previous research has produced apparently contradictory results. For example, Feister (1977) found that early termination does not indicate treatment failure, yet, in a meta-analysis of 125 studies of "dropouts", Wierzbicki and Pekarik (1993) found that over half the studies defined "dropouts" by termination before a set number of sessions were completed.

Fiesters' (1977) findings (that early psychotherapy termination cannot be equated with treatment failure) also seem to be at odds with the findings of Hynan (1990). Hynan (1990) split terminations into two groups. Early terminations were those that occurred after five or less sessions. Late terminations were those that occurred after more than five sessions. The findings of the study suggested that late terminators felt that therapy was of more benefit, than early terminators. Hynan also found that early terminators were more likely to stop treatment because of situational



constraints or discomfort with the service. In contrast, late terminators were more likely to stop treatment because of improvement attributed to therapy. Late terminators also reported greater levels of therapist warmth, respect from the therapist and therapist competence. This may suggest that it is more likely to be the reasons clients have for terminating therapy, than the length of time they spend in treatment, that is predictive of outcome.

Pekarik (1983a) also investigated the relationship between termination status and outcome. He found that dropouts not only had poorer outcomes than completers, but that the earlier the client dropped-out, the poorer their outcome. This finding indicates a simple relationship between termination status and psychotherapy outcome. However, this study used "Need for further treatment" to determine if termination is appropriate or not. This defines a dropout as a client still in need of further treatment after their last therapy session. A client not in need of further treatment after their last appointment is considered to have terminated appropriately. Such a definition takes no account of how "early" or "late" the termination occurred, and suggests that it is the appropriateness of the termination that is the predictor of outcome, not the timing of termination.

Both the "need for further treatment after the last session" and the "number of sessions" definitions of appropriate termination show differences in outcome, for those who terminate appropriately and those who terminate inappropriately (Fiester, 1977; Hynan 1990). Pekarik's (1983a) study suggests that the two definitions are not unrelated, as he found that clients were less likely to be in need of further therapy, the more sessions they attended. What these different studies do have in common is the finding that there is a relationship between termination status and therapeutic outcome. Their different approaches suggest that the relationship between termination status and therapeutic outcome requires further study.

## 1.7. THE PRESENT STUDY

The first aim of this study is to find out if it is possible, from an existing database, to determine clients' views about the reasons for and nature of termination.

Therefore, **hypothesis one** of this study states that "Client narrative responses to the question "Why is your therapy ending?", can be reliably coded into mutuality (nature) of and reason for termination". The results of testing this first hypothesis lead directly to the second hypothesis. **Hypothesis two** states that " There will be no difference in the ability of different rater groups to make ratings, regardless of the rater's experience in clinical psychology."

The present study examines the match between client and therapist views of termination. Specifically the match between client and therapist ratings of the clients need for further therapy, reasons for and mutuality of therapy termination and their relationship to outcome.

Reasons for, and mutuality of, termination are examined to find the answers to several questions. The first question is addressed by **hypothesis three**, which states that "There will exist differences between client and therapists views about reasons for and mutuality of termination". If the results support hypothesis three, such a finding would be consistent with other the findings of Benbenishty (1987) who found therapists and clients have differing perceptions of other issues in therapy. In the present study, **hypothesis four** states that "More therapists than clients will rate the termination of therapy as being mutually determined". Benbenishtys' (1987) findings indicate their will be such a difference, the reason that it is hypothesised therapists are more likely to rate termination as mutual, is that therapists are likely to view the therapeutic process as one where each progressive stage is negotiated by the parties. The influence on the role of therapists in psychotherapeutic relationships by such theorists as Carl Rogers (in books like his 1961 title, "On Becoming a Person: a Therapist's view of Psychotherapy" and in lectures) has lead many therapists to approach therapy from a client-centered stance. The decision to terminate would be fully discussed by the parties involved, if at all possible, in these

therapeutic relationships, leading therapists to regard them as mutually determined terminations. Clients are generally more naive about the theories that drive therapy (than therapists) and are less likely to interpret the therapeutic relationship in terms of pre-determined paradigms.

Testing one aspect of Benbenishty's (1987) finding that therapists judge treatment improvement as less than clients rate their improvement, **hypothesis five** states that "Therapists will rate the clients' need for further therapy as being higher than clients will rate their need for further therapy". Following on from hypothesis five, the next obvious question to be raised is how accurate are the client and therapist in their judgement of need for further therapy? Pekarik (1983a) found that therapist rating of client's need for further treatment at the time of termination is highly correlated with client outcome. Pekarik (1983a) also found that therapist judgments of need for further treatment, the client giving "No further need for services" as the reason they are terminating and therapist/client agreement about significant events in therapy, are all related to positive client outcome. Given that these three variables are strongly related with positive client outcome, it is logical to ask if there exists a strong relationship between the three variables.

If a client terminates for the reason of problem abatement, they will rate their need for further therapy as being low. Hypotheses six, seven and eight seek to test these ideas. **Hypothesis six** states that "Both therapist and client ratings of 'need for further therapy' will be negatively correlated to psychotherapy outcome".

**Hypothesis seven** states that "Those clients who cite problem abatement as a reason for termination will rate their need for further therapy as being low. They will also be in agreement with their therapist about termination (as a significant event in therapy)." In part, hypothesis seven seeks to test the consistency of the clients answers on the Client Completed Termination Form, as a client citing problem abatement should also indicate low need for further treatment, in order to be consistent.

Hypothesis seven also seeks to support the findings of Llewellyn (1988), by establishing the relationship between client/therapist agreement about significant events in therapy and client outcome (the significant event being studied here is termination). One question raised is whether a match between therapist and client views predicts outcome. Llewellyn (1988) found that the less client and therapist views of the significant events in therapy match, the poorer the outcome. Given this, we can reasonably expect a relationship between the match in therapist and client views of termination (as a significant event) and outcome. Consequently, **hypothesis eight** states that "Clients who agree with their therapists about the reasons for and mutuality of termination will have more positive outcomes than those who do not agree with their therapists".

It may be that there are significant gaps in the data needed to answer the questions asked. A further, more general, aim of the present study will be to assess whether there is a need for more (and/or different) questions to be asked of terminating clients and their therapists. This would be in order to provide a more complete, and therefore more useful, database.