

## SFHPT23

### Enable the client to move on at the end of analytic/dynamic therapy



#### Overview

This standard is about how a therapist should work through endings and handle the anxiety of the client in relation to endings. It describes a number of ways in which the therapist may do this, depending on the type of ending and the circumstances of the client. In all cases it demands sensitivity in reaching a point of learning or mitigating ill effects and new risks associated with the ending. The ending of therapy may come about in a number of ways: planned by mutual agreement or a time limit being reached; premature ending triggered by the client, therapist or events in the therapy. Monitoring the client's progress helps the therapist decide when ending should be discussed.

This standard describes therapeutic practice that has been shown to benefit individual adult clients engaged in therapy for healthcare reasons (see reference in the additional information section on page 5). To apply this standard, practitioners also need to take account of the multiple problems and complex co-morbidities that individual clients may bring to therapy.

Users of this standard will need to ensure that they are receiving supervision and that their practice reflects up to date information and policies. This standard should be understood in the context of the Digest of National Occupational Standards for Psychological Therapies.

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#### Performance criteria

*You must be able to:*

- P1 identify when to begin working with the client on the ending of therapy
- P2 think with the client systematically about their feelings, unconscious fantasies and anxieties about the ending of therapy
- P3 enable the client to become aware of their subjective experience of separations as they occur in the context of the therapy and in their life
- P4 articulate the feelings that are triggered by endings in such a way as to pre-empt acting out and premature endings
- P5 enable the client who has decided to end therapy prematurely to consider whether unconscious factors may be influencing their decision
- P6 consider whether your counter-transference may be influencing the client who has decided to end therapy prematurely
- P7 identify when the client is likely to be adversely affected by endings and the risks this may pose for them
- P8 explore the link between indications of regression near the end of therapy and the feelings and fantasies associated with endings
- P9 work in the transference with the significance for the client of their separation from
- P10 re-visit the core interpersonal patterns and conflicts that have been worked on in the therapy in the context of the ending phase of therapy
- P11 help the client to remain aware of the meaning of the time frame of therapy throughout the therapy:
- P12 be aware of any specific, colluding countertransference reactions to the time frame that may result in an enactment
- P13 maintain the time-limited nature of the therapy in response to interpersonal pressures to extend the therapy if they occur
- P14 enable the client to review the therapy as a whole against their aims and to help them identify achievements and/or disappointments
- P15 reflect on how your personal resonances may contribute intersubjectively to the client's exploration and experience of ending
- P16 be alert to the need to review time limits or refer in the light of emerging new material and risk
- P17 make a collaborative assessment of the client's clinical needs post therapy, including the need for follow-up sessions or future therapy
- P18 consider the transference implications of decisions about the client's future needs

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#### Knowledge and understanding

*You need to know and understand:*

#### Termination of therapy

- K1 client factors likely to indicate termination is clinically appropriate
- K2 client factors likely to indicate termination is inadvisable
- K3 methods by which the presence of these client factors can be reviewed
- K4 how to prepare for endings as an integral part of the therapy process
- K5 the dynamics of attachment, separation, loss and mourning as the basis for understanding the client's subjective experience of endings and separations
- K6 the specific significance of separation and loss in the clients according to different personality structures
- K7 causes and triggers of unplanned endings and withdrawal from therapy
- K8 alternative psychological therapies as a basis for considering more suitable alternatives for the client
- K9 external resources available to support the client during therapy

#### Work in the transference

*You need to know and understand:*

- K10 the forms of transference
- K11 how to develop and work in the transference
- K12 how to make a transference interpretation
- K13 the emotional impact of transference interpretations
- K14 the rationale and features of the analytic setting and stance
- K15 how to formulate the dominant transference theme(s) from the client's assessment

#### Work in the countertransference

*You need to know and understand:*

- K16 the forms of countertransference
- K17 how to reflect on and consider countertransference
- K18 how to make appropriate use of countertransference
- K19 when and when not to interpret from countertransference

#### Working with defences

*You need to know and understand:*

- K20 psychoanalytic conceptions of the nature, processes and purposes of unconscious defences and how to identify them
- K21 how to gauge the effects and implications of the client's psychological functioning on their personality presentation
- K22 the role of anxiety and defences in rendering some interpretations ineffective or destructive
- K23 how to adopt and maintain an analytic stance

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#### **Risk**

*You need to know and understand:*

- K24 the potential for, and mechanisms of, exacerbation of problems for the client in therapy
- K25 causes and triggers of self harm and violence to others
- K26 potential negative effects of the exploration of transference and counter-transference phenomena
- K27 how to balance the risks around the exploration of transference and counter-transference phenomena
- K28 how to use supervision in reducing the risks from the exploration of transference

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### Additional Information

#### External links

This standard is derived from research reported in Lemma A, Roth A D and Pilling S (2009) *The competences required to deliver effective Psychoanalytic/ Psychodynamic Therapy*. Centre for Outcomes Research & Effectiveness (CORE) University College London.

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

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**Relevant occupations** Health, Public Services and Care; Health and Social Care; Health Professionals; Healthcare and Related Personal Services

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**Suite** Psychological Therapies

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