ATHABASCA UNIVERSITY

THE END OF COUNSELLING:
EMPOWERING THE CLIENT WITH ATTACHMENT-RELATED ISSUES

BY

DAWN T. CHABOT

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COMMITTEE MEMBERS

The members of this final project committee are:

<table>
<thead>
<tr>
<th>Name of Supervisor</th>
<th>Name of Second Reader</th>
</tr>
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<tr>
<td>Dr. Sharon Cairns</td>
<td>Dr. Simon Nuttgens</td>
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ABSTRACT

This final project focuses on empowering clients with attachment-related issues to create an opportunity of growth and development during the termination process of counselling. The purpose of this project is to respond to need for client resources that educate and promote client’s active involvement with the termination process. With this goal in mind, a client handbook called When Counselling Ends: An Opportunity for Growth is developed. To support the development of the client handbook, a literature review is presented that focuses on ending the therapeutic relationship with individuals who have insecure attachments. This is integrated with Bartholomew and Horowitz’ (1991) model of adult attachment. Several termination models are presented and synthesized with the above information.
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CHAPTER I

Introduction

The development of a therapeutic relationship is common practice among most treatment models and empirical research supports how it benefits the counselling process and outcomes (Gelso & Carter, 1994; Horvath, 2000; Horvath & Symonds, 1991; Rogers, 1992). This is particularly true for individuals who have experienced trauma in their lives (Linehan, 1993). Many of these individuals typically have had poor early social relationships and, therefore, have difficulties developing attachments to other people in a constructive way (Linehan; Pistole, 1999). Bowlby’s (1969/1982) attachment theory hypothesizes that the relationship infants develop with one or two caregivers during their first year of life will provide them with a framework for future relationships. Therefore, if the quality of one’s early attachment relationship is poor, the individual is more likely to have difficulties developing and maintaining future relationships because they have not learned the skills needed to do so (Broderick & Blewitt, 2006; Sroufe, Carlson, Levy, & Egeland, 1999). Due to this common issue among this particular population, many treatment models that address trauma lean heavily towards developing a strong therapeutic relationship with clients in order to provide them with an opportunity to experience a therapeutic relationship and help them facilitate change (Linehan; Pistole). Moreover, given the challenges in developing a strong therapeutic alliance it can be very difficult for individuals who have attachment issues to end that therapeutic relationship when counselling is terminated (Linehan; Pistole).

Although the counselling process receives the majority of attention within the research literature, the termination process is also an essential component of the treatment process (Baum, 2005; Fortune, Pearlingi, & Rochelle, 1992; Ryz & Wilson, 1999;
A common theme represented in the research literature emphasizes the end of counselling being an emotionally and cognitively challenging process, which often involves a sense of loss and fear for clients (Baum; Linehan, 1993; Pistole, 1999; Quintana, 1993). Termination often triggers undesirable emotions for both the client and the counsellor (Anthony & Pagano, 1998; Baum). Clients often describe feeling a sense of loss, rejection, disappointment, depression, and betrayal (Anthony & Pagano; Baum). The likelihood clients are reminded of past losses is high; particularly in situations where termination is mandated by the counsellor rather than it being the client’s decision or a mutual agreement between both parties (Anthony & Pagano; Baum; Bostic, Shadid, & Blotcky, 1996).

Individuals who have experienced trauma, have an immense fear of losing relationships, once established, and often resist the end of counselling (Bartholomew & Horowitz, 1991; Pistole, 1999). Bowlby’s (1969/1982) attachment theory explains this phenomenon by hypothesizing that attachment styles develop over time from a history of interactions between the caregiver and infant. If an infant continually experiences situations where their needs are not met, they may develop an attachment style that creates maladaptive behavioral patterns within interpersonal situations (Bowlby). For example, infants who develop an insecure attachment to their caregiver often display high levels of anxiety that can be carried through into adult relationships (Broderick & Blewitt, 2006; Sroufe et al., 1999). Therefore a sense of loss and abandonment can be created for the client during the termination process instead of creating a sense of accomplishment and independence (Bartholomew & Horowitz; Baum, 2005; Pistole). Similarly, the more fundamental the therapeutic relationship is to the client, which is a common treatment strategy for individuals who have attachment-related issues, and the more emotionally involved the client is with
treatment and the counsellor, the more influential the termination process becomes
(Bartholomew & Horowitz; Baum; Pistole).

It is commonly believed the end of counselling is one example of many experiences
of relationships beginning and ending throughout one’s life (Zilberstein, 2008). There are
often ambivalent thoughts and feelings reported by the client in terms of treatment
termination being both a positive and negative experience (Anthony & Pagano, 1998; Baum,
2005; Fortune et al., 1992; Ryz & Wilson, 1999). Moreover, terminating counselling is
thought to be one avenue that exposes clients to ending relationships in a therapeutic way
that can be considered a model for other relationships in their lives (Baum; Fortune et al.;
Ryz & Wilson; Zilberstein). Recently, more attention has been given to the idea that ending
counselling can be an opportunity to celebrate achievement and support growth (Baum;
Quintana, 1993; Ryz & Wilson; Zilberstein). Results from several research studies identify
positive client perceptions such as a sense of fulfillment, achievement, and growth as well as
an increase of self-efficacy in relation to the termination process (Anthony & Pagano;
Fortune, et al.). Furthermore, several research findings suggest a client’s perception of the
termination process is associated with the nature of the termination process, such as
termination being a planned event and/or the client initiating the process and the outcome of
the treatment (Baum; Fortune et al.).

Baum (2005) conducted a study exploring the relationships between clients’
emotional and behavioural responses to the termination process and eight sets of independent
variables that included the source of termination (client, counsellor, or an external source);
the termination process (speed, centrality, control, choice, and desire); and the perceived
outcome of counselling (failure, goal achievement). Ninety-two student counsellors and 40
professional practitioners reported on their clients’ views, experiences, and reactions. The findings of this study suggest the client’s role in the termination process is significant from a behavioural perspective. Clients who experienced forced termination generated a greater sense of loss and a greater need to continue counselling than those who initiated the end of counselling on their own. In addition, when counselling was terminated abruptly, the client perceived less control and choice during the process, contributing to their negative feelings of termination.

Although there are several termination models identified in the research literature that help guide counsellors through the process, no clear guidelines exist that identify what clients can do to prepare themselves for this process. Furthermore, counsellors typically receive some form of training in implementing termination; however, clients do not (Bostic et al., 1996; Linehan, 1993; Wittenberg, 1999). In order for the termination process to be an opportunity to celebrate achievement and support growth it makes intuitive sense that not only the counsellor but also the client be provided with some education about the process. This final project will respond to the need for resources in support of individuals with attachment-related issues to effectively prepare for the termination process. With this goal in mind, a client handbook will be developed to aid individuals, who have difficulty developing healthy attachments to others, in creating a positive termination process that promotes growth and development.

The rationale for developing a client handbook on ways to end counselling, which promotes development and growth, includes the following:

- To increase the client’s sense of empowerment and autonomy during the termination process.
• To educate and inform clients by providing them with a concrete adjunctive resource that can bridge the gap between counsellor and client training.

• To increase awareness within the field of counselling psychology regarding the significance of the termination process.

Theoretically this project is grounded in attachment theory, which will be described in a literature review focusing on the ending of the therapeutic alliance with individuals who have insecure attachments integrated with Bartholomew and Horowitz (1991) model of adult attachment. In addition, several termination models will be described and synthesized with the above information. Through the integration of these resources the client handbook, *When Counselling Ends: An Opportunity for Personal Growth*, will be developed.
Attachment theory is a structural development theory in which future development is based on a foundation that continues to be built upon as well as altered from what preceded (Sroufe et al., 1999). Bowlby (1969/1982) contended that children develop expectations, based on their early experiences, that attempt to predict likely behaviours from others and themselves in relationships. This means that children consider new situations with certain preconceived notions and new circumstances are not independent of the child’s history (Bowlby). This concept has been empirically supported by research studies examining how children with various attachment histories perceive the environment differently as suggested by their family drawings (Fury, Carlson, & Sroufe, 1997) and their reactions to cartoons representing potential social conflict (Suess, Grossman, & Sroufe, 1992).

Furthermore, children’s’ expectations and biases can often lead to behaviours that the environment responds to negatively, resulting in a self-defeating cycle (Sroufe et al., 1999). For example, pushing other people away will often lead to the rejection that was expected even if individuals do this to protect themselves from disappointment. Therefore, individual patterns of adaptation can also create responses from the environment that reinforce these patterns (Sroufe et al.).

Infant attachment in early social relationships is one area in psychology that has been given considerable attention in psychological research. The early social relationship is one that develops over time from a history of interactions between the caregiver and infant (Broderick & Blewitt, 2006; Carlson, Sampson, & Sroufe, 2003). Attachment refers to the
unique emotional bond that infants develop with their primary caregiver during the infant’s first year of life (Bowlby, 1969/1982). Bowlby’s attachment theory proposed that the need for human contact, comfort, and consolation in the face of sickness, impairment, and danger is essential for normal human development. This need is particularly important in early development when infant’s physical and emotional survival depend on the relationship with the caregiver (Broderick & Blewitt; Carlson et al.). Furthermore, Bowlby hypothesized that the primary relationships infants develop during their first year of life will provide children with a framework for future relationships. This framework plays an important role in shaping how safe and confident children later feel about exploring the world including developing future relationships with others, developing their self-concept, and their perception of the world (Broderick & Blewitt; Carlson et al.; Sroufe et al.; Griffin & Bartholomew, 1994). Therefore, if the quality of early attachment relationships is poor, individuals are more likely to have difficulties developing and maintaining future relationships (Broderick & Blewitt; Sroufe et al.).

Sroufe et al. (1999) asserted that the causes of psychopathology in the context of attachment theory are extremely complex. From an ecological perspective, children are viewed as being surrounded by several systems that influence them both directly and indirectly (Bronfenbrenner, 1986). Therefore, ongoing interactions between children and various systems make up the environment that they gain experience from (Bronfenbrenner; Sroufe et al.). Children developmentally progress as they gain more experience; therefore, current circumstances are navigated by children based on behavioural, emotional, and cognitive patterns that are acquired through earlier experiences (Sroufe et al.). These patterns may be adaptive or maladaptive depending on a child’s early experiences (Sroufe et al.).
Furthermore, ongoing environmental factors may support maladaptive patterns or divert the individual towards more normal development, which are considered to be adaptations (Sroufe et al.). Although particular behavioural patterns are initiated early on in children’s development, these patterns do not necessarily determine outcomes but present a range of possibilities (Sroufe et al.). From this perspective, psychopathology results from a consecutive chain of adaptations (Sroufe et al.). For example, infants who develop an insecure attachment to their caregiver often display high levels of anxiety (Broderick & Blewitt, 2006). If future adaptations continue to exemplify digression from adaptive functioning then psychopathology becomes likely (Sroufe et al.).

**Adult Attachment**

A fundamental principle of attachment theory is that attachment relationships continue to be significant throughout the life span (Bartholomew & Horowitz, 1991). Despite the decreasing demands for physical caretaking as individuals become older, adults continue to need emotional and practical support of others (Broderick & Blewitt, 2006). Erikson (1950/1963) hypothesized the achievement of intimacy as the fundamental task of young adulthood. He contended that although adults are more independent than children, it is still important to develop and sustain intimate connections to people who will provide them with affection and attention.

Hazan and Zeifman (1999) recorded the advancement of attachment by tracking the behaviours that serve the goals of the attachment system. In infancy four functions of the attachment system exist including proximity maintenance, secure base, safe haven, and separation distress. Proximity maintenance refers to preserving the physical closeness between infants and their caregivers. This closeness between infants and caregivers provide a
sense of ongoing protection called the secure base, which supports infants in exploring their external environment. In addition, proximity maintenance establishes caregivers as refuges for infants when distressed which is called a safe haven. Separation distress refers to the anxiety that infants demonstrate when separated from their caregivers. These four functions rely upon the presence of attachment figures and behaviours infants demonstrate towards their caregiver that adapt to meet these goals.

According to Hazan and Zeifman (1999), as children age their behaviours towards peers seem to address attachment functions as well. For instance, children tend to engage in proximity-seeking behaviours with peers by early childhood. This can be observed by children beginning to spend more time with peers and seek them out as preferred playmates. By early adolescence, the needs for intimacy and support are often fulfilled within peer groups, which suggest that the need for safe havens in times of difficulty are aimed at peers as well as parents. By late adolescent and early adulthood, romantic partners often meet the needs of the attachment system. To investigate this theory, Hazan and Zeifman asked children and adolescence from ages 6 to 17 various questions that highlighted attachment needs. They asked the participants: (a) who they would rather spend time with (proximity maintenance), (b) who they would turn to if they were feeling bad (safe haven), (c) who they would not want to be separated from (separation distress), and (d) who they could count on if they encountered problems (secure base). The results of the study indicated a deviation from parents to peers as the youth age suggesting preparation for adult attachment behaviours. Furthermore, the older participants who were involved in romantic relationships were getting all their attachment needs met within the context of the pair bond.
Hazan and Shaver (1987) considered romantic love to be an attachment process and developed the first compelling measure of adult romantic attachment. They developed three statements that are related to three attachment styles of childhood; avoidant, anxious-ambivalent, and secure. The researchers asked adults to identify one out of three statements that best represented their attitude and beliefs about romantic relationships and classified adults in these three categories based on their responses. As measurements for adult attachment became more sophisticated, it became clear that there were two avoidant attachment styles that were not captured in Hazan and Shaver’s instrument (Broderick & Blewitt, 2006; Bartholomew & Horowitz, 1991). One avoidant attachment style identified people who denied feeling subjective distress and minimized the importance of attachment needs whereas the other avoidant attachment style identified people who were feeling subjective distress and discomfort when they become close to others (Broderick & Blewitt; Bartholomew & Horowitz).

Bartholomew and Horowitz (1991) extended Bowlby’s attachment theory as well as Hazan and Shaver’s attachment measure by developing a model of adult attachment that operationalized the idea that working models of the self and of others are interrelated. Through early attachment relationships, it is believed that individuals develop expectations about how dependable their significant partners will behave in close relationships (Broderick & Blewitt, 2006; Bartholomew & Horowitz; Griffin & Bartholomew, 1994). In addition, it is thought that individuals develop expectations about how worthy they are of the care and support from others (Broderick & Blewitt; Bartholomew & Horowitz; Griffin & Bartholomew). This framework identifies four categories of adult attachment styles by
integrating the working model of self with the working model of others (Bartholomew & Horowitz).

In Bartholomew and Horowitz’s (1991) typology, secure individuals possess a positive sense of themselves in addition to positive models of others. Generally, they expect others to be accessible and caring of their needs in close relationships. They are at ease with emotional intimacy as well as with autonomy. Individuals who are identified as having a preoccupied adult attachment style possess positive models of others but a negative model of themselves. They typically view others as not appreciating them as much as they do of others. Individuals classified as preoccupied often display behaviours such as demanding emotional support from others, demonstrating anxiety about being accepted by others, displaying an intense fear of rejection, and being markedly preoccupied with relationships.

The avoidant category is divided into two sectors that are based on perceived feelings of distress. The first sector is dismissing avoidant, which is characterized by individuals who have a positive model of self but a negative model of others. Rejecting the need for intimate relationships allows these individuals to preserve a sense of self-importance while diminishing the importance of others in relation to their well-being. Autonomy is favored and anxiety about intimate relationships is repressed. A fearful avoidant adult attachment style is the product of negative models of both self and others. Individuals that fit within this category want attachment relationships but perceive them to be impossible to attain. Their longing for close relationships with others is impeded by their fear of rejection and in the end they withdraw. High levels of anxiety are typically experienced with this attachment style.

It is important to note that although this model makes intuitive sense and is appealing in terms of how it is designed to categorize behaviours, there are drawbacks. First, there is a
risk of not recognizing that individual differences often exist on a continuum that demonstrate various levels of cognitive, affective, and/or behavioral tendencies (Broderick & Blewitt, 2006). For example, rather than identifying individuals as highly anxious or not anxious at all, it may be more advantageous to identify that they are experiencing high to low levels of anxiety. Therefore, models that place people in categories typically camouflage the continuity that in fact exists along the fundamental components (Broderick & Blewitt).

Fraley and Waller (1998) also warn that this kind of classification misjudges the actual fluidity of attachment patterns from childhood to adulthood and devalues the strength of links between attachment research from the parental and romantic traditions. They conclude that attachment styles should not be conveyed as a typology with several categories just because it is practical. Brennan, Clark, and Shaver (1998) extend these ideas by establishing that most attachment models measure two continuous dimensions: avoidance and anxiety.

The advantage of an attachment classification model may be that it provides clinicians with a framework of possible behaviours in which an individual might engage (Brennan, et al., 1998). Specific attachment patterns should be a guide that aids clinicians in considering possible behaviours individuals could engage in instead of an absolute guarantee that individuals will operate according to attachment style (Brennan, et al.; Shorey & Snyder, 2006). As mentioned earlier, this concept is also supported by Bowlby’s attachment theory when it is used to predict pathology (Sroufe et al., 1999).

Among practitioners, adult attachment theory has been utilized as a theoretical framework for explaining many phenomena such as conflict within interpersonal relationships, family dysfunction, and psychopathology (Broderick & Blewitt, 2006). It also provides a foundation for therapeutic interventions such as the use of the therapeutic
relationship during the counselling process (Broderick & Blewitt). In the context of this project, adult attachment theory provides the theoretical foundation for the client handbook because it recognizes that individuals who have developed an attachment pattern that does not balance a positive model of self and others have the tendency to experience difficulties in managing relationships (Bartholomew & Horowitz, 1991). This includes ending relationships such as the therapeutic one due to anxiety, fears of abandonment, and rejection (Bartholomew & Horowitz). Hence, the client handbook will identify strategies that will help clients help themselves in maintaining a balance between a positive model of self and others while going through the process of ending counselling to create an experience that is empowering versus disempowering.

The following section of this literature review will explore three termination models that highlight the importance of the termination process promoting client growth and development. In addition, each model identifies specific strategies that aid in ensuring that clients are empowered when counselling is concluded. In review of these models, common themes emerged, which support the idea of developing a guide for clients to end counselling.

**Termination Models**

*Termination as Transformation*

Many opinions and common practices exist as to how counsellors can facilitate the termination process in order to maximize the benefit to clients and minimize harm (Baum, 2005; Linehan, 1993; Pistole, 1999). Quintana (1993) identified the termination-as-loss model as one that has existed and been implemented in several treatment modalities for over four decades. He argued that although this model has many benefits to the practice of counselling psychology it has not been comprehensively understood or represented within
the research and practical application of counselling psychology. The termination-as-loss model identifies two components that typify the termination process. One component is termed termination-as-crisis and it assumes that clients experience the end of counselling as a significant loss and deems that this loss requires attention in treatment to prevent relapse. The other component, described as termination-as-development, assumes the loss of a therapeutic relationship can be an opportunity to learn and grow as individuals. It is the latter component that Quintana stated, has been ignored in the literature but theoretically plays a significant role in the termination process. This model is supported by the research findings indicating clients experience both positive and negative feelings about the termination process (Anthony & Pagano, 1998; Baum; Fortune et al., 1992; Ryz & Wilson, 1999).

Quintana (1993) identified the need for the termination-as-loss to be modified and brought up to date with contemporary theoretical and empirical research that highlights the termination process being an opportunity for growth and development for clients. Therefore, in his article he examined the termination-as-loss model in order to abandon features of the model that are predominantly problematic and to revise and develop more beneficial aspects of this model to make it more consistent with the current research.

The recommended revisions that Quintana identified describe a model he called termination-as-transformation. This approach concentrates on loss in a less constricted fashion and is more open to the view that termination is a critical change that can encourage transformations in the therapist-client relationship and how clients view themselves, their therapist, and their therapy. Quintana indicated that counsellors need to highlight each step that clients take towards their well-being and that these steps should be recognized, accepted, and supported (Quintana, 1993). Hence, the most important transformation in the therapist-
client relationship is not that it is lost or ended but that it is progressively modified (Quintana).

This model is supported by developmental and learning theorist Vygotsky (1931/1981) who identified scaffolding as a teaching strategy. Scaffolding is based on Vygotsky’s sociocultural theory and his concept of the zone of proximal development (ZPD). The zone of proximal development is the distance between what children can do on their own and the next step in learning. In scaffold teaching, a more knowledgeable individual provides scaffolds or supports to assist the learner’s development. The scaffolds assist a student’s ability to build on their prior knowledge and internalize new information. The activities provided in scaffold teaching are just beyond the level of what the learner can do independently. The more capable individual provides the scaffolds so that the learner can achieve the tasks that they could otherwise not complete, therefore helping the learner through the ZPD.

An important feature of scaffold teaching is that the scaffolds are temporary. As the learner’s abilities increase the scaffolding provided by the more capable individual progressively lessens, which gradually modifies the nature of the relationship between the teacher and the student. As the learner’s knowledge and ability increases, the educator gradually reduces the supports provided. From a therapeutic perspective, the counselling relationship progressively becomes modified, as the client requires less and less scaffolding from the counsellor.

According to Quintana (1993), termination is a vital opportunity for clients and counsellors to transform their relationship to integrate clients’ growth. For this transformation to occur, it is important for clients to recognize the steps they have taken
toward more adaptive functioning. In addition, Quintana contended that it might be more important to clients to receive recognition from their counsellors validating their sense of achievement. With support, clients may internalize this optimistic view of themselves and internalize images of their counsellor that support these new self-concepts. These positive internalizations could provide clients with increased self-efficacy to help confront future crises. Quintana argued that rigid adherence to exploring loss responses during termination may needlessly divert the client from their internalization of these positive achievements.

Other strategies that Quintana (1993) discussed to promote termination as transformation included counsellors using techniques to aid clients in internalizing images of themselves that reflect their participation in the therapeutic process. Recent research suggests that client activity is more strongly associated with therapeutic outcomes than counsellor activity (Baum, 2005). Therefore, it is important that clients receive and take credit for the progress they achieve in counselling. Counsellors can facilitate this process by highlighted how the client’s participation contributed to the counselling process. In addition, Quintana suggested that a balanced approach be taken during the last phase of therapy that neither belabours nor minimizes the meaning that the end of counselling has for the client. With successful outcomes, clients may experience a reasonable level of sadness and it is important for counsellors to identify when clients have outgrown the need for formal therapy. Accordingly, counsellors can aid clients by distinguishing their distressed responses related to loss from those responses related to the usual developmental process of ending a valued but no longer needed support.

Finally, Quintana (1993) indicated that it is beneficial that clients end counselling with a realistic perspective of themselves, their counsellor, and the counselling process.
Clients who glorify counselling or the counsellor may minimize their own internal resources and may ignore nonprofessional support that exists in their social network. This process can occur by the counsellor taking a more egalitarian approach within the counselling process and sharing their personal experience of working with the client. Furthermore, it may be helpful for clients to explore how changes occurred during counselling so it takes away any mystery to this process and increases clients’ self-efficacy in taking steps to be their own therapists after termination.

Ward’s Operative Termination Model

According to Ward (1984), the final phase of therapy serves three primary functions. The first function involves evaluating clients’ readiness for the end of counselling and integrating their learning. A second key function incorporates the resolution of residual emotional issues and facilitating closure of the significant and often powerful relationship between clients and counsellors. The third function of an effective termination is to capitalize on the generalization of learning and to enhance clients’ self-confidence and self-efficacy in maintaining change after counselling ends. It is important to note, however, that the degree to which each of these functions needs to be addressed depends upon each individual counselling situation and the specific needs of each client. Therefore, in relation to individuals who have insecure adult attachment styles, there may be a need to spend more time on the second function outlined by Ward due to difficulties these clients typically have with ending relationships.

Ward (1984) identified some strategies that counsellors can use when beginning the termination process that are related to the three primary functions of the final phase of counselling. He contended that the functions of the last phase of therapy are not mutually
exclusive in actual practice but can provide a practical system for conceptualizing and selecting strategies.

**Assessment of goal completion and learning.** In order to begin shifting the counselling process towards termination, Ward (1984) indicated that it is important to begin focusing on evaluating the goals that were established for clients. This process often begins by identifying and measuring changes clients have made. While this is a collaborative process between the client and the counsellor, Ward contended that it is important that clients assume the primary role to help them internalize the progress they made in order to help them recognize that for themselves once counselling ends. In addition, reviewing early counselling sessions can also be helpful. Ward stated that clients have the tendency to forget their functioning level at the beginning of the counselling process as well as minimize their progress as they begin to think, feel, and behave more effectively. Being a *devil’s advocate* can also be a valuable tool for counsellors to help clients recognize their progress because it is a strategy that places clients in the role of convincing the counsellor that they are ready to end counselling (Linehan, 1993).

**Closure of emotion and relationship issues.** Ward (1984) suggested that labeling and being open to the exploration of separation and loss is the primary strategy for addressing emotional issues involved with the steps towards ending the therapeutic relationship. He contended that clients should be encouraged to explore the feelings that develop during the termination process such as loss, grief, and abandonment. Although this strategy may seem like the termination-as-loss model that Quintana (1993) criticized, Ward extended it by identifying that the direct attention to clients’ and counsellors’ feelings towards one another and towards the relationship itself aids in supporting a positive termination process. Gutheil
(1993) supported this strategy in her attempt to identify rituals and procedures that are helpful during the termination process. She indicated that in general, termination procedures assist clinicians and clients to acknowledge, explore, and express their emotional reactions to the process of termination. The goal of this approach is to shift the focus towards the expression of an appropriate and meaningful good-bye at the last session. This strategy is very similar to the one that Quintana described in terms of transforming the client-counsellor relationship into one that is more egalitarian in the final phase of counselling.

**Strengthening of post-counselling self-confidence and the generalization of learning.**

The third category of termination strategies that Ward (1984) identified involves addressing clients’ expectations of generalizing their learning after counselling has ended. One common strategy is to aid clients in identifying specific expectations and plans. This can be done by supporting them with developing new goals that reinforce the goal development process implemented in the counselling process and integrating it with their day-to-day lives.

Furthermore, counsellors can support clients in developing ways to maintain their new learning such as developing a learning journal that highlights the strategies and techniques they acquired.

Ward (1984) recommended imagery as an effective strategy to implement during any phase of the counselling process but highlighted its effectiveness during the termination phase. He contended that imagery is valuable in aiding clients to anticipate and plan their lives without counselling. For instance, imagining themselves applying their learning in a variety of situations such as a job interview can help clients review what they learned in counselling. This technique is often utilized in motivational interviewing to assist clients in increasing their self-efficacy when experiencing change such as ending counselling (Bundy,
Furthermore, Gutheil (1993) supported Ward’s idea of connecting the clients’ learning to future situations however she described doing this by engaging in a role-play instead of utilizing imagery. Gutheil indicated that this exercise highlights the gains made in counselling when future difficulties arise. Ward also suggested meeting with clients less frequently prior to termination to prepare themselves for life without counselling.

Davis’ Counsellor-Based Termination Model

Davis (2008) deconstructed the termination process into specific applied skills that counsellors can utilize during the entire counselling process that promotes ending counselling on a positive note. She contended that the termination process requires attention as counselling begins in addition to the final phase. Davis also indicated that solid professional and clinical planning in addition to knowledge of applicable ethical, legal, and clinical factors is helpful in planning a termination. However, knowledge by itself does not verify the counsellor’s ability to follow through with effective terminations. Consequently, it is up to clinicians to consistently and skillfully utilize this judgment and knowledge to work proficiently with clients in concluding counselling. The skills she identified include but are not limited to:

1. Initiating the relationship. Communicating what the scope of competence and practice is for counsellors will help in determining goodness of fit between clients and counsellors to avoid premature termination.

2. Informed consent. Employ informed consent to familiarize clients with realistic expectations for the professional relationship; including counsellor availability, communications, clients’ estimated cooperation and effort, and conditions of termination.

3. Termination guidelines. Develop termination guidelines and follow them.
4. **Termination criteria.** Connect the treatment plan and goals to practical criteria for termination. Gutheil (1993) identified using a Goal Attainment Scale (GAS) as a termination procedure to connect the treatment plan and goals to concrete criteria for termination. The GAS was originally developed to evaluate outcomes of mental health treatment and community interventions (Smith, 1994). The GAS has the ability to monitor change brought forward by a variety of interventions (Smith). It takes an individualized and collaborative approach to measurement in that it requires the development of outcomes scales that are customized to individuals whose progress is being measured (Smith).

5. **Ongoing evaluation.** Follow growth, gains, and potential harm of counselling and regularly evaluate the proximity of termination. Gutheil (1993) recommended the use of an eco-map to monitor the growth and gains clients make in therapy. The eco-map is a diagrammatic assessment of clients’ support system demonstrating the connections they have with various systems in the environment (Gutheil). She contended that completing an eco-map at the beginning and end of counselling provides the opportunity to compare the two assessments and identify successes.

6. **Discussing termination.** Discuss termination with clients on a routine basis. According to Gutheil (1993), introducing assessment tools such as the eco-map at the beginning of counselling also provides the opportunity for counsellors to discuss termination since the assessment can also be used at the end of counselling.

7. **Personal limitations.** Acknowledging and exploring personal limits; maintaining regular consultation.
8. **Beginning termination.** Begin termination when appropriate and provide adequate notice. Zilberstein (2008) wrote an academic paper that emphasized the need for an understanding of attachment research to assist counsellors in refining their techniques for ending counselling for both children and adults. She contended that termination needs to be considered a phase or process versus an event to allow time for clients and counsellors to work through any feeling of loss and abandonment that may exist.

9. **Termination modifications.** Modify the termination process to clients’ cultural, clinical, developmental, and practical needs. Zilberstein (2008) also acknowledged that many client factors could influence how they respond to termination such as their history, gender, and cultural concerns.

   Younggren and Gottlieb (2008) wrote a literature review assessing the level of risk for both clients and clinicians that appropriate and inappropriate termination creates based on ethical considerations. These authors also developed a list of questions to assist clinicians in ascertaining what type of ending is appropriate in a variety of situations and how to decrease the risk for both clients and clinicians in the process. Similar to the counsellor skills identified by Davis, Younggren and Gottlieb recommendations included: (a) adequately discussing issues of termination as part of the client’s informed consent to participate in counselling (Informed consent), (b) maintaining adequate records, (c) accessing consultation from others to ensure the termination was appropriate (Personal limitations), (d) ensuring that the termination model employed is consistent with the clinicians theoretical model (Initiating the relationship), (e) ensuring that the termination demonstrates respect for the psychological concerns that the client struggles with (Termination modifications), and (f) following through with the termination plan once it has been decided (Termination guidelines).
Emerging Themes Among the Termination Models

Each termination model demonstrated similar themes that highlighted the need for a client guide to ending treatment. The following section will identify the themes that emerged out of reviewing each model and integrate them with research literature that supports the need for a client resource that focuses on how clients with insecure attachment patterns can facilitate self-growth and development during the termination process.

The first theme is that each model focused specifically on the clinician’s role in the termination process for the client. Research suggests that clients’ participation in the counselling process impacts counselling outcomes more than counsellors’ participation (Baum, 2005). Furthermore, Tallman and Bohart (1999) contended that clients’ ability for self-healing is the most compelling common factor in counselling. These authors argued that the main reason different counselling frameworks do not differ in treatment outcomes is that it is clients, not treatment or clinicians that make counselling work.

Moreover, Tallman and Bohart (1999) asserted that if clinicians were the agent of change in the counselling process then their level of experience and training should make a difference in treatment outcomes. However, results of studies conflict in regards to this issue. Findings conclude that although the length of time and experience therapists have is valuable, it does not equate to the competence of therapists (Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003; Jennings & Skovholt, 1999; Sullivan, Skovholt, & Jennings, 2005). In fact, Jennings et al. (2003) reported that there is no strong empirical evidence to support time and experience having any significant impact on therapy outcomes in their qualitative study that reanalyzed interview data from Jennings and Skovholt’s (1999) study on the qualities master therapists possess to identify the ethical values of a master therapist.
Similarly, research findings suggest that client participation is one of the most significant factors when predicting treatment outcomes (Baum, 2005). Therefore, promoting clients’ active involvement in the termination process could produce more positive experiences for them during the final phase of counselling. Orlinsky, Grawe, and Parks (1994) reported that 69% of the studies they reviewed demonstrated that client cooperation versus opposition is connected with positive treatment outcomes. Correspondingly, clients’ investment in their role during the counselling process is connected with positive outcomes in nearly 70% of the studies completed. In addition, client openness versus defensiveness was discovered to be connected with 80% of outcomes of the studies conducted. Lastly, clients’ level of collaboration versus being controlling or dependent is associated with positive outcomes in 64% of studies. Orlinsky et al. (1994) stated, “patients who are cooperative and open . . . are more willing to participate, can more readily absorb the experiences generated by effective therapeutic operations, and thus are more likely to benefit from therapy” (p. 363). Additionally, Baum’s (2005) study suggested that using a collaborative approach when making the decision to end counselling leaves clients feeling more positive. Therefore, creating a client guidebook that increases clients’ role and promotes their active participation during the counselling process may increase the likelihood that they have a more positive and empowering experience when counselling ends.

The second theme is that each termination model relied heavily on the strategies that counsellors implement. According to Tallman and Bohart (1999), if clients are the primary facilitators of change in counselling, then clinicians should not always be needed and self-help resources may be as useful as seeing a counsellor. In studies that have compared self-help resources to professionally provided counselling, the results are that both treatment
modalities yield similar treatment outcomes (Gould & Clum, 1993; Scogin, Bynum, Stephens, & Calhoun, 1990). Meta-analyses conducted by Scogin and colleagues as well as by Gould and Clum discovered that self-help resources, such as books, were just as effective as counsellor-involved treatment for a broad range of issues. This supports the idea of a client guidebook that has a self-help component to it that can be used as an adjunct to working with counsellors.

The third theme involves the ongoing evaluation of clients’ progress throughout the counselling process. Reflecting on where clients began in counselling and how far they have come was identified in each model to promote clients’ internalization of the progress they made. Furthermore, this strategy strengthens clients’ positive model of self as describe by Bartholomew and Horowitz (1991) as well as enables their independent functioning (Zilberstein, 2008). Similarly, each termination model highlighted the importance of monitoring clients’ gains to aid in determining when counselling should end. Assessing clients’ progress on a regular basis also draws attention to ending counselling, so when it does occur, clients are prepared.

Gutheil (1993) asserted that by reviewing goal attainment, clinicians can proceed in aiding clients to convey their thoughts and feelings about their progress and independent functioning once the therapeutic relationship ends. Furthermore, this is an opportunity for clinicians to help clients identify their strengths that made goal achievement possible in order to help consolidate and sustain these gains in the future. According to Gutheil, the more clients believe they can implement the strengths promoted through counselling, the more confidence they will have when counselling ends. In accordance with the idea of the benefits of ongoing evaluation, the client handbook will provide steps to aid clients in developing
goals for counselling as well as prompt clients to review these goals throughout the
counselling process including during the final phase.

And finally, the last theme is the final phase of counselling being a process of growth
and development for the client. Given the emphasis on attachment theory in this literature
review, a sub-theme theme that is important to highlight within this prevailing one is the
emphasis on the therapeutic relationship. Each model specifically recognizes the importance
of this relationship within the counselling process, which is why it can be difficult for clients
with attachment-related issues as well as counsellors to terminate treatment without feeling
some sense of loss. The research literature supports this idea in that clients, especially those
with insecure attachment patterns, report a sense of rejection, abandonment, and fear when
counselling ends due to the end of the therapeutic relationship (Baum, 2005; Linehan, 1993;
Quintana, 1993; Zilberstein, 2008). Each model has responded to this research by
recommending that the sense of loss for clients and counsellors be addressed directly during
the termination phase to initiate healing and resolution before the therapeutic relationships
ends.

On the other hand, research also acknowledges that the end of counselling provides
clients with an opportunity for growth and development (Baum, 2005; Quintana, 1993; Ryz
&Wilson, 1999; Zilberstein, 2008). In identifying different meanings and functions of
 endings, authors Ryz and Wilson (1999) described endings as a way to establish a periphery
that brings something to a momentary or permanent conclusion. Additionally, the periphery
defines certain areas and spaces that mark both a beginning and an end. Therefore, an end
point also signifies a starting point. The authors defined a starting point as “the very
beginning of something other than what has gone on before” (p. 380), which highlights the
termination process as a transition that can represent growth and development. This concept is also supported by Gutheil (1993) who stated, “termination, too, is a transition. It signifies both an ending of the working relationship and the beginning of life without the professional helping person” (p. 163). Furthermore, Zilberstein (2008) asserted that the reconciliation of loss that typically surfaces for clients with attachment-related issues at the end of counselling can lead to an increased sense of autonomy and individuation and is commonly viewed as a critical component when completing treatment. She also identified that this form of development continues to be an essential goal in providing counselling to adults as the client internalizes the counsellor’s awareness abilities hence promoting independent functioning. This idea of internalizing the counsellor’s wisdom will be integrated into the client guidebook to help the client transform the therapeutic relationship with their counsellor into a therapeutic relationship with themselves. This concept is in accordance with Bartholomew and Horowitz’ (1991) adult attachment model in that the client will create a balance between a positive model of self and others so they can be empowered during the final phases of counselling.

Summary

In summary, a common strategy when providing counselling to individuals managing insecure attachments patterns is to focus on developing a strong therapeutic relationship to help facilitate client change (Linehan, 1993; Pistole, 1999; Zilberstein, 2008). This strategy is theoretically grounded in Bowlby’s (1969/1982) attachment theory. Bowlby proposed that individuals with attachment-related issues have not typically experienced safe and secure attachments with their primary caregivers when they were infants. The result of developing an insecure attachment with primary caregivers is that a skewed framework of how future
relationships develop and continue is formed. This framework is significant because it shapes how children approach the exploration of their external environment that includes developing future relationships with others, developing their self-concept, and developing their perception of the external environment (Bowlby). A fundamental principle of attachment theory is that attachment relationships continue to be significant throughout the life span (Bartholomew & Horowitz, 1991). Therefore, through early attachment relationships, it is believed that adults develop expectations about how relationships are developed and maintained (Broderick & Blewitt, 2006; Bartholomew & Horowitz; Griffin & Bartholomew, 1994). If these expectations are distorted due to insecure early attachment relationships, adults can have chronic difficulties with their relationships. Therefore, the therapeutic relationship typically serves as an adaptive model for clients with attachment-related concerns in regards to how relationships begin, progress, and end.

Ending relationships, especially therapeutic ones, can be very difficult for most clients and this is particularly true for clients with insecure attachment patterns since they often experience a sense of loss and even rejection when relationships end (Linehan, 1993; Pistole, 1999; Zilberstein, 2008). Current termination models focus on the sense of loss clients experience and rely on what counsellors can do to help the client work through these negative thoughts and feelings (Quintana, 1993). However significant data suggests that the end of counselling can be a positive experience for clients and clients’ active participation during the termination process can yield positive counselling outcomes (Baum, 2005; Orlinsky, et al., 1994). Additionally, research indicates that self-help manuals can serve as a useful adjunct to the counselling process, which includes the termination phase (Gould & Clum, 1993; Scogin, et al., 1990).
There seems to be a need for a client handbook that guides clients with attachment-related issues through the termination process since there is a lack of training and resources available specifically for clients (Bostic et al., 1996; Linehan, 1993; Wittenberg, 1999). In addition, a client handbook could provide strategies that clients can actively implement during the termination process and assist them in helping themselves in a point of counselling that can be very challenging. Furthermore, the nature of the handbook is to empower clients to facilitate a process that emphasizes the growth and development that they achieved during the counselling process versus specifically focusing on a sense of loss they may be experiencing.
CHAPTER III

Applied Product

See Appendix A for the client handbook; *When Counselling Ends: An Opportunity for Growth*. 
CHAPTER IV

Synthesis and Implications

The main goal of this project was to develop a handbook for clients who have experienced attachment-related concerns that empower them to end counselling in a way that promotes the growth and development they achieved in counselling. The handbook, *When Counselling Ends: An Opportunity for Personal Growth*, was developed following a review of the literature related to attachment theory, the working alliance, and existing termination models, which was integrated with Bartholomew and Horowitz’ adult attachment model.

*Attachment Theory and the Working Alliance*

The following section will reflect on the project in terms of its utility, specifically focusing on the efficacy of the handbook and what kind of impact it may have in an applied counselling setting. In addition, the implications of the project will be presented, specifically focusing on how it may apply to various counselling settings as well as identify the strengths and weaknesses of the project.

In 1979, Bordin concluded that the working alliance is an essential component for all different types of therapy. He declared that it is the strength of the working alliance that is the essential component in promoting change, not the type of working alliance that is established. Bordin identified three elements that comprised the working alliance that are generic to all forms of therapy. These components included an agreement between clients and counsellors on goals for treatment, assigned tasks to address the goals, and the development of a bond. Bordin highlighted the importance of clients and counsellors working collaboratively throughout the therapeutic process in order to reach a common goal of change.
Bordin’s (1979) thoughts about the importance of the working alliance have been supported in the research literature (Gelso & Carter, 1994; Horvath, 2000; Horvath & Symonds, 1991; Rogers, 1992). The working alliance is particularly important when working with individuals who have attachment-related issues. This is mainly due the concept that these individuals have not had many experiences that involve secure attachments and, therefore, engage in relationships with a skewed framework of how to relate to others (Bartholomew & Horowitz, 1991; Bowlby, 1969/1982). According to Zilberstein (2008), counsellors become a pseudo attachment figure for clients and counselling activates the attachment system in that it imitates many of the features of the early attachment relationship between parent and child. She suggested that counselling environments create a secure base for clients through various therapeutic interventions such as boundary setting, validation, reflective skills, and emotional communication. This secure base enables clients to explore difficult issues.

The client handbook developed in this final project, attempts to address the strengthening of the working alliance that Bordin described by reinforcing the establishment of goals and tasks of counselling as well as strengthening the bond between clients and the counsellors. This is done through exercises that clients complete to explore goals they would like to accomplish in counselling as well as ways to reach those goals. Another exercise in the handbook is designed to strengthen the bond between clients and counsellors. This exercise involves clients choosing a challenge that they are currently facing and identifying what skills or strategies they learned in counselling that would aid them in coping with the challenge. In addition, clients are asked to consider what helpful statements their counsellor would say to them that would make the challenge more manageable. The handbook also
encourages clients to work with their counsellors collaboratively on completing the exercises to promote further strengthening of the client-counsellor bond.

Safran and Muran (2000) synthesized information from counsellors that practice different theoretical models in regards to how they address ruptures in the working alliance. Two of the interventions described involved altering the task or goal to make it more relevant to clients to increase the client’s willingness as well as reframing the meaning of the task or goal that makes it more acceptable for clients. The guidebook reinforces the review of clients’ counselling goals once the counselling process has begun by asking them to rewrite their goals in the handbook and reflect on several questions offered in the handbook that identify whether these goals continue to be a fit for them or not. If not, clients are asked to develop new goals.

Adult Attachment

Among practitioners, adult attachment theory has been utilized as a theoretical framework for explaining many phenomenon such as conflict within interpersonal relationships, family dysfunction, and psychopathology (Broderick & Blewitt, 2006). It also provides a foundation for therapeutic interventions such as the use of the therapeutic relationship during the counselling process (Broderick & Blewitt). In the context of this project, adult attachment theory provides the theoretical foundation for the client handbook because it recognizes that individuals who have adopted an attachment pattern that does not balance a positive model of self and others have the tendency to experience difficulties in managing relationships (Broderick & Blewitt). This includes ending of relationships, such as the therapeutic one, due to anxiety and fears of abandonment and rejection (Anthony & Pagano, 1998; Baum, 2005). Hence, the client handbook promotes strategies that help clients
help themselves in maintaining a balance between a positive model of self and others while going through the process of ending counselling to create an experience that is empowering versus disempowering.

The handbook implements this by guiding clients through various exercises that draw upon their own knowledge to strengthen a positive model of self as well as the knowledge they gained from their counsellor that they trusted to strengthen the positive model of others. First, the handbook asks clients to identify a challenge they are currently facing and applying the skills, strategies, and words of wisdom they learned in counselling to help cope with that particular challenge. Second, clients are encouraged to identify the support persons that exist in their lives at the beginning of counselling as well as at the end. The handbook offers questions to help clients identify their support people. These questions reflect the ones Hazan and Zeifman (1999) developed in their study examining attachment patterns among adolescents and young adults. Third, the client is asked to reflect on past relationships that have ended, exploring what made these experiences negative and positive. Then, clients are encouraged to apply their knowledge and skills from these experiences, as well as the ones from counselling, to end the relationship with their counsellor in a positive way.

**Termination Models**

The client handbook was developed to identify the gaps that the existing termination models possess in regards to promoting active involvement from clients during the termination process. In addition, it was designed to draw attention to strategies that clients can implement to create a positive experience for themselves when counselling ends that focuses on their success and achievement.
The first theme involved an emphasis on clinicians’ roles within the counselling process versus clients’ roles. The guidebook developed in this final project was designed to acknowledge the importance of clients’ roles as well as promote clients’ active involvement in the counselling process. The guidebook offers various exercises that clients complete that focus on exploring counselling goals and tasks that can assist the counselling process from beginning to end.

The second theme identified was that each termination model focused mainly on the interventions implemented by counsellors instead of the things that clients could do to promote a positive termination. Although the handbook was developed to be an adjunct to counselling, it is designed in a self-help type workbook format in the hopes that it will enhance clients’ self-efficacy in managing challenges they may face as part of the termination phase as well as beyond counselling.

The third theme emphasized the significance of ongoing evaluation of clients’ progress throughout the counselling process. The client handbook adopts this concept by prompting clients to rewrite their counselling goals and review them at the middle and end of the counselling process. The handbook also presents questions that guide clients through this evaluation in addition to considering whether new goals need to be developed in light of any progress that has been made during counselling.

The fourth theme emphasized the importance of the final phase of counselling being a time that promotes the client’s autonomy, personal growth, and development. The handbook attempts to promote a process of termination that celebrates achievement made by the client as well as empowers the client to transform the wisdom they received from their counsellor into their own wisdom. This occurs by asking the client to reflect on what they have learned
in counselling and how they would apply it to present as well as future challenges they may face.

In addition, the end of counselling can create a sense of loss and abandonment for clients since the therapeutic relationship will come to an end. Research suggests that by addressing this issue directly prior to the relationship ending aids clients in successfully working through these feelings. The client handbook addresses clients’ loss by acknowledging that these feelings may occur for them and that it may be helpful to journal their thoughts and feelings about ending counselling. In addition, the handbook offers questions to help clients reflect on their relationship with their counsellor and to think about anything they would like to say to their counsellor before the therapeutic relationship ends. The handbook is also designed like a workbook so that the client can fill out the information in the book and keep it with them once counselling ends so they have something to refer back to if necessary. Moreover, the handbook may also serve as a transitional object for clients that aid them in working through any sense of loss they may have once the therapeutic relationship ends.

Limitations

Although there seems to be many strengths that exist with the implementation of the client handbook as mentioned above, it is important to note the weaknesses that exist as well. These weaknesses include: (a) the client handbook being a type of self-management intervention that may not be congruent with the life experiences of many individuals from non-dominant cultures, (b) the client handbook is a written document that includes written exercises and, therefore, requires that the individual utilizing it has, at minimum, average reading and writing abilities, (c) the client handbook requires a certain level of willingness
from the client in order to complete it, (d) the handbook may be misleading it that it may be utilized by the client as a replacement for counselling instead of being utilized as an adjunct, and (e) it requires that counsellors endorse the concept in order for clients to be aware of the handbook.

**Applications**

The project’s focus was to develop a practical guidebook for clients that aid them and counsellors with ending the therapeutic relationship in a way that promotes positive experiences for clients as well as enhance their learning and development. Additionally, it was designed to clarify and enhance the existing knowledge of treatment termination models for individuals who manage attachment-related issues.

The final format of the client handbook will be printed into a booklet so it can be easily distributed to clients and convenient for clients to utilize and possess. It will be introduced to counsellors who work at the Dialectical Behavior Therapy Program as well as the Active Treatment Team through Alberta Health Services during an education series commonly held for these two programs at noon hour on the first Monday of every month. The counsellors will be encouraged to implement the handbook with their clients voluntarily as well as encouraged to provide the author with feedback in regards to its utility within their clinical practice. The project has also been accepted as a presentation at the Canadian Counselling Associate Conference, which will be held in Saskatoon, Saskatchewan, the weekend of May 20, 2009. It will be through these two avenues that the client handbook will be initially distributed to counsellors.

This project could potentially impact counsellors who are currently in practice as well as students who are in the process of completing graduate studies in the field of counselling.
Providing a thorough literature review is potentially beneficial for these groups, since it will provide an understanding of attachment and how it relates to treatment termination that is theoretically and empirically based. Although the handbook is designed to be implemented with individuals who have insecure attachment patterns, the concepts of the therapeutic relationship, ending counselling on a positive note, and empowering clients are common among various theoretical counselling models; therefore, the handbook has the potential of being utilized among a wide variety of client populations.

Furthermore, the current understanding of ending counselling for clients with attachment-related issues that focuses on development instead of loss is limited. This review may prompt further research in the area, which may contribute to more comprehensive termination models for this population. This project would also have a direct influence on individuals receiving and ending counselling since the client handbook is a guide to help them help themselves during the termination process. It will also have a direct influence on counsellors who are providing and ending counselling with the client. Counsellors are in a position to support clients by providing them with the handbook, encouraging them to implement the exercises suggested in the handbook, as well as integrating the handbook into counselling sessions.

**Conclusion**

In summary, there seems to be a need for a client handbook that guides clients with attachment-related issues through the termination process since there is a lack of training and resources available specifically for clients. *When Counselling Ends: An Opportunity for Growth*, provides practical strategies that clients can actively implement during the counselling and termination process as well as assist clients in helping themselves in a phase
of counselling that can be very challenging. Furthermore, the nature of the handbook is to
empower clients with insecure attachments to facilitate a process that emphasizes their
growth and development, thus moving towards a positive model of self and others in order to
develop more secure attachment patterns.
References


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Appendix A

When Counselling Ends: An Opportunity for Growth
When Counselling Ends: An Opportunity for Personal Growth

Beginnings and endings are important processes in life. Endings are often the start of something new. Therefore, as an individual who is in counselling, you want to make sure that when counselling ends, you feel that you have made significant personal gains.
When Counselling Ends: An Opportunity for Personal Growth

This is a practical guide to help you end counselling in a way that promotes your development as a person and encourages you to move forward in your life with confidence.
When Counselling Ends: An Opportunity for Personal Growth

You may be wondering why you have been given this handbook at the beginning of counselling when it is about helping you end counselling.
When Counselling Ends: An Opportunity for Personal Growth

This is a good question!

The answer: The likelihood that the end of counselling is a positive experience for you increases if you are prepared for this ahead of time and are actively involved in planning for it with your counsellor right from the start of counselling.
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The Beginning of Counselling

“Success always comes when preparation meets opportunity.”
~Henry Hartman
The Beginning of Counselling

There is a broad range of time that the counselling process can occur within. The discussion about how long counselling should be and when it should end often begins during the first counselling session.

This is also a time when the purpose of counselling is defined. Therefore, goals for counselling are typically developed between you and your counsellor to help determine the beginning and end point of counselling.
The Beginning of Counselling

Although developing goals is a process that involves a joint effort between you and your counsellor, it can be helpful to begin thinking about what goals you would like to have for counselling.
The Beginning of Counselling

The following pages provide you with several exercises that you can do on your own in order to get prepared for the work that you will do with your counsellor in developing goals for counselling and developing a plan to help you achieve your goals.
The Beginning of Counselling

If you find some or all of these exercises difficult to do on your own, you can always do them with your counsellor during your counselling sessions.
The Beginning of Counselling

The first step is to identify the problems you are having in your life that you would like to change and that caused you to get counselling in the first place.
The Beginning of Counselling

This can be a hard task so it is important not to dwell on each problem or worry about whether the problems can be solved or not. You do not need to come up with a plan, just list the problems. Remember: you are getting counselling to help make positive changes in your life and your counsellor is there to support you.
The Beginning of Counselling

Then, rate each problem on a scale of 1 to 10 based on what you think the severity of the problem is. 1 being the most severe and 10 being the least.

Next, rate each problem on a scale of 1 to 10 based on what you think is priority for you. 1 being the highest priority and 10 being the lowest.
## The Beginning of Counselling

### Problem List

<table>
<thead>
<tr>
<th>Problem</th>
<th>Severity (1-10)</th>
<th>Priority (1-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
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<td>G.</td>
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</tbody>
</table>
The Beginning of Counselling
Creating Goals

The next step is to turn your problems into goals. Remember: developing goals help guide the counselling process and provide a beginning and end point to the process.
The Beginning of Counselling
Creating Goals

Now, pick a problem that you rated as a high severity and priority. Write down this problem in the space provided below using a sentence to help fully describe it. For example if you identified “exercise” as a problem you may write “Problem #1 is that I don’t exercise”.

Problem #1 is:________________________
________________________
The Beginning of Counselling
Creating Goals

If your sentence describes something you do not like about your life, rewrite it to describe what you would like instead in the space provided below. For example, “I would like to exercise.”

I would like: ___________________________

______________________________
The Beginning of Counselling
Creating Goals

One of the most important steps in creating a goal is to make sure that it is specific. For example, if you would like to exercise you may need to ask yourself:

- What type of exercise would you like to do?
- How long would you like to exercise for?
- How many times a week would you like to exercise?
The Beginning of Counselling
Creating Goals

Your goal may look something like this:

I would like to go for a 20 minute walk outside; three times a week.
The Beginning of Counselling
Creating Goals

Now you try to develop one.

I would like__________________________________________

__________________________________________

Congratulations, you have just created a goal!
The Beginning of Counselling
Goal List

My goals for counselling are:

1) 

2) 

3) 

4) 

5) 

The Beginning of Counselling

The last step in creating counselling goals is to develop a plan that will help guide you in achieving your goals. Again, this is something that you will do with your counsellor and the following pages will provide you with some exercises that will help you get thinking about a plan.
The Beginning of Counselling
A Plan

Break down a goal into smaller steps. Most goals are made up of smaller parts. In the space provided below, begin to brainstorm what these smaller parts might be. For example, if your goal is to walk for 20 minutes outside; three times a week, what are some things that would need to happen in order to achieve this?
The Beginning of Counselling
A Plan

Goal: ____________________________________________

Smaller parts: ____________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

...
The Beginning of Counselling

A Plan

Many goals can be achieved by addressing some of the smaller parts. So, **all** the smaller parts do not have to be addressed.

Go back over your list of smaller parts and circle two or three that you are ready and willing to work on.
Another useful tool to monitor your progress in counselling is to complete an eco map (See page 33). An eco map is a diagram that identifies the support you currently have in your life such as people and activities you enjoy. For example, you could add your counsellor to your eco map as well as a hobby you may have such as playing a musical instrument.
The Beginning of Counselling
Eco Map

You might notice that the eco map diagram has circles that are connected to the middle circle labeled “Me” and circles that are not connected. In the circles that are connected identify the supports you currently have in place. The circles that are not connected are ones that you would like to have in place for yourself but don’t yet.
The beginning of counselling
Eco Map

The eco map is a way to figure out whether gaps exist within your support network. If there are gaps you may want to consider going back to your counselling goals and developing a goal that focuses on filling that gap.
The Beginning of Counselling  
Eco Map

The eco map can also be useful in identifying the supports you have in place that can help you through the changes you would like to make in your life. So, if you are needing help from others, you are aware of who to go to.
The Beginning of Counselling
Eco Map

The following questions may help you identify the support people in your life:

- Who do I like to spend time with?
- Who would I turn to if I felt bad?
- Who can I count on to help me when I have problems I can’t solve on my own?
- Who do I miss when we are apart?
The Beginning of Counselling
Eco Map

As you are filling out the eco map, feel free to create additional lines and circles if needed.

It is also important not to forget that as a support person in your life, your counsellor is available to help you complete this exercise if needed.
The Beginning of Counselling
Eco Map

Me
The Middle

“Life is change. Growth is optional. Choose wisely.”
~Karen Kaiser
The Middle

Now that your goals for counselling have been developed and you and your counsellor have begun to work on ways you can achieve your goals, what sorts of skills or strategies have been useful to you so far? Are there words of wisdom you have learned that inspire you to make changes? What would they be?
The Middle

Think about something that you have been struggling with lately and write it down in the space provided below.

Challenge: ____________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
The Middle

With what you have learned so far in counselling, write down one skill or strategy you have developed that may help you in coping with the challenge you identified. Then, identify one thing that your counsellor might say that would be helpful to you in dealing with the situation.

A helpful skill or strategy I could use is: ____________
_________________________________________________________

My counsellor would say: ___________________________
_________________________________________________________
The Middle

Sometimes it can be difficult to remember all the things you learned in counselling for a variety of reasons such as experiencing distress, which can impact your memory, or there are simply too many things to remember.
The Middle

For this reason, it can be valuable for you now and in the future, to keep a log of all the skills you are learning and strategies you are developing along the way as well those words of wisdom that inspire you.
The Middle
Useful Skills and Strategies to Remember

* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
The Middle
Words of Wisdom That Inspire Me

* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
* __________________________
The Middle

Remember: the goals of counselling help guide you and your counsellor through the counselling process. For this reason it is important to review your goals with your counsellor on a regular basis.
The Middle

Do you remember what your counselling goals are? If not, go back to page 22 of this handbook to remind yourself and rewrite them in the space provided.
The Middle
Goal Review

My counselling goals are:

1) _______________________________________
2) _______________________________________
3) _______________________________________
4) _______________________________________
5) _______________________________________
The Middle
Goal Review

In reviewing goals it can be helpful to ask yourself the follow questions:

Have you made progress on some of your goals?

If so, which ones?

__________________________

__________________________

__________________________
The Middle
Goal Review

How do you know you made progress on the goals you identified?______________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________
The Middle
Goal Review

How were you able to make progress on these goals? (Hint: Go back to pages 40 and 41 to review the skills you learned, strategies you developed, and the words of wisdom you identified that inspired you.)

________________________________________

________________________________________

________________________________________
The Middle
Goal Review

If you did not make progress on one or more of your goals, what do you think got in the way?

__________________________________________

__________________________________________

__________________________________________

__________________________________________
The Middle
Goal Review

Remember: if these questions are hard to answer on your own, you can answer them with help from your counsellor.
The Middle
Goal Review

Are there any new goals for counselling that need to be developed in light of reviewing the progress of your initial goals for counselling? If so, what might those new goals be? Write down your new goals in the space provided. (Hint: it may be helpful to go back to the beginning of the handbook and go through the steps of developing goals).
The Middle
Goal Review

Is there something that needs to change with your goals or your plan that would help lessen the barriers you identified?

__________________________________________

__________________________________________

__________________________________________

__________________________________________
The Middle
Goal Review

My new counselling goals are:

1) _________________________________
2) _________________________________
3) _________________________________
4) _________________________________
5) _________________________________
The End of Counselling and Beyond

“What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.”

~T.S. Eliot
The End of Counselling and Beyond

There are many reasons why counselling ends since everyone is unique in how much counselling they may need or want. However, in general, the hope is that you no longer need counselling to guide you because you have resolved or overcome the problems that led you to seek counselling in the first place. In other words, you have reached your goals of counselling.
The End of Counselling and Beyond

The process of deciding when, how, and why to end counselling is a task that you and your counsellor work on together as the counselling process evolves until a mutual decision is reached.
The End of Counselling and Beyond

Although the end of counselling can bring about positive feelings in terms of celebrating your successes, it can also bring about negative feelings such as a sense of loss since you will no longer go to counselling sessions.
The End of Counselling and Beyond

It is common to experience some distress during the final stages of counselling however this does not necessarily mean that there is a need for counselling to continue.
The End of Counselling and Beyond

In general, you and your counsellor will focus on the feelings, concerns, and meaning related to ending your work together.

To assist with this process it may be helpful to journal your thoughts and feelings about counselling ending.
The End of Counselling and Beyond

In addition to ending counselling, you and your counsellor are also ending the working relationship you had together. Ending relationships can be very difficult to do, especially when it is a relationship that you appreciated.
The End of Counselling and Beyond

Before reflecting on ending the relationship with your counsellor, it may be useful to look back at past relationships that have ended for you.

Were these experiences positive, negative or both? _____________________________
The End of Counselling and Beyond

If negative, what made it that way?

If positive, what made it that way?
The End of Counselling and Beyond

Are there strategies you learned and skills you developed from counselling and your negative and positive experiences with ending past relationships that would be helpful in ending the relationship with your counsellor in a positive way? If so, what would they be? 

__________________________________________________________________

__________________________________________________________________
The End of Counselling and Beyond

The following questions are designed to guide you further in ending the relationship with your counsellor in a positive way.

In reflecting on your relationship with your counsellor what would be the qualities that you appreciated about him or her? ________________

____________________________________

____________________________________
The End of Counselling and Beyond

What would be the things that you will miss about your counsellor?

What would be some positive memories that you have working with your counsellor?
The End of Counselling and Beyond

In saying good-bye to your counsellor, is there anything you would want to say to him or her? If so, what would it be? ____________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________


The End of Counselling and Beyond

The end of counselling may feel more like a graduation than an ending since it is a time to review the work that was done, celebrate the successes that were made, and plan ahead for the future.
The End of Counselling and Beyond

Remember: the goals for counselling help guide you and your counsellor through the counselling process from the beginning to the end. For this reason, it is important to review your goals for counselling to ensure you have achieved them to your satisfaction.
The End of Counselling and Beyond

A good place to start this process is to identify your goals for counselling. Then, rate them based on the severity and priority scales that were used to help you develop your goals at the beginning of counselling (Go back to page 15 if you need a reminder).
The End of Counselling and Beyond

<table>
<thead>
<tr>
<th>Goals</th>
<th>Severity (1-10)</th>
<th>Priority (1-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<tr>
<td>G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The End of Counselling and Beyond
Goal Achievement

In reviewing your success it can be helpful to reflect on the effort and steps it took to achieve your goals.

Choose one goal that you would like to celebrate:

______________________________
The End of Counselling and Beyond
Goal Achievement

How do you know that you reached this goal?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did counselling help you to reach this goal?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The End of Counselling and Beyond
Goal Achievement

What kinds of skills and strategies did you use to achieve this goal?

______________________________________________________________

______________________________________________________________

What words of wisdom helped you reach this goal?

______________________________________________________________

______________________________________________________________
The End of Counselling and Beyond
Goal Achievement

How does it feel to achieve what you set out to do in counselling?

What have you gained from achieving this goal?
The End of Counselling and Beyond

Could you apply the things that helped you achieve this goal to future situations that may be difficult for you? _________________________________

________________________________________________________________________

If so, how do you see yourself doing that?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The End of Counselling and Beyond
Eco Map

Now that you have reviewed the progress you have achieved in working on your goals for counselling, it is important to complete another eco map that reflects what your support system is like now that you are ending counselling.
The End of Counselling and Beyond
Eco Map

You may want to review the questions on page 31 to help you identify the support people you now have in your life.

Feel free to add additional lines and circles if needed.
The End of Counselling and Beyond
Eco Map

Me
The End of Counselling and Beyond

Eco Map

You are encouraged to initiate a discussion with your counsellor that compares the eco map you completed at the beginning of counselling and the one you completed now that counselling is ending.
The End of Counselling and Beyond
Eco Map

The following questions may help you with getting this conversation started:

Are there differences between the two eco maps? If so, what are they?
The End of Counselling and Beyond
Eco Map

Would you consider these differences to be positive, negative, or both? Explain.

In considering the positive differences, identify the resources from your eco map that can help you after counselling has ended, if needed.
The End of Counselling and Beyond

Eco Map

Identify some skills you developed and strategies you learned that could assist you in coping with the negative differences that were identified between the two eco maps.
The End of Counselling and Beyond

As mentioned at the beginning of this handbook, endings are often the start of something new. So, even though your counselling is ending, you are beginning a life that involves new learning and a new way of doing things. It is important to think about and identify what you learned in counselling that would help you in the future when you are faced with difficult situations.
The End of Counselling and Beyond
Things I Learned in Counselling that I Plan to Use in the Future

- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
The End of Counselling and Beyond

Now that you know how to develop, work towards, review, and achieve goals it is important to consider ones you may want to focus on, on your own, now that counselling is over. If you have an idea of what those goals might be, jot them down in the space provided so you can refer back to them when you are ready to make a plan of how you will achieve them.
The End of Counselling and Beyond

Ideas for future goals: ______________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
The End of Counselling and Beyond

You worked hard for this moment.

Congratulations on your success of achieving your goals!
The End of Counselling and Beyond

You are encouraged to keep this handbook to remind you of the development and personal growth you have reached in completing counselling from beginning to end.
Author’s Note

When Counselling Ends: An Opportunity for Growth was developed in the context of a final project which was a requirement for completing my Masters degree in counselling psychology.

If you are interested in further information about this handbook please contact me, Dawn Chabot, via email: dtchabot@shaw.ca.