

# Termination in Psychotherapy: Contributions of an Integrative Metamodel

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In this article, we discuss the process of terminating psychotherapy based on an integrative perspective—the paradigmatic complementarity metamodel (PCM). One of the research fronts in PCM is the temporal sequence of phases structuring strategic objectives. The temporal sequencing of the therapeutic work in terms of phases, stages, or steps is believed to be a general principle of change among different theoretical orientations, both of an integrative and nonintegrative nature (Vasco, 2006; Vasco et al., 2018). According to the PCM, the therapeutic process unfolds as the client and therapist progress along 7 phases regarding the implementation of strategic objectives. In this article, we address termination and its implications at different phases of therapy considering the PCM. Some vignettes are used as illustrations.

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Termination is a term typically used when referring to the ending of the psychotherapeutic relationship. It may occur as an expected and well-articulated treatment plan that reveals the next phase of psychotherapy, or it may occur abruptly or by surprise (Barnett, 2016).

The termination of a psychotherapeutic relationship can be a complex process. Clinical, practical, and ethical factors play essential roles, and therapists must have competence in termination (Davis & Younggren, 2009; Barnett, 2016). It is recognized as a significant aspect of the therapeutic process, yet it remains vastly understudied in psychotherapy literature (Bhatia & Gelso, 2017).

It is difficult to think about the termination of a therapeutic process disconnected from the achievements of that specific process and the relationship established. Bhatia and Gelso (2017) showed that the working alliance and real relationship during the termination phase were positively related to termination phase evaluation and overall treatment outcome. In contrast, negative transference during the termination phase was negatively related to the

overall treatment outcome. Also, therapists' perceptions of client's sensitivity to loss were positively related to both negative and positive transference during the termination phase.

Westmacott et al. (2010) showed that when clients unilaterally ended therapy, therapists were only partially aware of either the extent of clients' perceived improvements or their dissatisfaction. When termination was mutually determined, there were no differences between client and therapist ratings of termination reasons. Although working alliance and barriers to treatment participation were rated as lower in the context of unilateral termination by clients and therapists, all clients rated the early alliance and barriers to treatment highly than did therapists.

From our perspective, the termination of the therapeutic process intends to help the client move adaptively throughout his or her life and says something about how the process itself unfolded. As therapists, we want our clients to leave therapy aware of their capacities and vulnerabilities and identify resources they can mobilize to deal with life's potential challenges.

In this article, we reflect on the termination of the therapeutic process using the lens of the temporal sequence of strategic objectives proposed by the PCM to assist clinical decisions regarding how to terminate. The clinical decisions are based on what the client has already achieved in terms of the general processing capacities proposed by the PCM and what the client still lacks in terms of processing capacities regarded here as hypothetical change mechanisms, reflecting the mental architecture of the client.

### Paradigmatic Complementarity

The Paradigmatic Complementarity Metamodel (PCM, Vasco, 2006; Vasco et al., 2018) is based on the complementary and sequential use of common factors or general principles of change and specific techniques, derived from various theories and suited to client's characteristics and needs (Vasco, 2006). PCM considers a theory of adaptation, a theory of disorder, and a theory of intervention. The theory of adaptation stresses the pivotal importance of regulating the satisfaction of key psychological needs (14 needs organized in seven dialectical/complementary polarities) as well as the role played by mood and emotions in signaling the level of this regulation. The theory of disorder underlines the

importance of concepts like maladaptive schemes, alexithymia, and emotional dysregulation as hindering variables in the process of regulating the satisfaction of needs. The theory of intervention envisions the therapeutic process as a sequence of seven phases contemplating the promotion, on the part of the therapist, and the capacitation, on the part of the client, of phase-specific strategic objectives that will, hopefully, translate to a better ability to regulate the satisfaction of psychological needs.

According to the PCM, the therapeutic process consists of four interrelated components (Vasco, 2006; Vasco et al., 2018). First, *being in therapy*, an aspect related to the therapeutic alliance, stresses the need for a bond and agreement between client and therapist for goals and tasks (Bordin, 1979) and a shared representation of the problem. Then the *"What" of therapy* regarding the contents to be considered, that is, what therapy should address, associated with specific and generic goals. Another component concerns the *"How" of therapy*, that is, the methods of intervention that we like to call *potentially reparative therapeutic actions*. Finally, the *"When" of therapy* concerns the utility of understanding the therapeutic process as a sequence of phases for promotion/assimilation of sequential therapeutic objectives common to all theoretical orientations. Following an integrative approach, promoting these objectives should not depend only on the theoretical orientation but also on the clients' characteristics, capabilities, and needs (for a review see, Ferreira, Basseches, et al., 2017; Vasco, 2006; Vasco et al., 2018).

In this article, addressing termination, we will focus on the temporal sequencing of the therapeutic process.

### Temporal Sequencing of Therapeutic Work in Terms of General Strategies and Strategic Goals (the "When" of Therapy)

One of the research fronts in the PCM is the temporal sequence of phases structuring strategic therapeutic goals: *the When of Therapy*. The model describes the sequence of the therapeutic process in seven phases related to strategic objectives that are tendentially sequential. This implies a sequential phase-to-phase responsiveness of the therapist to respect the level of accomplishment of the strategic objectives of the client, concerning the strategic objectives that the therapist tries to promote in each phase. Human change processes are rarely, if ever,