

## Case Unclosed: Clients' and Clinicians' Perspectives on Premature Termination in Psychological Services

Bernard Christopher A. Catam\*

*For affiliations and correspondence, see the last page.*

### Abstract

This study looked into the lived experiences of five clients and three clinicians on premature termination of psychological services. Using the consensual qualitative research (CQR) design, the study generated four (04) domains which were Catalyst for Help-Seeking, Discontinuing Help-Seeking, Therapeutic Alliance, and Challenges of Ending and a total of eighteen (18) categories/themes emerged. Under the first domain, participants relayed how other people they knew, and their own observations drove them to actually seek a mental health professional. For the second domain, all participants stated that it was the client's idea to end the psychological service due to varied reasons. As for the third domain, both clients and clinicians discussed how they established therapeutic alliance, described their relationship with each other during and after the provision of psychological service and their collaboration process in terms of agreement on treatment goals and tasks. In the fourth domain, they revealed the four main challenges they encountered that needed to be actively assessed and addressed for the end phase. As an output of the study, the researcher proposed a therapeutic process checklist for clinicians as guide before, during, and after provision of psychological service. It aims to address concerns of both clients and clinicians and to avoid premature termination, if not avoid the risks and negative impacts of it.

**Keywords:** Premature Termination, Psychological Services, Consensual Qualitative Research, Clients, Clinicians

### Introduction

Clinicians providing psychological services to their clients are essentially establishing a relationship. It is a working alliance between the two parties and every relationship has beginning and end. The final stage in psychological service, called termination, may be initiated by the client, the clinician, or both — a decision that must be carefully planned by both parties to avoid risk of harm. This is one of the ethical dilemmas being experienced by persons involved in a psychological service. As professionals, clinicians deal with repeated endings with clients. Meanwhile, clients themselves handle termination in their own way. In agreement, the reviewed related literature and studies perceived that even though termination has long been acknowledged as an important process of therapy, the present literature focused more on theoretical connotations than practical evidence, indicating that the topic has not been fully explored. Termination was still a complicated and multi-faceted phenomenon that was influenced by a variety of circumstances. Significantly, Cautin (2015) noted the almost complete lack of research and clinical discussion on psychotherapy termination—an important, but often ignored aspect of psychotherapy.

Existing literature and studies affirmed that both the client and clinician experienced various reactions and

difficulties when ending a psychological service specifically psychotherapy and counseling, and inappropriate termination may cause negative effects. Premature termination occurred when therapy was abruptly ended with no closure and/or few reasons for ending therapy before the client's presenting problem has been resolved. Cited case studies and research showed harmful consequences of unjust termination and abandonment to both the clients and clinicians such as feelings of loss, anxiety, and depression at the end of therapy. According to Fragkiadaki and Strauss (2015), when the therapist-initiated termination, she may experience fear, despair, and anger, which can be amplified if her past included painful losses and separations. In contrast, despite the fact that clients sought therapy in the hopes of alleviating their suffering, they noted that early termination of therapy was a regular and upsetting problem for both clients and therapists.

However, to establish what interventions can motivate clients to continue in treatment instead, a better knowledge of the driving factors underlying these justifications was required. Moreover, therapeutic alliance defined as the emotional bond between a therapist and a client and the mutual agreement between this dyad regarding treatment goals and the means by which to achieve them has been considered as a predictor of positive treatment outcome.

At the present, psychology profession here in the Philippines is in its developmental stage. Efforts are being done for availability and access to mental health services as well as the provision of practitioners with the appropriate skills. Seeking professional help during this pandemic has arisen due to a lot of mental health issues that are, unfortunately, being perpetuated and brought upon by the current situation. Clinicians handle multiple clients and it is just right to examine the provision of these psychological services with the goal of minimizing harm towards the clients.

Accordingly, this study was conducted to examine the process of termination of clients by clinicians in providing psychological services, how they were being strictly observed by both parties, as well as their experiences and perspectives in the course of ending psychological services prematurely. By exploring the lived experiences of the participants, this research tried to address the issues involved in premature termination of psychological services from the perspective of both the clinicians and the clients. The study came up with recommendations for proactively addressing termination consistent with professional standards and each client's best interest and to help them cope and process the termination phase appropriately.

## Methodology

This study used Consensual Qualitative Research (CQR), which was primarily used in psychotherapy research, as it allowed the researcher to gain a rich, detailed understanding of experiences, attitudes, and beliefs from a few carefully recruited participants that cannot easily be found using traditional experimental and quantitative methods. According to Hill and Knox (2021), rather than striving to prove whether what someone said was accurate, it was more interested in hearing about participants' experiences and perceptions by utilizing open-ended questions and relying on words, narratives, and stories of a small number of participants with context to understand them better. Setting biases and expectations aside as well as the use of multiple perspectives was also crucial for data analysis.

Psychological clinics in the Philippines and even abroad that provide various psychological services

such as psychotherapy and counseling were included in the locale of this study. Qualified clients and clinicians who had concluded their psychological service were selected through Typical Case type of purposeful sampling method. The clinicians were licensed, have handled psychological services such as counseling and psychotherapy, and have experienced ending case/s with their client/s. On the other hand, the clients also experienced psychological service termination between two weeks and three years before the interview. The researcher opted to select three (3) clinicians and five (5) clients who served as participants.

The researcher used a semi-structured interview instrument for the participants composed of ten (10) questions for clients and five (05) questions for clinicians. The researcher used the Lawshe Formula in determining the validity of the questions used in the interview. Lawshe developed a formula termed the content validity ratio which yields values ranging from +1 to -1; positive values indicate the rated items are essential, 0 means useful but with some revisions, and negative values indicate that the item rated is not necessary. In this study, the content validity ratio for each item was 1.

Before the conduct of the study, the researcher secured written permission from the participants. Thereafter, the interview sessions were scheduled. To observe health protocols due to the pandemic, the interviews were done via audio conference. The researcher prepared recording gadgets, notes, and pen, and guide questions before facilitating the interview. After the interviews were conducted, the researcher proceeds with transcribing the responses of the participants verbatim. The researcher (first author) recorded and transcribed the interviews, which were evaluated in each of the key data analysis components of CQR by the auditors. Hays and Singh (2012) enumerated the steps on CQR. First, the researcher conducted a domain development and coding process by identifying a list of large domains, categories, or themes.

Then, he abstracted core ideas within these domains (domain abstraction). As he re-immersed himself in the data, he kept an eye out for core ideas that illuminated aspects of domains he has previously selected to examine. Afterward, the auditors and together with the researcher

attempted to reach a consensus on these core ideas through a process of cross-analysis, wherein they examined each category for evidence across all, some,



and/or none of the participants. Once the list of categories is finalized, the research team then returned to the data and codes all participant interviews within these categories. This cross-analysis resulted in a separate document that included a list of domains and within-domain categories common to all participants and any participant data that were not common across participants and/or were not included in another domain or subdomain. Finally, the research team (researcher and auditors) categorized domains into one of four categories: general (all or all but one case), typical (more than half of the cases up to the cutoff for general), variant (at least two cases up to the cutoff of typical), and rare. These constructed categories and subcategories (representing themes) within domains across cases were expected to characterize the common patterns in the findings.

## Results and Discussion

Discussion of the lived experience of clients and clinicians in premature termination of psychological services is presented in the succeeding thematic charts and textual presentations:

For the first domain, participants were asked about the usual reasons that prompted them to seek help. The participants relayed how other people they knew and their own observations drove them to actually seek a mental health professional which unfortunately ended too early than expected. For the first theme, clients were prompted to consult because they noticed changes in thoughts, feelings, and behavior related to their mental health and well-being.

### Thematic Chart A

#### Domain 1. Catalyst for Help-Seeking

Categories/Themes	Typicality	Illustrative Responses
Evident Psychological Symptoms	General (8)	<p>"Iba-iba kasi. 'Pag mga students more of depression, ta's mataas yung level ng anxiety, ta's nakaka-develop na rin sila ng social anxiety."</p> <p>"Same cases, may mga psychological disturbances lang talaga, varied concerns."</p> <p>"Kalimitan kasi ay referred by the parents sa kanilang anak kasi naobserbahan sila na parang may pagbabago sa behavior."</p>
Encouraged by Support Network or Other Persons	Typical (6)	<p>"... nakikita ng mga friends ko na nagbabago daw ako. Sabi nila, I should seek help kasi nakikita nila 'yung mga signs daw."</p> <p>"They would call us. Most of the time, self-report 'yan... Nobody is forcing them to call... The basic idea, self-referred."</p>
Self-Referred	Variant (3)	

The second theme captured the important role of different people around the clients in terms of their

influence on their help-seeking behavior. Family members, friends, and other persons with ideas or knowledge about mental health helped the clients by urging them to seek a mental health professional based also on their observation of the clients' changes in behavior. The last theme noted that after noticing that their psychological disturbances affected their day-to-day function, clients voluntarily asked for the help of the professional. This theme entails that mental health literacy and previous experiences influenced clients to voluntarily seek help.

Because Filipinos believe that professional services are only necessary when symptoms are disabling, Martinez et al. (2020) found that problem severity predicts intention to seek help from mental health practitioners. Unfortunately, this hinders early intervention efforts because Filipinos are more inclined to seek professional aid only when the problem manifests itself physically or is severe. On the other hand, the positive influence of friends and family on mental health and formal help-seeking of Filipinos is not simply to serve only as emotional barrier for stress, but to also favorably influence the decision of the individual to seek formal help. Lastly, according to the study conducted by of Gorczynski et al. (2017), those with greater overall mental health literacy are more likely to seek help for mental health problems, either in person or through other means.

For the second domain as can be seen in Thematic Chart B, participants were asked how their psychological service ended and what led to their premature termination. All participants stated that it was the client's idea to end the psychological service due to varied reasons which comprise eight categories/themes under this domain.

### Thematic Chart B

#### Domain 2. Discontinuing Help-Seeking

Categories/Themes	Typicality	Illustrative Responses
Client's Informing Decisions for Follow-Ups	Typical (6)	<p>"There are some clients who will never communicate of follow-ups so 'yon ang nagiging usual scenario."</p> <p>"Nung consultation po, okay naman po. Naplano na po... Sakto po na nagkaroon po ng sakit yung isang member po namin which is si papa. Yung mata niya po, biglang nag-cataract. Kailangan po naming ipa-check-up. Dun po naming nabuhos yung money supposed to be nai-aano po namin for next session kaya sabi ko, wag na lang natin ituloy."</p>
Financial Limitation	Typical (5)	
Positive Progress	Variant (3)	<p>"Minsan, 'yung ibang inaalaagan ko by the time they do get the trauma therapy, hindi na nila kailangan. They would tell you, 'I'm feeling okay."</p>
Dissatisfaction	Variant (3)	<p>"I have this feeling na 'di siya expert sa case ko. He's good but I need someone who will really understand me."</p> <p>"... actually po kasi 'di ko feel na supported nina Mama yung pagpapa-consult ko po. Parang feeling nila na mababaw naman po yung reason. Kaya ko naman daw siguro 'yon. So, imano ko na lang po na siguro nga oo, kaya ko, kaya hindi ko na lang itutuloy."</p>
Mental Health Stigma within Family	Variant (3)	<p>"Okay lang naman siguro if self-healing na lang. Okay naman na po ako, ginanon ko na lang po."</p>
Resorting to Self-Reliance for Coping	Variant (2)	<p>"Hindi kasi sila ready... And then, they leave pero they did not work through."</p>
Readiness of Clients	Variant (2)	<p>"Actually, hindi ko talaga nasundan kasi busy po ako eh. Sa trabaho ko po... Hindi ko pa po siya na-inform. May contact naman po. Di ko nga lang siya na-ano dahil talagang busy po."</p>
Got Busy	Variant (2)	

Clients reported a variety of reasons for quitting early. Good rapport and open communication is important for clients to tell their personal decisions and eventually help them with the situation to avoid premature termination. The participants typically agreed that clients could not sustain the high cost of the next sessions due to their limited financial sources. This may imply the priority of mental health among the participants when it came to allocating budget and may also have an implication on the status of mental health care in the Philippines. For the second theme, three clinicians mentioned that they had clients who discontinued the sessions saying that they were already okay even before they proceeded to the next sessions with a longer term. On the other hand, three of the participants mentioned dissatisfaction with the process and clinician as also their reason for ending the psychological service from the particular clinician they were being handled with. Furthermore, clients felt that their family was not in full support of their consultation with a mental health professional stating that they felt ashamed when their family and friends know of their help-seeking. Resorting to self-coping also influenced their decision to not continue anymore. This was a sad reality for Filipino clients who did not have any means for continuous mental health care. However, a clinician noted that it was good the prematurely terminated client gained personal coping skills when they separated. Other clinicians had clients who were not ready to work through their difficult situations while two participants mentioned getting busy as their reason for discontinuing the service. This could have an implication on the importance given and prioritization of mental health needs by the clients.

Barnett (2016) in his article entitled “6 strategies for ethical termination of psychotherapy: And for avoiding abandonment” stated that clients may initiate termination for a variety of reasons. These may include limitations in finances, feeling dissatisfied with the psychotherapist or with how treatment was proceeding, losing one’s job, loss of or changes in their insurance coverage, or moving from the local area. While each of these cannot be anticipated from the outset of treatment, open discussions with clients about their progress in treatment and any issues that may impact their ability to continue should be explored. Financial limitation, perceived stigma among adolescents and young adults, as well as those suffering from depression and Filipinos’ coping mechanisms of resilience and self-reliance were also highlighted as a barrier to obtaining mental health care services by Martinez et al. (2020).

## Thematic Chart C

### Domain 3. *Therapeutic Alliance*

Categories/ Themes	Typicality	Illustrative Responses
Agreement on Goals	Typical (6)	<p>“Sometime you really build rapport tapos being able to identify common goals, common in a way na kapag ako therapist feeling ko ang goal is to go away from addiction also alcohol. The fact that that may not be their goal at the moment so harm reduction muna ako. Titignan ko kung what therapy goal that they perceive is really important.”</p> <p>“It was open, cooperative, and clear. Treatment goals are agreed upon. Napag-usapan talaga namin kung ano ang dapat gawin at nagkasundo kami.”</p> <p>“... you try to collate lahat ng strengths nung tao. Whatever is working for them you stay with that. Ang gagawin mo lang is one small thing different. Mula doon ang sasabihin mo lang, we’re brainstorming. You let me know what you think you would like to do, would work for you tapos you experiment for it for seven days. Let me know if it works or not. If it’s not, would you like modify or totally change it or do the same thing... Collaborative ‘yan. Magtatanong kayo, how do you feel about this, what do you think of this, how about this?”</p>
Collaboration on Tasks	Typical (6)	<p>“At first, siya ‘yung nagsa-suggest for me kung ano ‘yung gagawin namin or kung ano yung ite-take naming na actions. Siyempre, nagsa-suggest po ako ng slight.”</p> <p>“In terms of relationship naman with the clients and the therapist, wala namang problem. So parang establish na rin kaagad ‘yon. Para bang may confidence naman na ang clients towards the therapist... Siguro dahil alam nila na you’re a doctor. The confidence level ng consultation ay nandoon na agad.”</p>
Personal Bond	General (8)	<p>“I think very professional lang. Patient-doctor, ganun lang... Hindi naman sa komportable pero more on professional lang.”</p>

For the third domain as shown in Thematic Chart C, both clients and clinicians were asked how they usually establish therapeutic alliance and how they would describe their relationship with each other during and after the provision of psychological service. They were also asked how they would describe the collaboration process between the client and clinician in terms of agreement on treatment goals and tasks.

The first theme and second theme described the extent of the clients’ and their clinicians’ agreement during sessions in terms of treatment goals and treatment tasks respectively. According to the clients’ responses, the clinician mainly handled the concern. Typically, at the time of their sessions, they have no or at least little idea about their own psychological concern, admitting that mental health was an aspect that they had not explored in the past but due to the severity of their problems, they decided to seek help from a professional. Clinicians tried to address both immediate needs with long-term goals even just from the first session.

Generally, the participants described the clinician’s and the service’s characteristics that helped establishing a more comfortable therapeutic relationship. Significantly, this research found that establishment of a professional approach happened between clients and clinicians. This described the core ideas of the clients on how they expected a professional approach of the clinician when they consulted as if they were consulting their concerns on an expert such as a doctor for sickness. The clients, although, were able to be comfortable, still kept some personal reservations, giving concise answers only

from the exact questions the clinician asks them. This created a sort of boundary and helped in focusing only on the problems at hand by keeping the ethical guidelines intact.

Bordin's (1979) formulation emphasized patient-therapist collaboration with the joint goal of overcoming the patient's suffering and self-destructive conduct. The therapeutic alliance, according to the author, consisted of three fundamental elements: agreement on treatment goals, agreement on tasks, and the formation of a personal bond based on reciprocal good sentiments. In brief, the best therapeutic alliance occurred when the patient and therapist shared beliefs about the treatment's goals and see the procedures employed to attain them as effective and meaningful.

For the fourth domain, the first theme under the fourth domain tackled the accomplishments and things that were not achieved by the participants after the early termination. The clients receiving problem-focused advice was considered as a gain even though some clients attended only one session. In terms of things that were not achieved, lost chances for further resolving psychological concerns emerged. On the other hand, clinicians also expressed gains and losses of their clients. Helping clients realized the roots of their problems for self-awareness, guidance on coping and handling situations through psychoeducation, and working through their situations through learned skills and tactics were some of the achievements the clinicians mentioned as gains.

Under the second theme, clients relayed that up to now, they still used the tips given to them by their clinician to better handle their condition months or years after the original session ended. From the clinicians' perspective, they also do hope that the clients can handle their conditions after the separation. The third theme found that some clients felt ashamed initially for their personal decision to end the psychological service. For the clinicians, they prepare clients before alliance rupture happens by reminding clients' agencies of their own progress to avoid difficulty in termination. Lastly, the fourth theme tackles the emotions evoked by the early termination from the clients and how they dealt with them. It also examined the overall description of the psychological service. When engaging with this challenge, clients and clinicians accepted the partialness of the therapeutic relationship, process varied emotions, mindfully react to difficult emotions, foster faith in the lasting contribution of treatment, and remain a secure base (e.g., open door policy).

## Thematic Chart D

### Domain 4. *Challenges of Ending*

Categories/Themes	Typicality	Illustrative Responses
Consolidation of Gains and Losses	General (8)	"Also in terms of the clients, they feel agentic. I can do this. Kasi meron kang goal na na-set. Sasabihin mo, you do self-care. Panalo na sila do'n sa therapist. You feel empowered, to be able to help the client. Alam mo na nabigyan mo sila ng psychoeducation . . . Feeling ko mas nakakadagdag sa resiliency din ng therapist, especially 'pagka strength-based talaga 'yung session." "And then, I remind them, "Remember you've done this before. You know how to look for yourself. Strength-based ka. You have to trust them to do what they think is best for them."
Maintenance of Accomplishments	Typical (5)	"I applied the advices I received like, makipag-negotiate sa work ko kasi dito nagmula anxiety ko and avoid overthinking." "Minsan, I have to confront them and say difficult task, I can repair the relationship kasi marami akong deposit ng emotional bonding eh."
Resolving Issues	Typical (4)	"I think sarili ko din kasi parang self-doubt tapos inconsistency... I think 'yung sarili ko rin 'yung nag-hinder sa akin ng ganun. Parang hindi ko kayang mag-commit." "Parang hindi naman lungkot na hindi mo naman sila nakikita na parang natutuwa ka na parang nalulungkot ka na parang hindi mo na sila ma-encounter na. Kasi may naidulot kang pagbabago sa kanila and it's something that really is priceless."
Acceptance Separation	of General (8)	

The fourth and last domain was anchored on the Consolidate-Maintain-Resolve-Accept model by Saidon et al. (2018) which identified four main challenges that therapists needed to actively assess and address for the end phase: (a) the progress and consolidation of gains achieved in therapy, (b) the maintenance and generalization of those gains in the future; (c) the celebration of the meaningful relationship alongside resolution of ruptures that may have occurred in it; and (d) the acceptance of the impending separation between therapist and patient.

## Conclusion

On the consensual qualitative study on the lived experiences of the clients and clinicians, four (04) domains were developed and a total of eighteen (18) categories/themes emerged. For the first domain, Evident psychological symptoms, being encouraged by their support network, and their own willingness were the factors for clients to seek the psychological service of a clinician in the first place. This study revealed the importance of mental health literacy, support network, and previous experiences influenced client to seek help. The second domain found that proper communication of clients' personal reasons and of clinicians' insights on these circumstances may influence their decisions to prematurely terminate or may lessen the impact of it.

Under the third domain, this study revealed that the three factors of therapeutic alliance mentioned by Bordin (1979) were evident also in Filipino clients and

clinicians. Both parties have important roles in the decisions and impact of premature termination. For the fourth and last domain, four main challenges have been identified that need to be actively assessed and addressed for the end phase: “(a) the progress and consolidation of gains achieved in therapy, (b) the maintenance and generalization of those gains in the future; (c) the celebration of the meaningful relationship alongside resolution of ruptures that may have occurred in it; and (d) the acceptance of the impending separation between therapist and patient”. This study found that the few sessions conducted by the clinicians and their short interactions with the clients had long-lasting impact, some negative but more of positive, for both parties. The early termination gave them lessons and evoked emotions that they endure even years after the incident.

Overall, this is a new and transformative experience for the researcher. The study initially expected to discover the negative impact of this phenomenon to both clients and clinicians as well as its ethical underpinnings. However, the researcher personally discovered how a short interaction with a mental health professional could have a large impact on the clients and vice versa, that even though due to unfortunate circumstances, their goals are not met. The early separation has more of a positive experience to both parties. It is reassuring for the researcher as a mental health advocate to know that clients are still grateful of their gains and losses and that somehow the clinicians help them to become better in the future.

Moreover, with regards to catalysts for help-seeking, clients who are undergoing psychological services should be aware of their different help-seeking behavior’ barriers and facilitators. Occasional mental health check-up for clients, especially those who have previous experience with consultations, is encouraged. In order to address and prevent discontinuing help-seeking, client must not be hesitant to inform of any concerning factors that could lead to early termination such as financial limitations or therapeutic alliance ruptures so that preventive or if not, remedial actions could be provided. On the other hand, clinicians should have a following-up system. Mental health should be given proper prioritization through the help of clinicians and supporting network. Psychological clinics, public and private, may put into consideration the aspects which need improvement in their therapeutic process, on how to strengthen each session conducted, and on discussing preventive and remedial measures with their clinicians to better address client’s needs in case of premature termination. If possible, have an open-door policy. Once termination has

ended, clients may want to return a few months or years later to refocus or to “check-in”.

To improve their therapeutic alliance, clinicians should thoroughly guide clients and give them agency on setting main goals and acknowledge their progress on each fulfilled goal. Clinician should be sensitive on clients’ cultural values and be open on familial relationship yet must always return on addressing primary needs of clients. To address the challenges of termination, clients may give feedback to clinicians of their evaluation of the psychological service. On the other hand, clinicians may reflect on client gains, and express pride in the client’s progress and the mutual relationship established. They should be open to discussing the ending of the therapeutic process and may try exploring preventive and/or remedial measures in case premature termination happens.

The research community is encouraged to pursue in-depth studies, not just on the termination phase, but also on other parts of a therapeutic process and a need for expanded study on how barriers and facilitators of health-seeking behavior, therapeutic alliance, and challenges of ending can contribute to the overall process and outcome of psychological service. Future researchers may consider involving another point of view or using different methods, other than qualitative research, like focus group discussion, deeper observation, or field study to validate the findings of this research and for a deeper understanding of this phenomenon.

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### **Affiliations and Corresponding Information**

**Bernard Christopher A. Catam**

Laguna College of Business and Arts - Philippines