

The empty chair: Making our absence less traumatic for everyone



By Dr. Ann Steiner, Ph.D.

Thinking about illness, disability, death, retirement and disruptions in our work are uncomfortable. It makes us squirm. As therapists we are not immune to denial. This is especially true when it comes to planning for our own absences from work. In the twenty-plus years that I have supervised and taught therapists, this has been the most difficult area for therapists to deal with and manage. In fact, most just don't deal with it.

"You will never die." Is that what you were told when you applied to graduate school? That is one theory I formulated when I began asking colleagues and workshop participants how they handle their absences from work and what plans they have for retiring or dealing with medical emergencies. The level of denial about mortality and limitations among therapists is impressive. Many therapists even talk about how fortunate they feel, because they can work well past normal retirement. A shocking number of therapists have not written a will, much less filled out a 'durable power of health-care decisions', a document that spells out your wishes about life-support systems and whether you want 'comfort care' if you have a medical crisis, are in an accident or are unable to make your preferences known. Underlying our denial is the common sentiment, "They'll have to take me out of here on a stretcher." When I give workshops I jokingly repeat the sentiment "Therapists never die." Unfortunately we do, and we need to help our clients cope with that final separation and the smaller

ones that occur along the way.

Florida state law requires therapists to place a newspaper ad announcing their upcoming relocation or retirement, as well as where former clients can get their records. Heirs to deceased therapists are required to place a similar ad, making public the fact that the therapist has died and providing contact information about how clients can obtain their files. Florida is one of the only states that mandates this system of public notification and transferring of client records. Fortunately, more mental health organizations such as the Canadian Psychological Association, the American Psychological Association, the American Association for Marriage and Family Therapy, the American Counseling Association and the National Association of Social Workers, have expanded their codes of ethics to require members to make provisions for transferring their clients in the event of their incapacitation or termination of practice.

It is uncomfortable to consider one's present and future vulnerabilities. Yet, by investing the time in the unpleasant task of writing out your Therapist's Professional Will, composing letters to be sent to clients in the event you are unable to do so, and drafting a script for your outgoing answering machine message, you will find unexpected relief. Knowing that you have tackled these uncomfortable yet important issues is surprisingly comforting.

Literature in this area is sparse. This paucity reflects our profession's

"A shocking number of therapists have not written a will. Underlying our denial is the common sentiment, "They'll have to take me out of here on a stretcher."

discomfort with the topic. Psychoanalytic authors were the first to write about illness or death of the therapist and its impact on clients. This was followed by a growing, though small, body of literature addressing the effects of pregnancy on treatment. Since then there has been little written advising clinicians about preparing clients for their retirement or unexpected absences (see references at end of this article.)

Having a plan in place ahead of time can also drastically reduce the stress of dealing with the complex issues that can arise when we are most vulnerable. Do you really want your colleagues to have to do damage control for you, without knowing your wishes, if you are in a car accident, have a family emergency or die? How we plan or don't plan ahead for predictable, normal life changes will affect our clients, colleagues, friends and family members.

Why we need to plan for unexpected absences

To get a flavour of the importance of starting this project, it may be helpful to put yourself in a client's shoes for a moment. For example, imagine the trauma of coming home from work to find a message from a friend asking whether you were going to attend a memorial service for your therapist. The last you heard from your therapist was a message canceling your appointment. You had no idea that your therapist had been ill.

Borrowing someone else's brain

In my writings about coping with illness, I refer to "borrowing someone else's brain," a process where, when one is ill, one needs to have someone else help think through difficult decisions. Borrowing someone else's brain is a temporary process that does not mean relinquishing permanent control or admitting defeat. Having a few trusted colleagues with whom you can discuss the emotional topics of retirement, leaves of absence, and significant medical problems is a true gift. When confronted with the death of a colleague, Mardy Ireland, Ph.D. and Kathy Mill, LCSW, came up with the concept of a bridge therapist, a trusted colleague who is selected in advance to serve a transitional, time limited function, for clients during the therapist's absence from practice.

There are a number of reasons to pick your ERT and your bridge therapist with care. Both you and your clients will rely on these trusted people when you are incapacitated. Additionally, they are being entrusted to protect you and your clients if your clinical judgment becomes impaired.

Words of comfort: This is a big project, emotionally and physically. You need not do it all at once. But you do need to do it. Unfortunately, few among us received training in how to handle disruptions in our practice due to our own personal emotional and medical crises. By simply taking this process one step at a time, you will make quick progress.

Suggestion: Take big breaths as you read this article. Remember that The Therapist's Professional Will and the other materials you will write are best viewed as works in progress. The most important thing is that you start now. Why not take ten minutes and start a temporary folder labeled "In Case of Emergency" What follows is a way to get started.

The nuts and bolts of creating your own emergency back up plan

Step one: selecting your Emergency Response Team (ERT):

Who covers for you when you are on vacations or at professional conferences? If your current back-up system works, consider asking them to be your ERT members and developing a system in which you serve as ERT members for each other.

Select one person to be your 'bridge therapist'. This person will be the ERT's primary contact person. Be sure to consider the age of each ERT "candidate." If possible, avoid having your entire ERT made up of colleagues who are planning to retire soon. Begin talking to colleagues you are considering having be part of your ERT. This process will be easier and more enjoyable if you work on it with trusted colleagues. Once you have formed a formal or informal group, make a plan for how often you want to meet. Consider scheduling these meetings monthly at the outset, tapering the frequency as needed.

Step two: What your ERT needs to know:

Start writing a rough draft of the information your ERT will need in order to make covering your practice in the event of an emergency less overwhelming. When your bridge therapist goes to your office, the last thing he or she needs is to have trouble finding information like phone numbers and which clients may need extra follow-up. By taking time to put this information together now, you will be reducing stress for your ERT and increasing their ability to be helpful to your clients. The ERT can operate most effectively if you keep a file containing a one to two page summary about each client. Clients with a history of suicidality and those who may have significant difficulty coping with your absence need to be identified and recommendations should be made for helping them.

Step three: Information for your ERT:

The complete Therapist's Professional Will is a comprehensive system that addresses the following major pieces of information:

- List active cases, updated at least yearly, include supervisees, consultees, appointment times and preferred contact phone numbers;
- Identify complex cases, highlight clients at risk of suicide;
- Brief client and group summaries, vital information about each client and or groups, including where to leave a confidential message;
- Recommendations for interacting with specific individual clients and group members;
- List of former clients from the prior year and significant former clients;
- Two sample letters for ERT to send clients to inform them of your death or temporary absence;
- Location and instructions for disposition of patient records, manuscripts, teaching materials, books, journals, or tapes;

- Directions for retrieving, changing and draft of preferred outgoing message for your office answering machine;
- List of Preferred referral therapists who have agreed to be listed for possible referrals in the future;
- Detailed directions regarding location of office and file cabinet keys, computer passwords, and other essential codes;
- Wishes and directions regarding memorial, including suggestions for groups.

Step four: The benefits of having an ERT

When the therapist becomes cognitively impaired

The possibility that therapists may become impaired, either as a result of a medical or substance abuse problem, is another taboo topic that has only recently been addressed. The Therapist's Professional Will includes a section about the help you want in the event that you develop a chemical dependence, organic illness, or mental illness that interferes with your judgment and/or jeopardizes your clients' well-being. The section entitled 'in the event of my mental incapacitation' spells out specific steps the ERT should take if they have reason to believe your clinical judgment is impaired.

Illness and death of a therapist

Family members are often besieged with calls and inquiries when you are ill. Thinking through, and spelling out your preferences while in good health will make dealing with illness or death less traumatic for everyone concerned, particularly close family members who may already have enough on their hands.

In addition to the 'instructions for the ERT,' it is important to think through, in advance, how you want your clients to be informed of unanticipated temporary or permanent absences. The last thing one ought to have to think about when in crisis is what to put in a letter for clients. So, draft a letter now. Feel free to draw from the sample on the next page.

Step five: Creating your list of referral therapists

This is a list of colleagues whom you would recommend as long-term therapists for your clients after the bridge transition. Before listing these therapists, be sure to speak with them to make sure that they are comfortable being on your list for future referrals. In addition to their clinical skills, you might consider the following:

- Whether the therapist is too close to you to be comfortable encouraging clients to discuss their anger about losing you, and other painful emotions.
- Whether your clients may have had social contact or dual relationships with either your ERT or therapists to which you plan to refer them.

Step Six: Essentials Your ERT Will Need

The Therapist's Professional Will requests that a member of the ERT put a note on the office door, notifying clients that you have cancelled appointments and to expect a phone call with further details. Depending on the type of practice, you may want to ask that an additional note be posted with the

name and telephone number of the ERT bridge therapist and suggest that clients call with questions.

Make three copies of your Therapist's Professional Will and memos with instructions and distribute them in the following way:

1. Put one in a safety deposit box, or other safe, secure location;
2. Keep one in your locked file cabinet;
3. Give copies to each member of your ERT, your attorney and executor of your personal will.

The 3 step quick plan of action

If you are not ready to make a complete plan yet, don't let it stop you from getting started. Complete just the following three steps and you will be far along the path.

1. Choose three colleagues and a bridge therapist to cover your practice in your absence;
2. Start creating your list of clients with their contact information;
3. Write out how your bridge therapist and ERT can find essential client contact information.

Viola! You have practiced what you preach about good self care! You have prepared for and protected your colleagues, clients and family from unnecessary trauma when you are gone. You have planned ahead for everyone's peace of mind. They will appreciate it more than can be imagined.

Conclusion

Reading this article is a step toward dealing with one of the more difficult aspects of being a therapist. Merely considering these issues is deserving of a healthy dose of self-congratulations, and once you've completed the ERT preparations, you might consider formally recognizing your effort with some kind of celebration. After all, the challenging work you've done has built a quality safety net for you and your clients.

Sample section

The following sample sections are **excerpts** from the latest version of The Therapist's Professional Will: The Complete Guide, CD-ROM™ which is available for purchase at: www.PsychotherapyTools.com. This CD includes an updated, more complete version of the materials, including downloadable forms that can be edited and saved on your computer. An introductory version of this material is currently available online in the "articles from past issues" section of: www.psychotherapy.net

The forms and worksheets are designed to take into account your personal and professional situation as well as the relevant state and provincial laws and regulations. It may also be beneficial to consult your local mental health guild organization, such as the American Psychological Association, or an attorney.

Forms and sample letters

In the event of my unexpected absence from clinical practice

Date < Today's date >

Dear Client,

If you receive this letter, it is because I have become temporarily incapacitated and am unable to call you myself. < Covering therapist > has mailed this letter, using my stationery, in accordance with an agreement we made in < month, year >. If you are currently in therapy with me, regretfully, this letter is to let you know that I am unable at present, <either to continue my psychotherapy practice or keep any further appointments. < Covering therapist >, will be handling my clinical practice. Please call her for an appointment or for information regarding an appropriate referral. I encourage you to speak with her about the emotions that this news stirs in you and that you take the time with either her or another therapist to deal with these feelings.

As you probably know, I feel strongly about the importance of allowing adequate time and discussion for clients' feelings about termination and other disruptions of treatment. If it is at all possible, I will make arrangements so that you can do that work with me directly. However, if, due to circumstances beyond my control, this is not possible, I hope that you will allow another therapist to assist you in that process.

< Include this paragraph in letters to be sent to former clients > If you are not currently in therapy with me this letter is to let you know that, at least for now, I am not available for consultation. Depending on the extent and duration of my incapacitation, I may not be available in the future. As I mentioned above, < covering therapist > is handling my practice. She can fill you in, and if you need to be seen before I return to work, help you find an appropriate therapist.

I have every confidence that < covering therapist > will handle this transition period ethically, competently, and discreetly for us all. Please feel free to contact her should you have any questions. She can be reached at < phone number >

Very truly yours,

Termination letter to be sent in the event of my unexpected death

Date < Today's date >

Dear Client,

In < year >, a group of trusted colleagues and I agreed to create a system to provide emergency coverage for each other's practices in the event of illness or death. Part of that agreement was to notify clients of both temporary and permanent absences if we were unable to do so ourselves. If you are receiving this letter it is because an unexpected illness or accident made me unable to complete the termination process with you in person. I deeply regret the added difficulty caused by our not being able to say goodbye in person. This letter is part of a plan we made for handling my practice in case of emergency.

If we had had the opportunity to say goodbye in person, I would have encouraged you to ask questions of me and try to resolve any unfinished business. I would have also taken the opportunity to give you feedback about my view of your progress. Hopefully, we have been addressing these issues throughout our work together.

Nevertheless, this letter has to serve as a poor substitute for my saying farewell in person. Because it is being written in advance, and no one can predict the circumstances of my death, I can only speak in generalities. The first is that I have felt fortunate to be able to work with the motivated, hard-working clients in my practice. The second is that it has been an honor to work with each and every client who opened him or herself up and allowed me to see his or her fears, dreams, vulnerabilities and strengths.

I am saddened to think that we were not able to say our good-byes in person. Since I was unable to help you with this final phase of our working together, I hope that you will allow another therapist to assist you in that process.

< Covering therapist > will be handling my clinical practice. Please call her for an appointment or for information regarding an appropriate referral. I encourage you to speak with her about the emotions that this news stirs up for you and hope that you take the time with either her or another therapist to deal with these feelings. < Covering therapist > can fill you in on memorial services and help you find an appropriate therapist. I have every confidence the < covering therapist > will handle this transition period ethically, competently and discreetly for us all. Please feel free to contact her should you have any questions. She can be reached at < phone number >.

In summary, thank you for allowing me to work with you. Losing a therapist is, under the best of circumstances, difficult. In some situations it can be traumatising. I hope that you will allow yourself to accept the professional support that is available to you.

With warm best wishes,

< Therapist's name >

Excerpted sections from The Therapist's Professional Will™

< *Therapist's Name* >

I. Intent.

This document specifies my wishes regarding matters related to my psychotherapy practice, in the event of my death or inability to work. My intent is to provide for an orderly and ethical transition concerning the care of my clients, and an orderly disposition of matters relating to the business of my therapeutic practice. Some clients may be strongly affected by my illness, incapacity or death. The following instructions are thus intended to reduce the stress to my clients, colleagues, and family.

II. Confidentiality.

This is a private and confidential document, to be available only to people I have designated to handle specific professional responsibilities in my absence, as set forth below. I have given each such person a copy of this document. Additional copies are located in < *locations: e.g., locked office file drawer/cabinet, safety deposit box, attorney's office* >

III. My personal will.

A separate, formal, legal will, related to my personal life, has been executed and filed and a copy is on file with my attorney, < *name, phone number* >, The executor of my personal will is: < *name, phone number* >.

IV. Emergency Response Team.

To handle clinical responsibilities in my absence, I hereby designate my Emergency Response Team.

A. Definition.

The Emergency Response Team (ERT) is a specific group of my colleagues who have agreed to assist me, or my estate, in case of my inability to carry out my professional role and responsibilities.

B. Membership.

The ERT may vote to replace members who have resigned. I authorize the following people as members of my ERT: < *Name, address, phone number* >

1. _____
2. _____
3. _____
4. _____

C. Bridge therapist.

The ERT will function more smoothly if one member serves as a coordinator or 'bridge therapist.' This is a transitional role of assisting clients with crises related to my absence. I authorize < *name* >, who has agreed verbally to accept this responsibility. If the current bridge therapist is unable to serve, I ask that the ERT members elect another member who has the time, energy, and ability to take on such a role.

D. Stipulation.

(Excerpted from 2004 format)

In the event of circumstances that interfere with my ability to continue in my role as therapist, I ask that my ERT colleagues consider the following requests and suggestions:

1. In all actions taken by the ERT, I request the ERT be mindful of the need to protect confidentiality and that they avoid unnecessary disclosures regarding clients.
2. I ask that the ERT ask my family members to respond to questions and needs only when absolutely necessary.
3. I ask that ERT members use their clinical judgment about whether to pass information from my clients to my family or me.

Note: The next few sections have been omitted

VII. Notifying my clients

- A. I ask the ERT to promptly inform my current and recent clients by telephone of my inability to return to work or my death.
1. Phone numbers for all current clients are located: *< e.g., in the front of the date book in my briefcase, in my PDA, in the client list in the red hanging folder labelled "emergency practice disposition guidelines" in the top drawer of my locked file cabinet, etc. >*
 2. Phone numbers for all clients I see currently and for significant former clients are listed the red hanging file labeled "emergency practice disposition guidelines." This file is located in: *< location >*
 3. I strongly prefer that any message left on a client's answering machine or with an answering service be limited to the request to return a phone call. An acceptable message might be "My name is _____. Your therapist, *< name >* has asked me to contact you regarding your appointments with *< him/her >*. Please call me at *< telephone number >*."
 4. In the event of my sudden incapacity or death, I ask that the ERT tell my clients as much or as little information as needed on a case-by-case basis to help them process their feelings. Please keep in mind that over time, whatever you disclose about me may become public knowledge.
 5. Some clients may ask questions and others may not. I ask that ERT members respond with as little or as much information as you deem appropriate.
 6. *< Optional >* In the event that I have a debilitating, terminal illness, I ask that the ERT discourage my clients from contacting my family or visiting me without my participating in this decision.
- B. I ask ERT members to cancel my pending appointments promptly and, to minimise disruption to my clients, to offer consultation or referrals to other therapists, or both. Pending appointments can be found in my confidential appointment book, which I keep *< in my office during work hours and in my home after work hours either on my desk, in my PDA or in my briefcase >*.
- C. In addition, I ask the ERT to send my current and former clients a letter notifying them of my circumstances. Please refer to the letter I have drafted for clients in the event that I am unable to contact them myself. I wrote these letters to guide the ERT in writing a similar letter to my clients. It is in *< location >*.

VIII. Maintenance of records

- A. Although state and local laws and regulations regarding record retention vary, generally records or a summary should be maintained for a minimum of 7 years, and up to 12 years before being destroyed. If a client is a minor, the record period is extended until 7 years after the age of majority. Outdated records should be destroyed, preferably shredded. Outdated confidential documents on my computer should be permanently removed by reformatting or destroying the hard drive.
- B. If the client requests, in writing, records should be forwarded to their new treatment provider. Some states and provinces give providers the option of giving clients their complete files or a summary. If my client summaries do not indicate my preference, please:
- Give records directly to clients who request them in writing.
- Only provide records to other healthcare professionals.
- C. Records not stored in my office can be found in: *< location, keyes etc >*.

Note: The next few sections have been omitted

XII. M

A. If a chem
interferes w

an appropriate m

B. If a m
them

nam

>.

C. < Opti > For additional
inform
therapist:

nam

>.

M current/form >

< nam >.

XIII. Conclusion:

any probl
chosen m
agreed to carry out m

Signature: _____

Date: _____

Discl
al
docum

l

m

aim

atters, check w

er: This info

Note: This docum
i
prohibited w

Note: These are excerpted sections of The Therapist's Professional Will only. For more information about The Therapist's Professional Will, visit: www.PsychotherapyTools.com

Continued overleaf...

Client contact summary sheet

(Excerpted from 2004 format)

Purpose: This form is designed to include information that your ERT should have before they place calls to cancel your appointments. It is intended to be used as a template that you can modify to meet the particular needs of your practice.

Suggestion: Keep updated copies of this form in a separate file labeled Client Contact Summary Sheets, and a copy in each client's file. Maintaining these forms will make it easier for your ERT to get current client phone numbers and essential client information.

Name of Client: _____ Date first seen: _____

Phone numbers: (Check which client prefers to receive messages)

Home phone: _____ OK to leave a message? Yes No

Work phone: _____ OK to leave a message? Yes No

Treatment modality:

Individual Couples Family Group

Frequency of sessions: Weekly Bimonthly Other

Name and phone numbers of emergency contact people to be notified in case of crisis, i.e.:

Family member: Name: _____ Phone: _____

Primary physician: Name: _____ Phone: _____

Psychiatrist: Name: _____ Phone: _____

Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____ Current GAF: _____ Highest in past year: _____

History of psychiatric hospitalizations and crises: _____

History or current risk of self-injurious behaviours, suicidality, danger to others?

Yes No

If yes, summarise danger: _____

Summary of client goals, progress and nature of transference: _____

Summary of group themes and challenges: _____

List of medical and psychiatric medications, with notation regarding any that may affect client's response to loss of therapist:

Medication: _____
 Dosage: _____
 Prescribing physician: _____
 Date started: _____

If multiple medications, list on back side of this page

Other drug use, i.e. Alcohol, Marijuana, Caffeine, Tobacco, Psychedelics, Methamphetamine, Heroin: _____

Other providers, i.e. psychiatrist, significant medication issues and complications that may arise:

Potential for legal action? Yes No
 If yes, briefly describe: _____

Recommend that file be retained indefinitely? Yes No
 Summary of clients' history with termination: _____

Suggestions for bridge therapist or ERT re therapist illness or death, include names of therapists likely to be a good match for client in your absence: _____

Additional comments: _____

Date updated: _____

Note: These documents are copyrighted. It is being made available without charge for personal use to individuals. Commercial use including reproduction, or use by organisations and for-profit businesses is prohibited without the author's written consent.

References

Therapist Absence

- Becker, E. (1975). *The denial of death*. New York: The Free Press.
- DeWald, P. (1982). A serious illness in the analyst: transference, countertransference, and reality responses. *Journal of American Psychoanalytic Association*, 30(2), 347-363.
- Gerson, B. (1996). *The therapist as person: life crises, life choices, life experiences, and their effects on treatment*. Mahwah, New Jersey: The Analytic Press.
- Gold, J.H., & Nemiah, J.C. (eds). (1993). *Beyond transference: When the therapist's real life intrudes*. Washington, D.C.: American Psychiatric Press, Inc.
- Guy, J., & Souder, J. (1986). Impact of therapist's illness or accident on psychotherapeutic practice: Review and discussion. *Professional Psychology: Research & Practice*, 17(6), 509-513.
- Kahn, F. (1998). *Ending a clinical practice in the event of disability, retirement or death*. The California Psychologist, 31(4), 32-33.
- Kauff, P. (1977). The termination process: Its relation to separation-individuation phase of development. *International Journal of Group Psychotherapy*, 27, 3-18.
- Levin, D. (1998). Unplanned termination: Pain and consequences. *Journal of Analytic Social Work*, 5(2), 35-46.
- Novick, J. (1997). Termination conceivable and inconceivable. *Psychoanalytic Psychology*, 14, 145-62.
- Rauch, E. (1998). A one session memorial group following the death of a therapist. *International Journal of Group Psychotherapy*, 48(1), 99-104.
- Samuels, L. (1992). When the analyst cannot continue. *The San Francisco Jung Institute Library Journal*, 10(4), 27-38.
- Steiner, A. (2001). When the therapist has to cancel. *The California Therapist*, 13 (1), 52-54.
- Steiner, A. (2002). The Emergency Response Team: A backup plan every clinician needs. *The California Therapist*, 16 (1), 69-77.
- Steiner, A. (2002) *The empty chair: making our absences less traumatic for everyone*. Available at www.psychotherapy.net.
- Steiner, A. (2004) The therapist protection plan: Preparing for expected and unexpected absences from practice. *The California Therapist*, 16 (1).
- Steiner, A. (2007) *The Therapist's Professional Will: the complete guide*. [CD]. Downloadable CD available March, 2007 online at www.PsychotherapyTools.com.
- Strickner, G. & Fisher, M. (eds). (1990). *Self-disclosure in the therapeutic relationship*. New York: Plenum Press.
- Weiner, M.F. (1978). *Therapist Disclosure: The use of self in psychotherapy*. London: Butterworths.

The Pregnant Therapist

- Cullen-Drill M. (1994). The pregnant therapist. *Perspectives in Psychiatric Care*, 30(4), 7-13.
- Grunebaum, H. (1993). The vulnerable therapist: On being ill or injured. In Gold, J.H., & Nemiah, J.C. (eds). *Beyond transference: When the therapist's real life intrudes* (pp 21-50). Washington, D.C.: American Psychiatric Press, Inc.
- Van Niel, M.(1993). Pregnancy: The obvious and evocative real life event in a therapist's life. Washington, D.C.: American Psychiatric Press, Inc. In Gold, J.H., & Nemiah, J.C. (eds). *Beyond transference: When the therapist's real life intrudes* (pp 125-140). Washington, D.C.: American Psychiatric Press, Inc.

Relocation and Retirement

- Canadian Medical Association. (2004). The non financial aspects of physician retirement. *Environmental scan and literature review*. Retrieved on February 18, 2007 from www.cma.ca/multimedia/staticcontent/CMA/Content/Images/Inside_cma/Physician-Health/English/pdf/Retirement-lit-summary.pdf
- Fieldsteel, N. (2006). When the therapist says goodbye. *International Journal of Group Psychotherapy*, 55(2), 245-279.
- Koocher, G. (2003). Ethical and legal Issues in professional practice transitions. *Professional Psychology: Research and Practice*, 34(4), 383-387.
- McGee, T. (2003). Observations on the retirement of professional psychologists. *Professional Psychology: Research and Practice*, 34(4), 388-395.

Related Resources:

Exit Strategies: A Plan and a Place For Your Estate Information. An interactive CD and workbook by Jeanne K.Smith

The CD covers Personal Information, Legal Issues, Household, Health, Insurance, Vehicles, Finances, Final Arrangements and Spiritual Issues. You can adapt the data pages to fit your individual/ family needs. The CD can be ordered online at www.exitstageright.com.

Acknowledgements:

In putting together the Therapist's Professional Will I have drawn on the work of Frances Kahn, Jacques Rutsky, Lori Samuels, Daniel Taube and Michelle Licht.

Each author has brought new insights and suggestions to this important, complex, and taboo topic.

Special thanks is due to the members of the Benicia Therapists Network, and countless others. I am indebted to the contributions made by each of them. I am especially grateful for the contributions made in the unpublished work of: Mardy Ireland, Cornelia St. John, Jane Burka, Kathy Mill, and Katherine Hatch.

About the Author

Dr. Steiner, Ph.D, is an Associate Clinical Professor at the Department of Psychiatry, University of California Medical School, San Francisco. She is a Fellow of the American Group Psychotherapy Society and is also a founding member of the National Registry of Group Psychotherapists and the American Orthopsychiatric Association's Disability Study Group. Steiner was president of the Northern California Group Psychotherapy Society.

She maintains a private practice in Northern California where she has been teaching, supervising and consulting to therapists for 26 years. In addition, she provides private consultation about designing individualized therapist's professional wills.

Steiner is a keynote speaker and presenter for professional and consumer organizations nationally and locally, and writes for consumers and therapists. She offers a wide



Ann Steiner, Ph.D.

range of presentations, including hands-on workshops about the The Therapist's Professional Will. A comprehensive CD version of the workshop, The Therapist's Professional Will: The Complete Guide CD-ROM™, is available for purchase online at

www.PsychotherapyTools.com.

This CD includes an updated, more complete version of the materials, including downloadable forms that can be edited and saved on your computer. For questions about this material or for information about speaking to your group, consultations, providing in-service trainings for your organisation, or other ways to share these materials with more

professionals, she can be contacted at info@PsychotherapyTools.com.



The Therapist's Professional Will: The Complete Guide™

ABOUT THE THERAPIST'S PROFESSIONAL WILL

While the concept of a Therapist's Professional Will—a document detailing your wishes for the continuing care of your clients in your absence—Resonates with most helping professionals, the prospect of putting one in place is daunting for nearly all of us. By making the commitment to create your own Therapist's Professional Will, you will have done everything possible to assure the continuity of care for your clients, and given yourself more peace of mind.

ABOUT THE CD:

"The Therapist's Professional Will: The Complete Guide™" CD-ROM with its easy-to-follow worksheets, is the definitive guide for therapists committed to their clients' well-being in the event of their temporary, prolonged or permanent absence. On this enhanced CD, Dr. Steiner takes the critical issue of providing therapeutic continuity for clients from concept to practical application. A clear, informative guide, the CD walks you through the process of creating your own tailored plan. Built into this guide are easy-to-do interactive worksheets to fill in on your computer or in printed form, sample letters for clients, and of course, The Therapist's Professional Will.

The Complete Guide CD-ROM™, is available for purchase online at www.PsychotherapyTools.com