Check for updates

Received: 28 September 2020 | Revised: 3 December 2020 | Accepted: 4 December 2020

DOI: 10.1002/capr.12379

ORIGINAL ARTICLE

WILEY

An exploration of ending psychotherapy: The experiences of volunteer counsellors

Lydia Success Ling CPsycho[1] | C. Haroula Stathopoulou PsychD[2]

[1]Bucks Adult Eating Disorders Service, The Whiteleaf Centre, Oxford Health NHS Foundation Trust, Aylesbury, Buckinghamshire, UK

[2]School of Psychology, University of Bedfordshire, Luton, UK

Correspondence
Lydia Ling, Oxford Health NHS Foundation Trust, Bucks Adult Eating Disorders Service, The Whiteleaf Centre, Aylesbury, Buckinghamshire, UK.
Email: lydia.ling1@yahoo.co.uk

Present address
Lydia Success Ling, School of Psychology, University of Bedfordshire, Luton, UK

Abstract

Background/aims: Literature suggests that the ending phase of therapy can be difficult and challenging for counsellors. Despite this, there is limited research in this area and no study has specifically looked at the experiences of volunteer counsellors. This is the first study to explore the experiences and challenges of volunteer counsellors and the impact of ending therapeutic relationships.

Method/design: A verbatim account of semi-structured interview data was analysed using thematic analysis. The participants were six volunteer counsellors working in a mental health charity.

Findings: Three main themes were identified during the analysis—length of therapy, impact of organisational structure and strategies for managing challenges.

Discussion: The counsellors perceived the fixed number of eight sessions as insufficient to address the presenting issues and problematic with regard to managing endings. The organisational structure (most likely influenced by the commissioning contracts) had a particular impact on these experiences. Endings were generally experienced as challenging; however, some of the participants perceived the time-limited therapy as helpful in working with less difficult and complex issues.

Clinical implications: The study highlighted the need for an ongoing consideration of the impact of inflexible regulations/structure by counselling organisations and funding bodies in order to empower and enable these clinicians to practice and manage endings effectively. There is need for therapeutic settings to consider flexibility of therapy length and allow volunteer counsellors to offer their services with some degree of autonomy. Services could think of creative ways of offering interventions based on clients' needs and complexity of presenting problems.

KEYWORDS

endings, psychotherapy, termination, thematic analysis, volunteer counsellors

Contributing author: C. Haroula Stathopoulou (haroula.stathopoulou@beds.ac.uk)

© 2020 British Association for Counselling and Psychotherapy

1 | INTRODUCTION

The ending of psychotherapy/counselling is a transition in which the counsellor and the client progress from working together to inevitably going their separate ways (Gutheil, 1993). Research suggests that the therapeutic relationship involves building a professional relationship that is finite and the ending phase can raise painful feelings and challenges for counsellors (Boyer & Hoffman, 1993; Pearson, 1998; Quintana & Holahan, 1992; Roe et al., 2006).

Quintana (1993) defined ending in psychotherapy as a loss, with potential for crisis as well as the opportunity for emotional development. Gelso and Woodhouse (2002) suggest that psychotherapists view the ending phase as a complex stage of the therapeutic process. Others suggest that the focus of therapy during this phase is crucial to review the progress of therapy and set goals for future development (Marx & Gelso, 1987).

However, very limited research has explored the experiences and views of counsellors on ending therapy with clients. This is the first study to date to explore the experience of endings by volunteer counsellors. Studies suggest that the possible reason for limited research evidence on this subject is due to the deep-seated anxieties it can raise for counsellors (Wittenberg, 1999; McLaughlin, 1999, cited in Bamford & Akhurst, 2014).

Endings in counselling often have been found to trigger strong and difficult feelings for the counsellor such as anxiety, sadness and feelings of loss and separation (Firestein, 1978, cited in Fragkiadaki & Strauss, 2012). It may trigger past experiences of loss and unresolved grief for some counsellors (Joyce et al., 2007). Others perceive it as a painful and sad time involving defences, separation and difficulties (Graybar & Leonard, 2008).

1.1 | Literature review

Gould (1977) suggests that the past experiences of loss by counsellors are responsible for making the end of therapy more challenging or difficult. This thinking that all terminations involve loss originated from much of the early literature based on the psychoanalytic perspective. A study by Boyer and Hoffman (1993) supports this view by suggesting that the loss history of counsellors was predictive of counsellors' emotional reaction to endings. They found the most recent and significant losses experienced by counsellors, such as loss of a loved one or divorce, were significantly responsible for the anxiety of counsellors during endings. As a result, Graybar and Leonard (2008) suggest that this phase of therapy should be treated with care and thoughtfulness.

Research also suggests that unplanned endings or a therapeutic relationship that ends abruptly can leave therapists with 'unanswered questions' and provoke more negative feelings (Willock, 2007, cited in Fragkiadaki & Strauss, 2012). This could be intensified when the therapist has a history of painful losses and separations (Penn, 1990). Accordingly, Goodyear (1981) suggests the need for counsellors to grieve significant personal losses in order to avoid the trigger of more sadness during endings with clients. Wittenberg (1999) conceptualised therapeutic endings as a 'weaning process' rather than a 'termination'. This means clients are provided with the opportunity to address the positive gains made during the counselling process. This phase was viewed as a 'transition' rather than an 'event'.

According to Graybar and Leonard (2008), clients' presenting problems and the length of therapy can affect the reaction of both the counsellor and client with regard to the ending phase of the therapy. According to them, a counsellor may not experience strong emotional responses to ending with clients whom they worked with for a short period of time on vocational issues or mild stress/anxiety issues.

An important issue for consideration is the number of therapy sessions and its relationship to improvement. The dose–effect model of therapy study by Howard et al. (1986) suggests an optimal length of treatment with psychotherapy. This is where more sessions are assumed to result in measurable improvement, but raises the obvious question of 'how much is enough?' The model recognises that effective dose varies across cases and symptoms. It suggests that the counsellor and the client should collaboratively decide when to end treatment/therapy.

On the contrary, the responsive regulation model (Barkham et al., 2006) emphasises the level of an improvement, where by treatments are likely to end when clients have improved to a 'good enough level'. The good enough level is when the client reaches their goal or has made an acceptable amount of progress. This involves adjusting the length of therapy to reflect satisfactory outcome or a good amount of improvement. In this model, the therapist is expected to make a responsive, appropriate decision about the duration of therapy, but stresses the need for the client to be a part of the decision making. The responsive regulation model supports an individualised treatment period rather than a standardised length, suggesting that clients and therapists may agree to determine the appropriate length of treatment rather than this being decided by administrative policy (Stiles et al., 2008).

According to a meta-analysis study by Stiles et al. (2008), 75% of patients showed improvement in 26 sessions of psychotherapy across primary care settings in the United Kingdom. The researchers stated that the type of the setting, the nature and severity of the problems, as well as the available resources were a combination of factors that could affect how quickly clients improve and when treatment can be terminated. However, Eckert (1993, cited in Stiles et al., 2008) and Reynolds et al. (1996), in an earlier study, indicated that setting time limits in therapy may quicken the process of therapy and the rate of improvement. The researchers noted that the effort by the therapists to maintain a clear focus and ensure specific, but limited, goals was a potential catalyst for change. Length of intervention remains a relevant issue when considering outcomes and endings.

Fragkiadaki and Strauss (2012) and Bamford and Akhurst (2014) are amongst the few researchers that have investigated counsellors' experiences of endings. Fragkiadaki and Strauss (2012) explored the

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

experiences of 10 psychoanalytic and psychodynamic therapists. A grounded theory analysis was used to identify five themes—'therapist as a person', 'therapist's awareness of termination', 'development of therapeutic relationship', 'working through termination' and 'post termination phase'.

The study proposed a model which explains the therapist's journey through termination of therapy with their clients. The participants were interested in their clients' experiences of therapy post discharge, as their feedback would be important for their professional development and growth. The researchers concluded that end of therapy is a stage that needs to be thoroughly worked through and is an opportunity for therapists to reflect and learn from their practice.

The study by Bamford and Akhurst (2014) explored the impact of ending therapy on school counsellors working with children in socially deprived areas. The study analysed data by five counsellors of different therapeutic models who all practised with a child-centred approach in mind. Interpretative phenomenological analysis (IPA) was used to analyse the interview data. Four overarching themes were identified, and the most relevant to the research question was 'empathic identification'. This is relevant in particular to feelings of joy or anger and sorrow shared between the clients and counsellors when ending therapy.

The study states that these feelings were retained and relived by the counsellors. Different reactions to endings were reported ranging from excitement, warmth, contentment, distress, frustration and feeling drained. Unplanned and premature endings were associated with negative feelings of shock and disempowerment on behalf of the counsellors. The use of supervision was seen as a support mechanism which helped them reflect and look after their well-being. The findings indicate that the counsellor's experiences of ending can bring long-term powerful feelings for them.

Bondi, Fewell, and Kirkwood (2003) identified three overlapping reasons why a large number of highly qualified counsellors freely give their time and expertise. Their desire to support the work of the counselling agencies by volunteering as a counsellor was viewed as personally rewarding and meaningful and as an expression of commitment to freely give back oneself. Another study by Bondi, Fewell, Kirkwood, and Arnason (2003) reported that voluntary counselling agencies experience pressure from funding bodies to put certain structures in place to manage the fund that has been provided. Therefore, voluntary counselling agencies may be limited to what they can offer to volunteer counsellors because of their contractual agreement. This may have an impact on therapy length and a subsequent impact on managing endings by therapists.

This study aims to explore the experiences of volunteer counsellors of ending therapy. It aims to understand, create awareness and acknowledge the challenges and the impact endings may have on volunteer counsellors with the view to identify any support needs. The rationale for this research was based on the lack of studies investigating volunteer counsellors' experiences of ending therapy and the particular interest and personal experience of the main author. The main author was a volunteer counsellor at the time of the research.

1.2 | Ethics

The study was approved by the Department of Psychology Ethics Committee at the University of Bedfordshire and the counselling charity. All legal and ethical practice guidelines/protocols as proposed by the code of ethics and conduct of the British Psychological Society (BPS; 2009) were strictly adhered to.

2 | METHOD/DATA ANALYSIS

A qualitative research method design was used in this study. This method highlights experiences, meanings and the views of the individual participant. Its main aim is to understand and represent people's experiences as they encounter, engage and live through situations (Elliot et al., 1999). The study used face-to-face semi-structured interviews for data collection. The interview questions were designed based on the study aims, existing literature and consultation with the research team.

Thematic analysis method was used to analyse the data according to the guidelines provided by Braun and Clarkes (2006). This technique is used to investigate, identify and report themes or patterns within data. This approach was considered most appropriate to be employed in this study in order to derive detailed information from the participants' point of view and from their personal experiences. The main author acknowledged challenges in conducting the research with colleagues and was aware of how this might have influenced the responses of the participants. She kept a reflexive journal throughout the interviews and endeavoured to remain impartial throughout the research process.

2.1 | Participants

A purposive sampling method was used to recruit participants. Access was gained through the clinical lead of the counselling charity. The participants were recruited through poster advertisement of the study. A total of six volunteer counsellors took part in the study (five female and one male). The participants' ages ranged between 49 and 66 years. All participants were British citizens, and their length of volunteering ranged between seven months and seven years. Three of the participants described their therapeutic orientation as humanistic (person-centred), two described themselves as integrative counsellors (multimodel), and the sixth participant trained in individual psychology model (Adlerian Psychology). Table 1 includes the relevant demographic data collected.

3 | FINDINGS

Thematic analysis was used to analyse the interview data. The analysis generated three main themes and ten subthemes—(a) length of therapy (the challenges of prescribed time-limited therapy sessions),

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 1 Participants' demographic data

Participant's Pseudonym	Age	Gender	Years of experience	Therapeutic orientation	Nationality
Rosemary	66	Female	7 years	Humanistic	British
Ruth	51	Female	7 months	Integrative	British
Chloe	49	Female	2 years	Adlerian	British
Gary	56	Male	4 years	Integrative	British
Gaby	50	Female	5 years	Humanistic	British
Blessing	53	Female	4 years	Humanistic	British

TABLE 2 Main and subordinate themes

Main themes	Subordinate themes
Length of therapy	Sense of frustration
	Clients leaving therapy with unresolved issues due to superficial treatment
	Implication for type of presenting issues
Impact of organisational structure	Inflexibility
	Issues with assessment process
	Lack of autonomy
Strategies for managing challenges	Referral and signposting
	Planning ending from the onset of therapy
	Revolving door policy/strategy
	Supervision support

(b) impact of organisational structure (inflexibility and assessment procedure), and (c) strategies for managing challenges (the participants developed coping strategies to manage the challenges they encountered with endings).

The main themes and subordinate themes can be found in Table 2. The raw data are illustrated by verbatim anonymised transcript extracts in italic script. The study provides evidence to suggest that the volunteer counsellors encountered difficulties in relation to managing therapeutic endings.

3.1 | Theme 1 - Length of therapy

The length of therapy is the period a client is engaged in therapy. Individual therapy session usually last 50 min and commonly occur once a week. This theme refers to the participants' experiences of therapy length and the impact on the support they could provide to their clients. The challenges of focussing on goals during therapy rather than engaging in in-depth counselling were expressed.

> …So you have to work within the goals and solution focused which sometimes isn't appropriate particularly where you are dealing with abuse and trauma. So I still find that very frustrating…
>
> (Rosemary)

The counsellors expressed concerns about managing clients' issues superficially due to the limited number of sessions. One participant described it as 'putting a sticky plaster on'. This could mean that they were worried about going into depth about clients' issues in order to avoid potential harm. One of the participants described it as opening a 'can of worms' that cannot be managed and another reported that it was not safe to do so. As a result, the counsellors expressed concern about some clients leaving therapy with their issues unresolved.

> …. But I think also there are a number of people where it isn't good for where they have deep-rooted stuff that if you're not careful otherwise you open up a whole can of worms and then somehow you have to put it all back together again before the eight weeks are up and I think that could be sometimes quite challenging…
>
> (Ruth)

The prescribed eight-session therapy length was viewed by the participants as insufficient and it was considered a barrier to the experience of good therapeutic outcomes for the majority of the clients. The participants suggested that it affects what clients were prepared to discuss during therapy and some felt the clients were holding back on their issues due to the limited time frame. Such time restrictions may have placed pressure on both the counsellors and clients, resulting in a higher than usual dropout rate. Gary indicated this as common in the organisation:

> …It's easy to rationalise the reasons why they haven't come back but I think because that happens quite a lot here from what I can gather it is kind of… the nature of the work really…
>
> (Gary)

The eight counselling sessions (time-limited) were considered insufficient to support clients with more difficult and complex mental health issues. One of the participants recognised that the brief nature of therapy allowed some clients to focus during treatment, while others acknowledged that the prescribed length of therapy was suitable 'at times' in addressing less complex cases, suggesting that clients' presenting problems can affect the way the counsellors experience the end of therapy, as demonstrated in the quote below:

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

> …In many ways eight weeks is quite good for a number of people. I have noticed that some clients are more focused due to the short-term nature of the work… but also there are a large number of people where it isn't good as they have deep-rooted stuff to deal with… so ending with these clients can be very challenging
>
> (Ruth)

Despite the negative impact of the length of therapy sessions, the participants said that they continued to volunteer for the charity organisation as a way to give back and to support clients, particularly those who cannot afford to pay for private counselling.

3.2 | Theme 2 - Impact of organisational structure

This theme discusses the views of the counsellors regarding the way counselling is offered by the organisation—with inflexibility and assessment processes resulting in the experience of lack of autonomy. The participants perceived the eight fixed sessions as inappropriate. The counsellors believed that having flexibility around the number of sessions offered would enable all clients to experience positive therapeutic outcomes and enable endings to be less difficult or more manageable. Others suggested a two-tier system, in which clients could be allocated to different therapy lengths according to their presenting issues.

> …I think if (name of organisation) … had like a two tier system if you like so there was a set of clients that eight sessions would be useful for and another set of clients where they might need about 16 sessions, yeah where they were able to allocate clients to different sort of session lengths. I think that would be useful…
>
> (Gary)

However, one of the participants suggested that the organisation may not be willing or able to implement this due to contractual agreements with the funding bodies.

> …but I know it is funding issues, they are told what to do and…
>
> (Chloe)

Some of the participants made comments such as 'I have no voice to say anything or make any changes' and 'I don't have a lot of choice'. One of the volunteer counsellors explained a situation in which a client had suffered bereavement during therapy and still had to finish within the eight-session time frame:

> …You have to be really, really be 'boundaried' and that is hard sometimes… and if something else happens in the course of the counselling like I had one lady who came with one issue and three weeks after she started, had a serious bereavement but you can still only offer eight sessions - so it is really difficult…
>
> (Chloe)

The counsellors described a sense of helplessness due to the assessment process in place by the organisation. The assessment is undertaken by an employee of the charity, and the eight therapy sessions are delivered by a volunteer counsellor. In the assessment notes, the volunteer counsellors are told what they can or cannot work with. The counsellors expressed that some of the issues they are asked not to work with can sometimes be the root cause of the client's current difficulties. The participants expressed discomfort in having awareness of a deeper, relevant issue for the client and not addressing it, as articulated by Ruth:

> …I have a client starting tonight who has some very bad historical sexual abuse issues and it actually says in the assessment note in the eight weeks you are not really being able to go there. So it is sort of… but it is quite difficult…sitting there with those sorts of issues and not actually going into them or addressing them….
>
> (Ruth)

Some participants felt they lacked control about the length of sessions needed in order to meet the best possible outcomes. This lack of autonomy was viewed as a constraint by all the participants who described it as a 'helpless situation'. Interest was expressed by the counsellors in deciding when to bring therapy to an end because they believed as trained professionals, they should be trusted to determine when a client had made a good enough improvement, as shown in the quote below:

> …, but I still think it would be great for those odd ones where we could choose when that ending is, rather than be prescribed… if feels helpless…
>
> (Ruth)

Despite the constraints of the structure and limited numbers of therapy sessions, a number of the participants reported some positive outcomes. This was associated with positive changes in the client within the eight-week period, as stated by Blessing:

> … during therapy with some clients, you can kind of feel that something is happening, some change is happening and you feel that the counselling is actually working for the client… I always feel elated when I come to ending with somebody like that…
>
> (Blessing)

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

3.3 | Theme 3 - Strategies for managing challenges

This theme captures the different strategies developed by the participants in navigating the challenges they experienced with ending therapeutic relationships with their clients. All the participants found ways to cope with the difficulties the structure of the organisation posed for them. One interviewee said 'I learn to adapt'. Others resorted to teaching clients coping skills and strategies within the limited time instead of in-depth counselling. Although this was not endorsed as appropriate, it was considered as better than nothing, as articulated by Rosemary:

> …It's difficult because you are time constrained so you can only give… coping strategies… sometimes it works… but it's better than nothing… but quite often they need more in-depth counselling…
>
> (Rosemary)

The participants planned endings from the beginning of the counselling relationship and engaged in solution and goal focussed ways of working. The participants argued that a goal-orientated way of working was not perceived as actual counselling; rather, they perceived it as a 'better than nothing' solution, as voiced by Rosemary:

> …you are planning for the end at the beginning so you are looking at goals - in particular for (name of organisation) when you know you have got limited sessions… It is not what I want to do but it is better than nothing…
>
> (Rosemary)

Another way the counsellors managed their challenges was to refer or signpost clients to supporting networks that focused on well-being. The counsellors acknowledged that some clients may have issues with groups due to confidentially and trust issues, but given the circumstances, this was a considered option.

> ….But I do try and find other things that they might move onto and for some of them joining a group or maybe introducing them to other things that they could do……. the well-being centre or things like that … something to help them ride the wave… it is better than nothing…
>
> (Rosemary)

The participants also stated that they explain the constraints of the system to clients needing referral/signposting at the end of therapy.

> … I explain the constraints within the system…offer them various groups they can join… so that they don't feel as if the door is completely closed on them…
>
> (Blessing)

Another common coping strategy adopted by participants in managing endings and the associated challenges was the use of the revolving door system in place by the organisation. This is a policy where the clients were allowed to come back for more counselling after a three-month period. However, the client had to either self-refer again or be re-referred to the agency and would have to go through the assessment process before they can re-engage with counselling, as stated below:

> …With those clients… I inform them that they can come back into the service after three months; this is the rule of the agency …
>
> (Gaby)

Although the majority of the participants adhered to this policy, others did not feel comfortable with it and felt it was not appropriate:

> ….One of the things I think is a shame is that they suggest a client waits three months before they come through the system again…. I don't think that is entirely appropriate…
>
> (Chloe)

In addition, all the participants said that they prepare for endings by discussing it in supervision. They used supervision as a means to talk about their feelings and address the challenges related to managing endings.

> …In supervision obviously we talk about the endings for each of the clients quite often anyway so that is something we check out and it's helpful…
>
> (Ruth)

All participants found that they had to develop strategies to help them manage their own feelings as well as their client's expectations. They mostly perceive ending after eight sessions as problematic and premature.

4 | DISCUSSION

The study utilised a thematic analysis method in analysing the data, which generated three main themes—'length of therapy', 'impact of organisational structure' and 'strategies for managing challenges'. Six volunteer counsellors working in a mental health charity took part in the study.

The findings of the study highlighted some similarities with previous studies in the experience of managing endings by therapists. However, some factors were unique to the volunteer counsellors in this study. The present study suggests that the counsellors experienced challenges and difficulties in managing the ending phase of therapy with their clients. This is in line with previous research

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

acknowledging that this phase of therapy could be difficult and challenging for counsellors (Bamford & Akhurst, 2014; Pearson, 1998; Roe et al., 2006).

Previous research focussed on counsellors' reaction to endings (Bamford & Akhurst, 2014; Fortune, 1987; Fortune et al., 1992). However, the present study focused on the experiences, challenges and impact of managing endings by volunteer counsellors. The end of therapy represented a memorable and vital experience for all participants in the study. The narrative account of the experiences of the counsellors provided answers to the research questions.

Regardless of the years of experience of the participants (7 months to 7 years) and their therapeutic orientations (humanistic, integrative and individual/Adlerian Psychology), all the participants reported experiencing a negative impact of managing ending due to short and fixed therapy length. The prescribed therapy length was considered unsuitable and insufficient to support and help clients, particularly those with more difficult and complex presentations.

The participants expressed a sense of frustration as the level of support they could provide was significantly affected. Consequently, the participants focussed on setting goals and coping strategies during therapy rather than engaging in a deeper counselling process. This was perceived by some of the participants as defeating the purpose of the counselling relationship. Cracknell (1987) defined the counselling relationship as an opportunity for the client to explore themselves and find ways of living a resourceful life.

The participants suggested that the fixed therapy length affected what clients were prepared to discuss during therapy and felt the clients were holding back on their issues due to the limited time frame. Such time restrictions may have placed pressure on both the counsellors and clients, resulting in a higher than usual dropout rate. The participants felt that the numbers of sessions could either be increased or be flexible in order to meet the individual needs of the clients.

In addition, the participants suggested a two-tiered system in which clients could be allocated to different therapy lengths according to their presenting issues. This seemed to fit with the responsive regulation model by Barkham et al. (2006), suggesting a 'good enough level' of improvement in which the therapist and client are expected to make a responsive, appropriate decision about the duration of therapy. It involves adjusting the length of therapy to reflect satisfactory outcome or a good amount of improvement. This model supports an individualised treatment period rather than a prescribed or standardised length as experienced by the participants. Stiles et al. (2008) support this model by suggesting that clients and therapists may agree to determine the appropriate length of treatment rather than this being determined by administrative policy.

Furthermore, the participants felt voiceless and powerless in being unable to influence the prescribed length of therapy in place due to restrictions by the funding contract. This finding is in line with the research by Bondi, Fewell, Kirkwood, and Arnason (2003) reporting that voluntary counselling agencies can experience pressure from funding bodies in order to deliver their contractual agreement. This may have a bearing on how volunteer counsellors are operating within the organisations and negate the subsequent ability to provide effective counselling services and manage endings in particular.

However, despite the constraints of the inflexible structure and fixed therapy length imposed by the organisation, a few participants reported positive endings depending on the client's presenting problems. One participant (integrative counsellor) acknowledged that the brief nature of the therapy allowed some clients to focus during treatment; others (humanistic counsellors) suggests it is suitable 'at times' in addressing less complex cases. This is in line with Graybar and Leonard (2008), who suggested that counsellors may not experience strong emotional responses or have difficulty ending therapy with clients whom they worked with for a short period of time on vocational issues, career choice or mild stress/anxiety.

The participants described lack of autonomy and expressed disappointment in the assessment process by the organisation. Assessments were conducted by a paid counsellor who would decide the type of issues the volunteers counsellors could and could not address. The volunteer counsellors felt disempowered to offer counselling services for which they were trained and felt frustrated about having information and possibly knowing the root causes of the clients' issues, but being unable to address them if relevant. This is a unique and novel finding that negatively impacted on how endings of therapy were managed by this group of practitioners in this organisation.

Therefore, it could be argued that the inability of the counsellors to address the root cause of a client's problem can result in superficial treatment or putting on a 'sticky plaster' over a wound, as described by one of the participants. This was perceived to result in clients leaving therapy with unsolved issues and being ineffectively treated.

A meta-analysis study by Stiles et al. (2008) reported that 75% of patients showed improvement in 26 sessions. This was across primary care settings where mental health cases are commonly treated. This highlights and supports the challenges faced by the volunteer counsellors in this study who had to work with similar presentations with an eight-week inflexible therapy length.

The dose–effect model of therapy length suggests an optimal length of treatment, and the responsive regulation model supports a 'good enough' level of improvement. Both models suggest clients should be offered a generous number of therapy sessions as opposed to a prescribed length of therapy. Thus, the organisational structure in place for these volunteer counsellors is perceived as a barrier to achieving good outcomes and managing endings.

Levinson (1977) suggests that a well-managed ending by therapists can prepare and enable clients to manage future endings effectively and provide them with the opportunity for future

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

development, suggesting that the onus may be on the counsellors to thrive in managing this phase of therapy regardless of the difficulties.

This could explain why the volunteer counsellors developed strategies to manage the counselling process and endings. The majority of the participants focussed on coping strategies and specific goals during the therapy sessions. This was seen as a negative adaptation without always acknowledging the benefits.

However, studies suggest that the process of counselling should be used to address and explore the difficulties presented by clients and indicate that goal setting should happen during the ending phase of therapy (Marx & Gelso, 1987). This provides evidence for the conceptualisation of the end of therapy as a 'weaning process', which suggests that the end of therapy is used to set goals for future development (Wittenberg, 1999) as opposed to being the focus of counselling.

This may highlight concerns about implementing specific goal focussed strategies by the counsellors during the therapeutic process. However, the participants felt that this was better than nothing for the clients and it enabled them to make the best use of the time-limited therapy length. Research suggests that clients with several mental health problems may not benefit from goal-orientated counselling (Blatt et al., 1995). Thus, this method may need to be applied carefully and selectively.

The counsellors also expressed planning endings from the onset or beginning of the counselling relationship. This is supported in the literature on endings in short-term therapy. For example, Kramer (1990) suggests that the ending should be among the first topics to be discussed during therapy and that the clients should be well informed about the intention and finite nature of therapeutic relationships. Similarly, Lendrum (2004) indicated that endings are agreed from the beginning of therapy in short-term work as opposed to long-term therapy.

In addition, the volunteer counsellors stated that in order to make the clients feel supported, those who needed additional support were referred or signposted to different supporting networks, such as well-being groups, for further support. This is in support of a study by Davis and Younggren (2009), who suggested that making recommendations or referrals at the end of the treatment is appropriate. This was seen as an ethical responsibility of the counsellor.

The counsellors stated that they used the agency's 'revolving door policy'. The clients who have not made 'good enough' therapeutic progress/improvement or gains after the eight counselling sessions were asked to come back after a period of three months. The counsellors reluctantly implemented this policy in response to their duty of care and genuine concerns about the well-being of their clients.

The narratives of the participants revealed the use of supervision to talk about their feelings and challenges, particularly in regards to avoiding potential harm to the clients and in managing endings. Mackereth et al. (2005) suggest that supervision is an essential support for practitioners in finding resourceful and appropriate ways of working efficiently. The participants used this to discuss endings, particularly challenging and difficult endings.

Despite these challenges, the counsellors continued to give their time and expertise. This is due to their desire to give their time and to help clients, particularly those who could not afford private counselling. This supports some of the reasons a large number of highly qualified counsellors freely give their time and expertise, as identified by Bondi, Fewell, and Kirkwood (2003).

4.1 | Limitations and suggestions for future studies

While this study is original in terms of research questions, aims and findings, it has a number of limitations that can direct future research. The account of the experiences of six volunteer counsellors working in a mental health setting may not be generalised to represent the experiences of all volunteer counsellors. The insider/outsider perspective of the main author as both a volunteer counsellor and researcher at the time of the interview was both a strength and limitation. Social bias is unconscious and common to all; therefore, this may have influenced the data analysis and write up of the study by the researcher.

In addition, the findings of the study may not reflect the experiences of volunteer counsellors who work in a long-term and open-ended models of counselling.

More studies are required to explore the experiences of counsellors who volunteer in time-limited, versus those in long-term and open-ended, counselling settings. Future research could include paid counsellors and not just volunteers. More research is needed to explore the impact of time-limited and inflexible counselling sessions on managing endings in psychotherapy. The impact of contractual agreements by funding bodies could be a relevant factor to be considered in future studies.

5 | IMPLICATION FOR PRACTICE AND CONCLUSION

The participants faced challenges in managing endings affected by a prescribed and rigid therapy time frame. The volunteer counsellors experienced inflexible organisational structure and assessment procedures as disenabling and disempowering. This sense of helplessness and frustration could result in volunteer counsellors withdrawing their services, with subsequent risk of the shutting down of services by charity counselling organisations.

Volunteer counsellors are an integral part of every charity counselling service but excessive restrictions and lack of autonomy might compromise the satisfaction the volunteers derive from offering their services free of charge. Therefore, counselling organisations/agencies need to carefully evaluate this impact and make necessary adjustments to rectify their policies/procedures. They could think of creative ways of offering interventions based on the needs of the

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

clients and complexity of presenting problems. The funding bodies need to be aware that the way contracts are set can impact the way services are delivered.

In conclusion, this study highlighted the impact and barrier of a prescribed and inflexible therapy length in effectively managing endings. It provides evidence of how a client's presenting problems can impact on managing this phase of therapy. The impact of the organisational structure and assessment procedures resulted in a lack of autonomy and created a sense of helplessness and powerlessness for the participants. However, the different coping strategies adopted and developed by the volunteers helped them to manage the challenges and enabled them to continue to give their time and expertise to support the organisation and the clients.

CONFLICT OF INTERESTS

The authors declare no conflict of interest. This paper has not been published and is not under consideration for publication elsewhere. The authors are solely responsible for the content of this paper and did not receive any financial support in relation to the research.

INFORMED CONSENT

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation. Ethical approval was sought and granted from the relevant ethics committee. Informed consent was obtained from all participants for inclusion in the study. A consent form was used to explain confidentiality, anonymity and participants' right to withdraw from the study.

ORCID

Lydia Success Ling https://orcid.org/0000-0002-8190-951X
C. Haroula Stathopoulou https://orcid.org/0000-0002-4812-5887

REFERENCES

Bamford, J., & Akhurst, J. (2014). 'She's not going to leave me'–counsellors' feelings on ending therapy with children. *British Journal of Guidance & Counselling*, *42*(5), 459–471. https://doi.org/10.1080/03069885.2014.907867

Barkham, M., Connell, J., Stiles, W. B., Miles, J. N., Margison, F., Evans, C., & Mellor-Clark, J. (2006). Dose-effect relations and responsive regulation of treatment duration: The good enough level. *Journal of Consulting and Clinical Psychology*, *74*(1), 160–167. https://doi.org/10.1037/0022-006X.74.1.160

Blatt, S. J., Quinlan, D. M., Pilkonis, P. A., & Shea, M. T. (1995). Impact of perfectionism and need for approval on the brief treatment of depression: The National Institute of Mental Health Treatment of Depression Collaborative Research Program revisited. *Journal of Consulting and Clinical Psychology*, *63*(1), 125–132. https://doi.org/10.1037/0022-006X.63.1.125

Bondi, L., Fewell, J., & Kirkwood, C. (2003). Working for free: A fundamental value of counselling. *Counselling and Psychotherapy Research*, *3*(4), 291–299. https://doi.org/10.1080/14733140312331384293

Bondi, L., Fewell, J., Kirkwood, C., & Arnason, A. (2003). *Voluntary sector counselling in Scotland: An overview*. Edinburgh: (Counselling and Society Research Team), University of Edinburgh.

Boyer, S. P., & Hoffman, M. A. (1993). Counsellor affective reactions to termination: Impact of counsellor loss history and perceived client sensitivity to loss. *Journal of Counselling Psychology*, *40*(3), 271–277.

Braun, V., & Clarkes, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

British Psychological Society (2009). *Code of Ethics and Conduct*. Leicester: British Psychological Society.

Cracknell, E. (1987). What is counselling? *The British Journal of Occupational Therapy*, *50*(9), 307–308. https://doi.org/10.1177/030802268705000906

Davis, D. D., & Younggren, J. N. (2009). Ethical competence in psychotherapy termination. *Professional Psychology: Research and Practice*, *40*(6), 572–578. https://doi.org/10.1037/a0017699

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*(3), 215–229. https://doi.org/10.1348/014466599162782

Fortune, A. E. (1987). Grief only? Client and social worker reactions to termination. *Clinical Social Work Journal*, *15*(2), 159–171. https://doi.org/10.1007/BF00752909

Fortune, A. E., Pearlingi, B., & Rochelle, C. D. (1992). Reactions to termination of individual treatment. *Social Work*, *37*, 171–178.

Fragkiadaki, E., & Strauss, S. M. (2012). Termination of psychotherapy: The journey of 10 psychoanalytic and psychodynamic therapists. *Psychology and Psychotherapy: Theory, Research and Practice*, *85*(3), 335–350. https://doi.org/10.1111/j.2044-8341.2011.02035.x

Gelso, C. J., & Woodhouse, S. S. (2002). The termination of psychotherapy: What research tells us about the process of ending treatment. In G. S. Tryon (Ed.), *Counseling based on process research: Applying what we know*. Alyn & Bacon.

Goodyear, R. K. (1981). Termination as a loss experience for the counselor. *The Personnel and Guidance Journal*, *59*, 347–350. https://doi.org/10.1002/j.2164-4918.1981.tb00565.x

Gould, R. (1977). Student's experience with the termination phase of individual treatment. *Smith College Studies in Social Work*, *48*, 235–269.

Graybar, S. R., & Leonard, L. M. (2008). Terminating psychotherapy therapeutically. In W. T. O'Donohue & M. Cucciare (Eds.), *Terminating Psychotherapy: A clinician's guide*. New York: Routledge.

Gutheil, I. A. (1993). Rituals and termination procedures. *Smith College Studies in Social Work*, *63*(2), 163–176. https://doi.org/10.1080/00377319309517384

Howard, K. I., Kopta, S. M., Krause, M. S., & Orlinsky, D. E. (1986). The dose–effect relationship in psychotherapy. *American Psychologist*, *41*(2), 159–164.

Joyce, A. S., Piper, W. E., & Ogrodniczuk, J. S. (2007). Therapeutic alliance and cohesion variables as predictors of outcome in short-term group psychotherapy. *International Journal of Group Psychotherapy*, *57*(3), 269–296. https://doi.org/10.1521/ijgp.2007.57.3.269

Kramer, S. A. (1990). *Positive endings in psychotherapy: Bringing meaningful closure to therapeutic relationships*, San Francisco, CA: Jossey-Bass Inc.

Lendrum, S. (2004). Satisfactory endings in therapeutic relationships, part 2. *Healthcare Counselling & Psychotherapy Journal*, *4*(3), 31–35.

Levinson, H. L. (1977). Termination of psychotherapy: Some salient issues. *Social Casework*, *58*, 480–489.

Mackereth, P. A., White, K., Cawthorn, A., & Lynch, B. (2005). Improving stressful working lives: Complementary therapies, counselling and clinical supervision for staff. *European Journal of Oncology Nursing, (Complementary Therapies in Cancer)*, 147–154. https://doi.org/10.1016/j.ejon.2004.04.006

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Marx, J. A., & Gelso, C. J. (1987). Termination of individual counseling in a university counseling center. *Journal of Counseling Psychology*, *34*(1), 3–9. https://doi.org/10.1037/0022-0167.34.1.3

Pearson, Q. M. (1998). Terminating before counseling has ended: Counseling implications and strategies for counselor relocation. *Journal of Mental Health Counseling*, *20*(1), 55–63.

Penn, L. S. (1990). When the therapist must leave: Forced termination of psychodynamic therapy. *Professional Psychology: Research and Practice*, *21*(5), 379–384. https://doi.org/10.1037/0735-7028.21.5.379

Quintana, S. M. (1993). Toward an expanded and updated conceptualization of termination: Implications for short-term, individual psychotherapy. *Professional Psychology: Research and Practice*, *24*, 426–432.

Quintana, S. M., & Holahan, W. (1992). Termination in short-term counselling: Comparison of successful and unsuccessful cases. *Journal of Counselling Psychology*, *39*(3), 299–305.

Reynolds, S., Stiles, W. B., Barkham, M., Shapiro, D. A., Hardy, G. E., & Rees, A. (1996). Acceleration of changes in session impact during contrasting time-limited psychotherapies. *Journal of Consulting and Clinical Psychology*, *64*(3), 577–586. https://doi.org/10.1037/0022-006X.64.3.577

Roe, D., Dekel, R., Harel, G., & Fennig, S. (2006). Clients' reasons for terminating psychotherapy: A quantitative and qualitative inquiry. *Psychology and Psychotherapy: Theory, Research, and Practice*, *29*, 529–538.

Stiles, W. B., Barkham, M., Connell, J., & Mellor-Clark, J. (2008). Responsive regulation of treatment duration in routine practice in United Kingdom primary care settings: Replication in a larger sample. *Journal of Consulting and Clinical Psychology*, *76*(2), 298–305. https://doi.org/10.1037/0022-006X.76.2.298

Wittenberg, I. (1999). Ending therapy. *Journal of Child Psychotherapy*, *25*(3), 339–356. https://doi.org/10.1080/00754179908260300

AUTHOR BIOGRAPHIES

Lydia Success Ling is a HCPC registered Counselling Psychologist and qualified integrative counsellor. She volunteered for a mental health charity counselling organisation for many years, worked in various supporting and clinical settings and as a Specialist Mentor to University students. She currently works in an NHS Eating Disorders service. She is passionate about providing psychological intervention and creating mental health awareness, particularly to the BAME communities.

C. Haroula Stathopoulou, PsychD, is a HCPC Registered Counselling Psychologist and Cognitive Behavioural Psychotherapist. She has worked for many years in various NHS clinical settings while holding programme leadership positions in different HE Psychology Departments in the UK. She is passionate about training psychologically minded healthcare professionals.

How to cite this article: Ling LS, Stathopoulou CH. An exploration of ending psychotherapy: The experiences of volunteer counsellors. *Couns Psychother Res*. 2021;21:729–738. https://doi.org/10.1002/capr.12379

17461405, 2021, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/capr.12379 by <Shibboleth>-member@bbk.ac.uk, Wiley Online Library on [02/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License