

# The Emergency Response Team - A Back-up Plan Every Clinician Needs

by Ann Steiner, Ph.D.

Thinking about illness, disability, retirement and disruptions in our work is 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 fifteen years that I have supervised and taught therapists, this has been the most difficult area for therapists to deal with. Many therapists think they are fortunate in having chosen a career that allows them to work as many years as they want. 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.

It is uncomfortable to consider one's present and future vulnerabilities. Yet, by investing the time in the unpleasant task of writing out your Practice Disposition Guidelines, 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, etc. 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 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 have been only a few articles that advise clinicians on how to prepare clients for their retirement or unexpected absences.

There are many forms of termination: planned, unplanned, and Taking a proactive preparing documents by your Emergency Team, or ERT, will work these issues advance, better preparing make difficult changing your practice health or other temporary. It is the most important, most often overlooked, phase of treatment. A healthy termination process allows time for good-byes and cleaning up unfinished business. The safer a therapist makes this process for his or her clients, the greater the chance that they will feel comfortable seeking treatment when they need it in the future.

One of the most curative aspects of any therapy is for clients to learn to speak the unspeakable. Unwanted terminations are a time when we therapists need to explicitly invite clients to discuss or ask questions about our absences or termination. 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 at our most vulnerable.

## **Why We Need to Plan for Unexpected Absences**

Denial of our own fragility and mortality is surprisingly pervasive among mental health professionals. As therapists, we are unaccustomed to revealing much of our private lives. Changes in our appearance, such as those due to pregnancy, illness, or disability, may force us to deal with client's reactions. If we are in denial or conflicted about our situation, clients are likely to sense this and may be put in the all too-familiar, unhealthy position of protecting the person whose responsibility it is to protect them. Our own countertransference issues and resistance to telling clients about our medical situations may also impact continuity of treatment, creating unnecessary psychological damage.

There are several reasons why it is important to address these issues while one is in good health. Taking a proactive stance and preparing documents to be used by your Emergency Response Team, or ERT, will enable you to work these issues through in advance, better preparing you to make difficult choices about changing your proactive stance and documents to be used. Emergency Response will enable you to work these issues through in preparing you to make difficult choices about practice due to other reasons. Taking on the challenge of creating an ERT is also a way of modeling good self-care and direct communication to your clients.

Thinking through and writing out a plan for how you want your colleagues to handle your clients in your absence is a big undertaking. Most therapists are overwhelmed when they consider planning for their retirement or unexpected absences from work. This article presents an ideal system. Only you can decide which sections are most important for you and your practice. This article is intended to help you prioritize different aspects of a model ERT. Prioritizing the steps that feel most important to you and your practice will help you think through these difficult issues and decide which feel most important to start with.

In considering the importance of such a step, it may be beneficial to put oneself 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 who had cancelled your last appointment, but who you had no idea was ill?

Darlene, a management consultant who had been working on early childhood trauma issues, learned of her therapist's life-threatening illness by mail. She was upset to learn that he would be unable to work for an indefinite period of time and hurt that the brief letter she received included a request for payment. This excessively considerate woman had difficulty believing she had the right to information about her therapist's condition. Her efforts to take care of herself were further hindered when she had to deal with her therapist's wife, who was, herself, in crisis. The result of this unskillfully handled crisis was that Darlene was re-traumatized, and her work and marriage suffered. The trust issues that motivated her to seek treatment were recreated, and she once again felt that no one was safe to trust. After months of disruptions in her home and work life, she was able to start therapy with a new therapist. It took her a year of treatment before she could deal with her feelings about her previous therapist. She was one of the fortunate ones. There are no statistics on how many clients are unable to risk starting over with a new therapist.

When my father, a psychiatrist in private practice, became critically ill, I was asked to take over his client load. Since he did not have an ERT, I was forced to assume the roles of both personal gatekeeper and Bridge Therapist. The final termination session I arranged for him with his long-term outpatient group was one of the most difficult and enriching experiences of my life. Nevertheless, it was a salvage job that could have been avoided had there been adequate planning and preparation on my father's part. My personal experiences taking over his long-term therapy group when he became terminally ill are presented in "When the Therapist Has to Cancel," *The California Therapist*, January, 2000.

Our responsibility as therapists is clear: to provide the best possible care and to do no harm. Whether you view transference as an important part of clinical work or not, many of our clients develop close attachments and benefit from being able to "count on" our consistency and continuity of treatment. Often, we are the first reliable "object" they have experienced.

Further, some clients have never experienced the safety of successfully testing another human being's willingness to hear their pain and anger. Although a client may become unreasonably angry upon discovering we are ill, it is our duty to be there for him or her, to tangibly demonstrate that his or her anger won't push us away. Weathering a client's anger and pain can be a major curative factor in their treatment.

The purpose of the ERT and the Practice Disposition Guidelines are to protect and respect the needs of our clients. It also helps clinicians in a number of significant ways. First, it serves as a reminder that we are neither invincible nor immortal. Thus, we can be more realistic about our own personal needs as well as those of our clients. Additionally, by planning ahead, we can minimize the potential damage and disruptions caused by all kinds of absences, from vacations to retirement.

When exploring the uncomfortable topic of becoming ill or having to cancel sessions unexpectedly, it is helpful to consider your therapeutic style and values. Therapists who view their role as that of a coach or teacher will have a different perspective on the type of arrangements they feel are appropriate if they are unable to say goodbye to clients in person. For example, in preparing for their deaths, some psychodynamic therapists may prefer to plan a memorial service designed exclusively for their clients with a specified colleague present. However, a more eclectic therapist might prefer a public memorial service that is open to his religious community, family, and clients. By taking charge of how we want these difficult issues addressed, we can better serve our clients and preserve energy to care for ourselves in the future.

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 a Bay Area therapist died without an ERT in place, Mardy Ireland, Ph.D. and Kathy Mill, LCSW, formed a group of mental health professionals who met over the course of two years. In these meetings they dealt with the aftermath of this clinician's death and created a plan to protect themselves and their clients in a similar eventuality. Their plan lists several important functions that the ERT can serve. They suggest that the ERT can administer your practice in your absence and can serve as a consultation and support group for one another. (Personal communication Mardy Ireland, May 2000.)

Ireland's group also introduced the concept of a Bridge Therapist, a colleague who would serve a transitional function for clients during a limited period of time to assist with such crises as:

- Deciding whether and when to end therapy with you if you become seriously ill or unable to work.
- Mourning and reminiscing about you after you have stopped practicing.
- Helping to promote resolution and closure on a therapy that has ended through your illness or death.
- Discussing a treatment plan and possibly making a referral to another therapist.

There are a number of reasons to pick your ERT 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 the process one step at a time, however, you will find that you make quick progress.

### The Nuts and Bolts of Creating Your Own Emergency Back Up Plan

Suggestion: Take big breaths as you read this article. Remember that the legal document itself and the other materials you will write are best viewed as works in progress. The most important thing is that you start now. Take ten minutes and start a temporary folder labeled "In Case of Emergency." What follows is a step-by-step plan designed to move you through the process of designing your own plan:

#### **Step One: Selecting your ERT:**

Consider the person or people who cover for you when you are unavailable (i.e., on vacations or at professional conferences). Here you have the foundation for an ERT. If your current back-up system works, consider making it more formal. Ask your current back-up people to be your ERT members and consider developing a system in which you serve as ERT members for each other. The next step is to write out important information about clients that may be at risk or have special needs.

#### **Step Two: Drafting the Information for ERT**

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. A useful check list of critical clinical information for your ERT can be found as the sidebar on this same page.

#### **Step Three: Creating Client Summaries:**

The ERT operates most effectively if you keep a file containing updated summaries about each client. (See the following checklist, which will be enormously helpful to the Bridge Therapist.) 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. Consider creating a way to identify these clients as high risk, perhaps by putting their files in the front of your ERT packet. A copy of this summary should also be kept in the front of each client's file.

#### **Contents of Client Summaries:**

These short summaries should include the following information:

- Diagnosis and patterns of crisis, if any.
- Other providers, i.e. psychiatrist, significant medication issues and complications that may arise.
- List of medical and psychiatric medications, with notation regarding any that may affect a client's response to loss of therapist.
- Name and phone numbers of emergency contact people to be notified in case of crisis, i.e. family member, trusted physician, or psychiatrist.

- Identify any clients where there has been or is likely to be legal action and consider requesting that these files be retained indefinitely.
- Date first seen and frequency of sessions.
- Treatment modality, couples, collateral, conjoint, group and type of group.
- Summary of clients' history with termination, nature of transference.

### **Checklist of Information for Emergency Response Team**

- Latest copy of your Guidelines for the Disposition of My Therapy Practice
- List of active cases updated quarterly - include supervisees, consultees, and appointment times.
- Client summaries, vital information about each client.
- Where to leave a confidential message for each (their preferred home and work numbers).
- 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 that your ERT can send to clients to inform them of your death or temporary absence.
- Location and instructions for disposition of manuscripts, teaching files, lectures, books, journals, or tapes.
- Directions for retrieving and changing the outgoing message on your office answering machine.
- Suggested Outgoing Answering Machine Message
- Detailed directions regarding location of keys, computer passwords, and other codes
- List of Preferred Referral Therapists
- Wishes and directions regarding memorial, including suggestions for groups.

### **Realistic Maintenance Plan for Client Summaries:**

Once the ERT plan and Guidelines for the Disposition of My Therapy Practice are written, take a moment to realistically determine how often you will update your files and write new patient summaries. Ideally, client summaries should be updated on a quarterly basis. These summaries need not be fancy or elaborate, just clear and precise. You may decide to mark this task on your calendar as part of preparing for vacations. Try scheduling it a few weeks before your vacation so you can do a few each week.

### **Step Four: Using the 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 Guidelines for the Disposition of my Practice, presented in this article 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**

Jacques Rutsky, "Taking Care of Business: Writing a Professional Will," (The California Therapist, (2000) Vol. 12 (4), p. 44) points out that if you are ill, both you and your family may need to be shielded from clients' well-intentioned, yet possibly unwelcome, curiosity, concern and questions. Thinking through, and spelling out your preferences while in good health will make dealing with illness or death less traumatic for everyone concerned.

The Guidelines for Disposition of my Practice includes a section in which you may indicate your wishes about a memorial service. Depending on your theoretical orientation, you may be more or less comfortable encouraging your family to allow clients to attend or participate in a memorial service. As with the majority of the questions raised in this article, therapists need to tailor their guideline for practice disposition and memos according to their theoretical beliefs, as well as the nature of their practice and personal preferences.

If you run groups, work in an agency setting, or other organization, you may have specific preferences and recommendations for how to best allow the members to grieve together. The clearer your directions are, the better prepared the designated facilitator of your memorial will be. An example of Practice Disposition Guidelines can be found at the end of this article.

### **Step Five: Gathering All Your Information**

#### **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. In addition to their clinical skill, you might consider the following:

- Whether the therapist is too close to you to be comfortable encouraging clients to discuss their anger and other painful emotions.
- Whether your clients may have social contact with either your ERT or therapists to which you plan to refer them. Where appropriate, include a list, in the client's file, of clinicians that are less likely to have dual relationships.

#### **Contents of File for Executor and Attorney:**

1. Copy of your license and your malpractice insurance face sheet.
2. Contact information for professional organizations and colleagues you want notified about the changing circumstances of your practice.

#### **Financial Records and Collections File:**

The Practice Disposition Guidelines state that only people who are trained to handle confidential client information are to have access to client's financial records. Your letter to the ERT should include directions for how to handle outstanding balances due and insurance bills that have not yet been submitted for reimbursement.

#### **Sample Documents:**

The Practice Disposition Guidelines and letters presented here are designed to be used as templates, or guides. Each clinician should modify the sample documents to fit the needs of his or her particular style and treatment population. It may also be beneficial to consult an attorney.

**Sample Memos and Letters to your ERT:**

Include two letters in draft form that can be mailed to clients if you are incapacitated or have died unexpectedly. It is best to prepare these letters while you are in good health, rather than waiting for an emergency.

**Memo to ERT**

You may want to write a sample outgoing message for the Bridge Therapist. Example: "You have reached the office of (name). You may or may not have heard that your therapist is ill. My name is (Bridge Therapist), (name) has asked me to handle her professional affairs in her absence. If you would like to speak with me in person or would like further information or help, please call me at (area code and telephone number). Thank you"

The Practice Disposition Guidelines 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 each of these letters and the Guidelines and distribute them in the following way:

1. Put one in a safety deposit box
2. Keep one in your locked file cabinet
3. Give copies to each member of your ERT, your attorney and Professional Executor.

**Sample Letters to Clients:**

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 use any or all of the following samples:

**In the event of my unexpected absence from clinical practice:**

[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], MFT 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), MFT 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), MFT 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 (area code and telephone number).

Very truly yours,

[Therapist's name]



I strongly recommend that you also draft a letter to be mailed if you die without having had time to prepare your clients or discuss your dying in person. This is by far the most difficult section of this process. Again, feel free to borrow from and modify the following letter:

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

[Date]

Dear Client,

In \_\_\_\_\_, 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.

You may be one of the clients who wondered how I could listen to people's pain, suffering and anger without being either dragged down or damaged by the experience. If we did discuss this common concern, you may remember my telling you that I find it deeply rewarding to be part of client's process as they rebuild and expand their worlds.

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], MFT 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 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 [telephone 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 traumatizing. I hope that you will allow yourself to accept the professional support that is available to you.

With warm best wishes,

[Therapist's name]

**Sample Letters to Executor and Attorney:**

[Date]

Dear Executor and or Attorney,

Thank you for helping with these matters. Attached is a copy of my malpractice insurance information. If it is necessary to protect my estate in the event of legal action arising after my death, please contact each insurance company with whom I have a policy to arrange for additional coverage.

With many thanks,

[Therapist's name]

**Conclusion:**

Investing the emotional energy and time in creating your own ERT will help you, your clients, and your colleagues have less difficulty when you have planned and unplanned absences. By preparing for the different types of absences that arise you are protecting those around you and saving energy for doing what is most important. 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. The following sample document is designed to be used a template that you can modify to meet your needs. Feel free to photocopy this example:

Guidelines for the Disposition of My Therapy Practice in the Event of Expected and Unexpected Absences

[ 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 Practice Disposition Guidelines 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 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.

1. [Name, address, phone number]
2. [Name, address, phone number]
3. [Name, address, phone number]
4. [Name, address, phone number]

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 [Covering therapist], 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. Stipulations. In the event of an illness that interferes with my ability to continue in my role as therapist, or my death, 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.
4. Power of Attorney. In the event of my incapacity or death, I authorize [name of Attorney] to assist the ERT. Advice from an attorney that specializes in the legal issues of psychological practice can also be obtained from the the California Association of Marriage and Family Therapists at (85... or from your local professional association.
5. My Professional Premises and Materials

#### **A. My Office**

1. My professional office is located at [full address]. To gain access to my clinical records and professional financial information, I authorize my ERT to obtain office and file cabinet keys, voice mail codes, computer data, and passwords. To get these keys and codes, contact [name/address/phone; e.g., bookkeeper, spouse] or the office building [manager, landlord].

2. If I am unable to cancel my appointments, I ask any ERT member to put a note either in my waiting room or on my office door saying: [name] is unavailable to meet today. Please check your answering machine for a message." If the Bridge Therapist deems it advisable, please add: "If you have questions, contact [name of the Bridge Therapist] at [area code and telephone number]."

**B. Answering [machine/service].** I ask the Bridge Therapist to retrieve messages from and record a new outgoing message on my office answering [machine/service].

1. My office answering [machine/service] is [location/service provider].
2. Instructions [or codes] for recording a new outgoing message are in [location, e.g., In Case of Emergency file]
3. I ask that the new outgoing message state: e.g., "You have reached the office of [name], who is unavailable to keep her appointments this week. If you are a current client, you can expect a call shortly. Otherwise, if you would like your call returned, please leave a message at the tone, including your phone numbers and times when you can be reached."
4. I ask the ERT to retrieve and respond promptly to messages and phone calls from my clients. I ask that you keep notes summarizing your contact with my clients as you deem useful.

## **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 in [location, e.g., in the front of the datebook in my briefcase].
2. Phone numbers for all clients I see currently and for significant former clients are listed in the file labeled "In Case of Emergency." That file is 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 "Hello, My name is [covering therapist]. Your therapist, [name] has asked me to contact you regarding your appointments with [him/her] . Please call me at [area code and 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, progressive 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 minimize 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 with me, i.e., [location: in my office during work hours and in my home after work hours (either on my desk 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 this letter 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 3 years, and up to 12 years before being destroyed. (Ethical Standards for Psychologists) If a client is a minor, the record period is extended until 3 years after the age of majority. Outdated records should be destroyed, preferably shredded.

B. If the client requests, in writing, records should be forwarded to their new treatment provider.

### **XI. Professional Finances**

A. Power of Attorney. The person with power of attorney to write checks and manage my professional finances is [name/address/telephone] . In the event of my incapacity or death, I have instructed this person to consult the ERT on all financial matters pertaining to my clients.

B. Collections. In the event of my death, client billing records will be handled by either a qualified professional, trained in handling confidential accounts, or an agreed-upon licensed mental health professional. I urge the ERT to respond to each situation using sound clinical judgment in dealing with amounts owed to my estate.

### **X. Memorial Service**

A. \_\_\_ I want or am willing to have a public memorial.

\_\_\_ I do not want a public memorial.

\_\_\_ I have no objection to a memorial being given in the event that friends, relatives, or clients who are inclined to, wish to grieve together.

B. I have no objection to clients attending a public memorial service, but request that my family representative be consulted regarding their wishes.

C. Please see my notes regarding how I prefer that such an event be handled and special arrangements for my groups. These notes are in [location].

### **XI. Mental Incapacitation**

- a. If a chemical dependence, organic illness, or mental illness, that is outside of my awareness, interferes with my judgment to the degree that may jeopardize the well being of my clients, I ask that: One or more ERT members discuss this with me directly and request that I seek consultation or treatment from an appropriate mental health professional.
- b. If a majority of the ERT continues to be concerned about the well-being of my clients I encourage them to contact my licensing board:[name/address/telephone].
- c. [Optional] For additional information, I authorize the ERT to contact and exchange any necessary information with the following people:

1. [Consultant name/telephone]
2. [Current/former therapist's name/telephone]

## **XII. Conclusion**

I thank my Emergency Response Team members in advance for their help during this difficult time. I regret any problems these requests may cause. I hope that they also take time to take care of themselves. I have chosen my friends and colleagues with great care. I trust their judgment and feel grateful that they have agreed to carry out my wishes.

Thank you.

[Signature and Date]

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