Guidelines for an Effective Transfer of Cases: The Needs of the Transfer Triad

LEE WILLIAMS
Marital and Family Therapy Program, University of San Diego, San Diego, California, USA

HAWLEY WINTER
Departments of Pediatrics, Adolescent Medicine, and Family Medicine, the University of California, San Diego, California, USA

Transferring cases from one therapist to another is a common occurrence, particularly in agency settings where therapists do training. Despite its prevalence, there is relatively little literature on the topic. The literature that does exist suggests that transferring cases can present challenges to both clients and therapists. In addition to reviewing existing literature, the article examines the transfer process from the perspective of the client, the departing therapist, and the incoming therapist. The article explores the needs that each member of the transfer triad may have, as well as strategies for meeting those needs.

Though a very common phenomenon, transferring clients is an overlooked stage of the therapeutic treatment process. The assumption is that a client would not need to be transferred in the midst of treatment unless there was an unexpected need. Yet, in agency settings, where training commonly occurs, the transfer of clients can be a common occurrence (Golden, 1976; Flowers & Booraem, 1995; Meyer & Tolman, 1963; Muller, 1986; Scher, 1970). The majority of students and interns eventually depart from training facilities when their training ends, necessitating either termination or transfer of clients.

Despite such frequency, literature on the transfer of clients is sparse. While a few studies suggest that transfer may actually produce positive
results for the client (Howard, Kopta, Krause, & Orlinsky, 1986; Meyer & Tolman, 1963; O’Reilly, 1987; Scher, 1970), the majority of the literature focuses on the difficulties that clients may experience as a result of being transferred. Some of the literature also discusses the countertransference reactions that therapists may experience when terminating and transferring cases. Thus, the literature that does exist suggests that transferring clients can present many challenges to both clients and therapists.

Given the frequency and challenges of transferring cases, the purpose of this article is to present issues and strategies for conducting an effective transfer. In part one, the article will summarize the existing literature on transferring cases. Since there is no existing family therapy literature on transferring cases, the review covers literature from other areas of mental health and psychiatry. In the second part, strategies for conducting an effective transfer will be presented that take into account the needs of three parties involved in a transfer: the client, the therapist transferring the case, and the therapist receiving the case. The majority of the transfer literature focuses primarily on the client’s experience. Some of the literature explores how therapists may respond to terminating and transferring a client. With rare exception, the experience of therapists who receive a new client through a transfer has been largely ignored. The approach presented here will give equal attention to the needs that all three parties have in the process.

This article will also conceptualize transferring a case from a needs perspective. Much of the literature, particularly earlier articles, is based on a psychodynamic perspective. Although a valid perspective, psychodynamic theory can be restrictive in framing the dynamics in a particular way. Examining the transfer process from a needs perspective is more neutral, and can be more flexible in accommodating those who work from other theoretical perspectives. A needs perspective is also less likely to pathologize the dynamics because it directs attention to the legitimate needs that each individual is trying to meet.

**REVIEW OF EXISTING LITERATURE**

**Transfers from the Client Perspective**

**Client reactions**

Although some literature cites possible benefits of transfer, such as a fresh perspective and enthusiasm for the case (O’Reilly, 1987) or the opportunity for the client to re-experience and rework earlier object losses (Scher, 1970), most of the literature focuses on the likely detriment to the client. The majority of the literature asserts that for clients the transfer process may trigger feelings of abandonment and loss (Bostic, Shadid, & Blotcky, 1996; Golden, 1976; Keith, 1966; Klein, 1992; O’Reilly, 1987; Scher, 1970) as well as increased anxiety in response to the separation (Bixler, 1946;
Bostic, et al., 1996; Meyer & Tolman, 1963; Pumpian-Mindlin, 1958; Scher, 1970). In addition, being transferred can elicit a range of other reactions from clients, including rejection (Klein, 1992), denial, displacement, rage, vengeful self-defeating behavior, helplessness, depreciation of therapy, increases in symptoms, attempts to induce guilt in the therapist, and urges to quickly get everything out to quickly finish treatment or to try to hold onto the therapist (Bostic et al., 1996). Though uncommon, clients could potentially react with depression (Keith, 1966), suicide, regression, acting out, and pre-psychotic behavior (Golden, 1976).

A number of factors that mediate a client’s response to a transfer have been suggested. Keith (1966) asserts that for clients, the symptomatology experienced results from primarily unconscious ego-defensive maneuvers, which are attempting to alleviate anxiety resulting from object loss. Others purport that the type of reaction that the client may have depends more on the emotional investment in the relationship than on the actual length of time spent in treatment, with clients with more of an emotional attachment to the therapist suffering greater (Bostic et al., 1996; Golden, 1976; Meyer and Tolman, 1963). Another common factor cited in the literature is improper management of the client’s feelings about the transfer. Therapists in training may feel guilty over having “used” or “abandoned” the client (Golden, 1976). There is risk that the departing therapist may diminish the client’s grief or sadness in an attempt to alleviate such guilt (Bostic et al., 1996).

RECOMMENDATIONS

Most of the literature recommends preparing the client for the transfer in advance (Scher, 1970; Sederer, 1975; Wapner, Klein, Friedlander, & Andrasik, 1986), with more notice necessary when transfer resembles past losses for the client (Bostic et al., 1996). Notifying clients approximately eight or nine weeks before the anticipated departure has been recommended by some, although there is no consensus on this issue. Some have suggested that therapists should attempt to elicit the suggestion for termination from the client if possible (Bostic et al., 1996; Pumpian-Mindlin, 1958). The client may be more likely to accept termination if advantage is taken of a natural interruption in the course of the client’s life, such as vacations, end of school terms, holiday periods, and so on (Pumpian-Mindlin, 1958).

If the therapist must transfer a case, it has been suggested that the therapist take responsibility for the decision to end therapy. The rationale is that if the transfer is presented as something imposed by a higher authority, the therapist appears weak and helpless, consequently playing into the client’s feelings of helplessness and powerlessness (Bostic et al., 1996; Golden, 1976; Pumpian-Mindlin, 1958). In contrast, Klein (1992) has argued for encouraging institutional rather than therapist-directed transference to
Guidelines for Effective Transfer of Cases

prevent or ameliorate difficulties for clients likely disturbed by transfer. Most agree clients should be involved in the transfer process (Wapner et al., 1986). It may be helpful to explore the advantages and disadvantages of various options with the client (Bostic et al., 1996).

As the transfer approaches, it is recommended that the therapist recapitulate the client’s progress, focus on the client’s assets, and support the gains the client has made rather than tackle new concerns (Bostic et al., 1996; Golden, 1976; Pumpian-Mindlin, 1958). It is important that the therapist recognizes the loss of the relationship and assists the client in processing both negative and positive feelings about the impending loss (Bostic et al., 1996).

In choosing the new therapist it may be helpful to select a therapist who matches the way a particular client was making use of the departing therapist (Bostic et al., 1996; Golden, 1976). The departing therapist may also want to set up future joint appointments with the incoming therapist to help facilitate continuity of treatment (Bostic et al., 1996; Golden, 1976; Pumpian-Mindlin, 1958). Others suggest that clients may benefit from a therapeutic moratorium at the time of transfer where the client goes a month or so without therapy to punctuate and process the ending of an important relationship (Klein, 1992; Scher, 1970). Clients who are at most risk for disturbance or have serious problems with trust and object constancy may need to be assigned to permanent staff (Klein, 1992; O’Reilly, 1987).

Departing Therapist

**Departing Therapist Reactions**

Though addressed in a number of articles, much less has been said about the departing therapist’s reactions to the transfer process. If deeply involved, therapists may experience feelings of loss similar to the client (Golden, 1976; Keith, 1966; Scher, 1970). As stated earlier, common feelings experienced include guilt over “using” or “abandoning” the client for academic and training purposes (Bostic et al., 1996; Meyer and Tolman, 1963; O’Reilly, 1987; Sederer, 1975). Departing therapists tend to deny their importance to the client (Bostic et al., 1996; Golden, 1976; Keith, 1966; Klein, 1992; O’Reilly, 1987) and may also underestimate their own bereavement over the loss (Bostic et al., 1996).

Transferring clients to the new therapist may also evoke feelings of insecurity and shame at having a peer see one’s work (Klein, 1992; O’Reilly, 1987). Scher (1970) finds that the departing therapist experiences the transfer much like the client does, having to expose him or herself to the incoming therapist. This occurs through written records, which expose his or her work habits, theoretical knowledge, relationship with the client, and grasp of the client’s dynamics to the incoming therapist. Scher (1970) argues that the departing therapist is also exposed to the client as he or she is compared to
the incoming therapist in terms of personality and theoretical bias in addition to strengths and weakness in skill.

Countertransference reactions of therapists have been identified as the most common obstacle in the transfer process (Bostic et al., 1996; Klein, 1992; Pumpian-Mindlin, 1958). The departing therapist may react to the transfer with defense mechanisms much like the client does. The therapist, for example, may become preoccupied with the mechanics of the transfer (Keith, 1966) or not allow sufficient treatment time for the exploration of termination issues (Klein, 1992). Therapists may also wait to inform the client of the transfer until the last session, prematurely discharge the client, or behave inappropriately in other ways to alleviate guilt such as arranging social meetings or providing favors (O’Reilly, 1987). The therapist’s relationship history with loss, triangulation, transition, identification, and sibling rivalry may influence countertransference reactions (Muller, 1986).

RECOMMENDATIONS

Several authors note that supervision can be especially beneficial when countertransference issues arise for the departing therapist (Bostic et al., 1996; Muller, 1986; O’Reilly, 1987). Muller (1986) suggests that the supervisor model a willingness to clarify, confront, and interpret issues and resistances when they arise, as well as a commitment to maintaining an introspective attitude about the processes involved in the transfer. Some suggest that the supervisor’s encouragement of discussing overt feelings of sadness and bereavement should be an explicit part of psychotherapy training (Keith, 1966). Supervisors should regard the transfer of clients as a stage in the therapeutic process so that the training therapist can approach it more constructively and purposefully (Golden, 1976).

Incoming Therapist

INCOMING THERAPIST REACTIONS

What is even scarcer in the literature is commentary on the impact of the transfer process on the incoming therapist. The incoming therapist must tolerate scrutiny by the client, who may compare his or her skill and compassion unfavorably with those of the former therapist (Golden, 1976; Scher, 1970). In addition, the incoming therapist is often concerned about how he or she compares to the departing therapist in terms of experience, therapeutic skills, and personality (Muller, 1986). A period of testing may take place during which the client may be particularly sensitive to signs of rejection. The client may also be harboring feelings of anger and resentment regarding the transfer and the departing therapist (Golden, 1976). As a result, the client may not be receptive to the new therapist initially. If the incoming
therapist feels belittled or inadequate because of this, he or she may react with seeming indifference or outright hostility (Golden, 1976).

RECOMMENDATIONS

Unfortunately, the literature is largely silent on addressing the needs of the incoming therapist. Rather, the literature focuses primarily on what the incoming therapist should do to meet the needs of the client. The literature, for example, emphasizes that the incoming therapist should aid the client in resolving the feelings of loss or anger over the departing therapist (Golden, 1976; O'Reilly, 1987; Scher, 1970).

GUIDELINES FOR AN EFFECTIVE TRANSFER OF CASES

For a case transfer to be optimally successful, all of the important stakeholders in the process should have their needs met. The three primary stakeholders in the process include: (1) the client(s); (2) the therapist transferring the case; (3) and the therapist receiving the case as a transfer. The needs for each of these primary stakeholders are discussed in the following section, as well as possible strategies for meeting those needs.

Needs of Client(s)

CONTINUITY OF CARE

Clients who are going to be transferred have a need for continuity of care. This continuity of care has several elements to it. First, the client may worry if therapy will be interrupted until a new therapist is assigned. Ideally, a new therapist will be assigned prior to therapy ending with the previous therapist so there is no interruption in therapy services. Even if a new therapist has been assigned, there may be a delay in therapy resuming until the new therapist is available. If therapy with the new therapist cannot begin immediately, the client needs be told how long the interruption in therapy services is likely to be. Clients should also be informed who they can contact in the event an emergency should arise (e.g., supervisor, on-call therapist, crisis line). If a new therapist has not been assigned prior to the therapist’s departure, the client should be given contact information for a supervisor or administrator that can follow up if there is any delay in a therapist being assigned.

Second, many clients may fear that they will be starting over with the new therapist. To some extent this will be true. The incoming therapist and client do not have a history together, and must form a relationship. In addition, the client will likely have to retell some of his or her story so that
the new therapist has a firsthand account of the client’s experience. The incoming therapist can acknowledge and validate this concern. However, the therapist can also note the various ways in which he or she will attempt to build continuity into the process. For example, talking with the previous therapist and reading the previous therapist’s notes are two possible ways to do this. If both the former and incoming therapists share the same supervisor, then this is another potential way to ensure continuity of care (Golden, 1976). The therapist can also suggest that although the client may prefer not to retell their story, the potential advantage of doing so is that the client may get a fresh or different perspective.

Finally, some clients may worry that the new therapist will approach therapy in a totally different manner. Again, both the departing and incoming therapist can validate this concern. The departing therapist, for example, can normalize that this is a common concern among individuals who are transferred to a new therapist. If feasible, the departing therapist can assure the client that he or she will share his or her perspective on what has worked well in therapy. The departing therapist can also empower the client to negotiate expectations about therapy with the new therapist. At the same time, the departing therapist should acknowledge that it is realistic to expect that therapy may be different with a new therapist. The client can be informed that this is not necessarily a bad thing since many clients benefit from getting a different perspective on their issues. The new therapist can also be sensitive to this issue. The new therapist, for example, can inquire as to what the client liked and disliked about the previous therapy. Exploring things that the client liked in the previous therapy acknowledges the client’s desire for continuity, while exploring what the client disliked illuminates ways in which therapy with a new therapist may offer new possibilities.

**ACKNOWLEDGE LOSS OF THERAPIST**

Clients also need an opportunity to grieve or process the loss of a relationship with the therapist who is leaving. This may be particularly important if the client has developed a strong relationship with the therapist. Clients who have limited social support will likely experience the most significant loss because the therapist is likely the key person with whom the client has received support (Patterson, Williams, Grauf-Grounds, & Chamow, 1998).

Both the departing and incoming therapist can help the client with the loss surrounding therapy ending with the exiting therapist. Prior to terminating therapy, the exiting therapist should give the client time to process what the end of the relationship will mean to the client. The therapist may need to acknowledge and validate various feelings that the client may be experiencing, including sadness and perhaps even anger at the therapist for departing.
In a similar manner, the new therapist should give the client permission to express sadness or other emotions about the relationship ending with the previous therapist. In some cases, the client may displace anger for the previous therapist leaving onto the new therapist (e.g., Golden, 1976; Klein, 1992). It will be important that the new therapist not respond in a defensive manner should this occur. Ironically, validating the anger or loss the client may be experiencing can help the client feel more trusting of the relationship with the new therapist.

CONSOLIDATE GAINS MADE IN THERAPY

Another helpful strategy is to review the client’s progress and accomplishments made to date (Golden, 1976). Even though the client will not have met all of his or her goals, it is likely that the client has made some progress towards one or more of the goals. Acknowledging the progress made to date underscores the client’s ability for change, giving greater hope and confidence that the client can improve his or her life. The client can be told that they have successfully completed one stage of the journey, and will continue with a new companion (therapist) for the next stage of the journey. The metaphor of closing one chapter and beginning another one is metaphor that resonates with some clients.

CONFIDENCE IN NEW THERAPIST

Clients need to develop confidence that the new therapist will be able to help them. The transferring therapist should offer any assurances they can that the new therapist will be competent and capable of helping the client. In some cases, the transferring therapist can have input as to whom the client will be assigned. Articulating how the departing therapist handpicked the new therapist can build confidence that the incoming therapist will be both capable and a good fit for the client. If the therapist knows the new therapist, but did not have input into the selection of the therapist, he or she can still try to highlight the strengths of the therapist and the potential ways the therapist may be a good fit for the client. In some cases, the transferring therapist will not know the new therapist or who will be assigned to the client. In these circumstances, one can highlight the quality of therapists in general at the agency to reassure the client that any therapist likely to be assigned will be a capable therapist. Another potential approach is to highlight the importance of client factors (e.g., motivation, personal strengths) in therapy to being successful. The client’s current success in therapy could be an indicator that he or she will also be successful with a new therapist.
RELATIONSHIP WITH NEW THERAPIST

Clients who are being transferred may be anxious or uneasy about starting a relationship with a new therapist. Clients may wonder if they will like the new therapist. As stated earlier, it may be feasible for the therapist to articulate how the new therapist will be a good fit with the client if the therapist has been pre-selected. Noting something that the therapist and client have in common may also build a sense of connection.

The client may also be concerned about whether or not the new therapist will like the client. The transferring therapist should be attentive to any cues that the client has this fear, particularly if the client suffers from self-esteem issues. One potential way to address this fear is to note for the client the reasons why he or she has been an enjoyable client with whom to work. The therapist can add that he or she believes the new therapist will enjoy working with the client for similar reasons. If feasible, the therapist can tell the client that he or she has shared with the new therapist positive statements about the client (e.g., client is motivated, will enjoy working with the client). Golden (1976) also encourages the new therapist to be aware that the client may be particularly sensitive to any signs of rejection in the beginning of therapy.

NEED FOR ADVANCE NOTICE

Clients also need some advance notice about therapy ending. The amount of advance notice that a client will need may depend upon a number of factors. As a general rule, clients that the therapist anticipates will be most affected by a termination or transfer of therapy should be given the most advance notice. The amount of emotional investment that the client has in the therapist or therapy is probably the best predictor of who will be most impacted by a termination or transfer (Bostic et al., 1996; Golden, 1976). Clients who are dependent upon their therapist, for example, can be significantly impacted by a termination or a transfer (Golden, 1976; Patterson et al., 1998). Golden (1976) recommends that clients who are emotionally invested in the therapist may need six to ten weeks notice. For higher functioning and less dependent clients, three to four weeks notice may be sufficient time to process the termination and transferring of therapy.

Needs of Therapist of Leaving the Case

ACKNOWLEDGE LOSS OF RELATIONSHIP WITH CLIENT

Therapists who are ending therapy with their clients also have important needs that should be considered in the transfer process. Therapists can develop a strong connection with their clients. Thus, like the client, the therapist
may also need an opportunity to deal with the loss of the relationship resulting from therapy ending (Bostic et al., 1996). It is important, for example, for both the client and therapist that a proper good-bye be given. This can help bring proper closure to the relationship for both the therapist and client. It also may be helpful for the therapist to acknowledge to the client the importance of the relationship to the therapist. Clients often appreciate knowing that the therapist valued them or the relationship.

**Confidence that Client Needs Will Be Met**

It is not uncommon for therapists leaving the case to worry about the future welfare of their clients after therapy will end. These concerns may at times be accompanied by a sense of guilt that the client’s needs may not be met as a result of the therapist leaving the case (Bostic et al., 1996). The therapist who is leaving the case may have many of the same concerns as the client about whether or not the client will have the necessary continuity in care. This will be especially true if a therapist has not been assigned prior to the therapist departing. Following the guidelines suggested earlier (e.g., information on who to contact in a crisis, a contact number for a supervisor or administrator) can alleviate some of the concerns. A therapist may also be concerned about how successful therapy will be with the new therapist. Some of this fear may be alleviated if the therapist can have input as to who the new therapist assigned will be. In contrast, this fear may be accentuated if the therapist has little knowledge or confidence in the new therapist assigned to the case.

**Needs of Therapist Receiving the Case**

**Proper Background Knowledge**

The therapist who is receiving a new client through a transfer also has important needs that should be considered. Incoming therapists, for example, generally like to have some background about the client(s) and the course of treatment prior to initiating therapy. This knowledge can be beneficial to the new therapist in several ways. First, it may give the new therapist insight about how to join with the client. Second, prior knowledge about the client may reduce the amount of time that the new therapist and client need to spend on assessment. This, in turn, may reduce the client’s potential sense of frustration over having to start completely over. Third, it may be helpful for the new therapist to know approaches have been successful or not successful in working with this particular client. For example, does the client expect or respond well to homework assignments? Or, has a certain theoretical or conceptual approach resonated with the client? The new therapist’s learning curve for working with a client can be shortened if the departing therapist can provide this kind of information.
For an effective transfer of knowledge, the departing and incoming therapists will ideally be able to talk directly to each other. Klein (1992) recommends that a case conference be held with the departing therapist, incoming therapist, and supervisors could be beneficial as a routine part of transfer. If the departing therapist has already left the agency, then ideally the supervisor or clinical administrator will have contact information for the departing therapist in the event that the new therapist would like to discuss the case or client.

In the absence of being able to communicate directly with the departing therapist, the incoming therapist has three options. One obvious option is to review the case notes. Some agencies require a treatment summary be written so that the new therapist has a clear and succinct record of what has transpired in therapy up to that point. A second option is to do a case review with the client. The therapist may ask, for example, what issues were covered, and what the therapist recommended for ways to address the concerns. The therapist can also assess what the client perceived to be the most helpful aspects of the previous work. Third, the new therapist might consult with whoever provided supervision on the case for the previous therapist.

**Credibility**

To be effective, the incoming therapist must establish credibility with the client. Comparisons between the previous and new therapist can impact the credibility of the new therapist. Often the new therapist is at a disadvantage because the previous therapist had earned credibility over time. The new therapist does not have this history, and must rely on ascribed credibility until it can be earned. In addition, ascribed credibility can be an issue if the new therapist does not compare favorably to the previous therapy in the client’s eyes (e.g., new therapist is younger, less experienced, single, etc.). In some cases, however, the new therapist may have greater ascribed credibility compared to the previous therapist (e.g., new therapist is older, more clinical experience, etc.). As stated earlier, the outgoing therapist can make statements to the client prior to the transfer that will enhance the credibility of the new therapist. Making statements to the client like, “I know you are in good hands,” “I hand-picked this individual,” “The new therapist has experience in this area,” or other similar statements can be helpful in empowering the new therapist in the client’s eyes.

**Optimism**

Ideally, the new therapist can enter the case with a sense of optimism. Hope is a necessary ingredient for change not only for the client, but also for the
therapist. The experience that the previous therapist has had with the client can set the tone for therapy with the new therapist. If the outgoing therapist speaks in a complimentary fashion about the client, then the new therapist is likely to have a positive outlook at the beginning of therapy. If the previous therapist has had a difficult history with the client and communicates this to the new therapist, it may create negative expectations regarding the client or the course of therapy. If the departing therapist has had a positive experience with the client, it should be communicated to the new therapist to create a sense of optimism. If the departing therapist has had a difficult time with a client, then he or she should make a conscious effort to include a description of the client’s strengths as well as concerns. If the departing therapist presents a rather bleak description of the case, the new therapist should remember that his or her experience can be quite different.

RENegotiate contract

Each therapist develops a contract for therapy with clients. This contract includes elements such as the goals for therapy, expectations on who will be in therapy, how those goals will be met, and other elements of therapy. The contract can be either implicit or explicit. The new therapist needs the opportunity to renegotiate the contract for therapy since he or she may approach therapy in a different manner. Thus, the new therapist and client should revisit what the goals or contract for therapy will be. As stated earlier, it may also help to explore what the client liked or disliked about how the previous therapist worked. The new therapist and client can then discuss (and perhaps negotiate) how therapy will be similar or different compared to the previous therapist. Prior to transferring the case, the outgoing therapist can also inform the client that the therapist might approach therapy differently, and highlight how a fresh perspective may be helpful to the client.

conclusion

The limited literature on transferring clients has tended to focus primarily on the negative reactions that clients may experience, as well as possible countertransference issues that the departing therapist may encounter in transferring clients. The literature, however, has largely ignored the experiences of the therapist who receives the client through a transfer. The purpose of this article was to examine the transfer process from the perspective of all three members of the transfer triad—the client, the departing therapist, and the incoming therapist. Rather than focus on the problems that clients and therapists can encounter, this article has focused more on the needs that each member of the transfer triad brings to the experience. Recognizing the needs that each person brings to the process can help maximize the
likelihood that the transfer can be successfully accomplished. Practical strategies for meeting the needs of each member of the transfer triad have also been suggested.

REFERENCES
