

How Do You Know It's Time to Stop Therapy?

Talking to your therapist regularly about goals and progress is a good starting point.

By [Ruben Castaneda](#), Staff Writer | July 17, 2017, at 2:07 p.m.



Figuring out how long a patient should be in therapy is different from estimating how long it should take to recover from a physical injury. (GETTY STOCK)

Do you sit down to talk with your [therapist](#) and find you have nothing to discuss? Do you catch yourself rehashing episodes you've already covered to fill the time? Have you resolved whatever issue you had that prompted you to begin therapy in the first place, and are your moods stable and consistent?

All are signs that you're ready to think about discontinuing [therapy](#), says [Anita Gadhia-Smith](#), a psychotherapist who practices in the District of Columbia and suburban Maryland. "If you've resolved the issues that brought you to therapy and feel you have the tools to face life's challenges, it may be time to stop," she says.

Tens of millions of people in the U.S. go to a professional counselor at any given time, research shows. People go to therapy for myriad reasons, from dealing with the [anxiety of a job search](#) to family conflicts and for help in [grieving the loss of a loved one](#) or the end of an important relationship. For some, a dozen sessions or so with a therapist is enough to help deal with an issue. Other patients stay in treatment for longer; rock star Bruce Springsteen, for example, has written and talked about fighting depression and being in therapy for 30 years.

There's no optimal amount of time a patient should stay in therapy, says Jonathan Alpert, a psychotherapist in New York City. A patient who's experiencing anxiety about changing careers or moving to a new city, for example, may only need a half dozen or so sessions, he says. Someone dealing with grief over the [death of a spouse or parent](#) or the breakup of a long-term marriage, on the other hand, would probably need to be in therapy longer, perhaps years. Nonetheless, for a variety of reasons, some patients stay in therapy longer than they need to, Alpert says. "I don't think it takes a dozen sessions to identify some goals and the reasons why some people are unhappy and provide them tools to deal with their issues," Alpert says. "I'm not saying people will be cured in 10 sessions, but some can deal with their specific issue or issues in about that amount of time."

Figuring out how long a patient should be in therapy is different from estimating how long it should take to recover from a physical injury, like plantar fasciitis, a painful inflammation of the heel. Doctors can often predict how long athletes will need to recover from sports injuries with great accuracy, but estimating how long someone should stay in therapy to deal with emotional issues is complex. "The desirable length of therapy depends on a lot of factors, including the severity and complexity of the problems, life circumstances, the therapist's approach and motivation of the client," says [Eileen Kennedy-Moore](#), a psychologist based in Princeton, New Jersey. "Problems that are more narrow, such as a specific phobia or feelings of anxiety or depression related to a stressful event, are often resolved in eight to 12 sessions. More complicated situations and multiple issues take longer. There's a wide range of issues that people come to therapy to address." For instance, two children might be anxious, but one just tends to worry a lot and the other has anxiety symptoms that are compounded by having been sexually abused and being [on the autism spectrum](#), she says, noting that the latter child would probably require more therapy.

[Professional counseling](#) should be about dealing with a specific issue or set of issues, Alpert says. But some people stay in therapy for years, even decades, because they become [emotionally attached to their therapist](#) and the routine of seeing him or her. "In cases like that, I think some people basically vent and come back the next week to vent some more," he says. "While emotional attachment to a therapist and the routine of seeing a counselor are not the same as venting, pouring out one's troubles to an empathetic ear when there aren't specific therapeutic goals could lead to emotional attachment," Alpert says. "Venting can lead to emotional attachment. We feel as though we're understood, we feel listened to, and all that feels really good, which can help to form an emotional attachment." Becoming emotionally attached to a therapist, in turn, can make it difficult for some patients to discontinue therapy, says Alpert.

Whatever your rationale for being in therapy, experts recommend using these strategies to figure out the right time to discontinue counseling:

1. Talk to your therapist regularly about goals and progress. You should have such discussions at least once a month, Kennedy-Moore says. "Therapy is not supposed to be a forever thing!" she says. "When clients come in two or three weeks in a row talking about how they're managing this better and doing that better, I always ask, 'Are we done here?' If clients don't have any specific things they want to work on, they're probably ready to end." Be aware that it sometimes takes a while to [make changes part of your routine](#), and your goals in therapy may change. You may resolve one issue and want to tackle another. But if you feel you're not actively working on an issue, it makes sense to talk to your therapist about whether it's a good time to stop.

2. Evaluate where you're at if you've met your therapeutic goals. Whatever [distress you were feeling](#) that prompted you to start therapy is under control, your ability to function on a daily basis has improved and whatever issues were bothering you are no longer eating up your mental and emotional energy or weighing you down. These are all signs that it's time to think about stopping therapy, Gadhia-Smith says. "You realize you have effective tools to deal with all aspects of your life and the inevitable ups and downs everyone experiences, so your highs and lows aren't as extreme as they once were. They're now within a normal range," she says. "The ups and downs are no longer at the extremes." This is a good time to raise the issue of discontinuing therapy with your therapist, she says. Some patients feel like quitting therapy when the emotional work gets difficult, but if someone is confident about facing life and equipped with the right tools, that's likely a good time for that person to discontinue therapy, Gadhia-Smith says.

3. Consider taking a break. For some patients, stopping therapy for the time being makes sense, but the discontinuation doesn't have to be permanent, Gadhia-Smith says. It's common for patients who've worked hard over a period of weeks, months or years to reach their initial therapeutic goals and then realize they have other issues they want to work on, but feel they need to take a break from the hard work of therapy, she says. "I have lots of patients who cycle in and out; they stop seeing me for a while when they've resolved whatever issue brought them to me. They need some time off and come back when they're ready to work on something else," Gadhia-Smith says.

4. Be aware of what role your therapist is playing in your life. If you start seeing your therapist as someone who you enjoy talking to on a weekly basis, as opposed to someone who helps you work through difficult issues, you might be using him or her as a [substitute for a friend or a parent](#), Alpert says. "If the therapist seems more like a buddy or a mother or father than a professional counselor, it might be time to discontinue therapy," he says.

5. Be willing to experiment with different frequency of visits. If you've been seeing your therapist on a weekly basis and are thinking about discontinuing the sessions but aren't sure if it's the right thing to do, space out your appointments, Alpert suggests. Instead of seeing your therapist every week, meet with him or her every second or third week. "You may see you've made the progress you needed to make the leap and

discontinue therapy,” he says. “I don’t want my clients to be dependent on me; I want them to develop autonomy and confidence.”

6. Accept that you may have a good reason for staying in therapy longer than you anticipated. People who were abused or traumatized as a child, for example, may need to stay in therapy a long time, says [Dr. Carolyn Coker Ross](#), who maintains a private practice in Denver and La Jolla, California. Adults who were neglected, abused and traumatized by one or both parents are a higher risk for issues such as [depression](#), obesity and substance misuse, she says. Going into therapy may raise distressing memories, which is why “it is imperative that you commit to therapy for the long run, rather than leave impulsively because you aren’t happy or are upset,” she says.