2026 · PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Ethical and Practical Solutions for Professional Wills:

A Clinical Conversation

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TheraClosure

CONFLICT OF INTEREST

Disclosure.

In this presentation, I discuss professional ethics, lessons learned, guidelines, and challenges. Colleague responses to this content led to the creation of a business providing therapist professional executor services.

I disclose a conflict of interest in that I am Co-Founder of TheraClosure and stand to benefit financially from any purchases made through that service.

PART ONE

The ethical imperative.

Standards, the Pennsylvania framework, the gap, and what gets in the way.

PREVENT TRAUMATIC TERMINATIONS

What if you suddenly disappeared?

What would happen to your practice tomorrow?

THE GOLDEN RULE

- What if your own therapist suddenly disappeared?
- What would you need from them, in their absence?

What would help you to feel you had been as compassionate and conscientious in your absence as you try to be as their therapist?

Pope, Vasquez, Chavez-Dueñas & Adames (2021). Ethics in Psychotherapy and Counseling (6th ed.). Wiley.


“I felt very lost
after my therapist
passed.”

Core Assumptions:

A CLINICIAN'S REFLECTIONS

What do we owe our clients?

> The way our work works is by our becoming important to people, in whatever individual ways they will make us important: we aim to matter…..**If our aim is to matter, and if we set out to court that condition, what is it for us to be lost?**…
>
> If we [therapists] accept that we are mortal, our patients, then, are vulnerable- at all times vulnerable- to losing us, whether we are thirty, or sixty or ninety. Do we hold any responsibility to provide for them in that event? If we don't hold a responsibility- and maybe we don't- why not? And if we do have a responsibility, what constitutes reasonable provision? **Finally, if we think there should be provision yet tend to neglect it, why is that?**
>
> — Ellen Pinsky, PsyD

Relevant APA Ethics Codes

GENERAL PRINCIPLES · ASPIRATIONAL

PRINCIPLE A
Beneficence & Nonmaleficence

PRINCIPLE B
Fidelity & Responsibility

PRINCIPLE C
Integrity

STANDARDS · ENFORCEABLE

STANDARD 3.12
Interruption of Services

STANDARD 6
Record Keeping & Fees

STANDARD 10.09
Interruption of Therapy

APA. (2017). Ethical Principles of Psychologists and Code of Conduct. apa.org/ethics/code

PENNSYLVANIA REGULATORY FRAMEWORK

Pennsylvania Code CHAPTER 41. STATE BOARD OF PSYCHOLOGY

49 Pa. Code § 41.57. Professional records.

(d) To meet the requirements of this section, so as to provide a formal record for review, but not necessarily for other legal purposes, a psychologist shall **assure that all data entries in professional records are maintained for at least 5 years after the last date that service was rendered.** A psychologist shall also abide by other legal requirements for record retention, even if longer periods of retention are required for other purposes.

(e) A psychologist shall **provide for the confidential disposition of records in the event of the psychologist's withdrawal** from practice, incapacity or death.

49 Pa. Code § 41.61. Code of Ethics.

Principle 5. Confidentiality.

(6) The psychologist **makes provisions for the maintenance of confidentiality in the preservation and ultimate disposition of confidential records**.

KEY DEFINITIONS

Professional Will

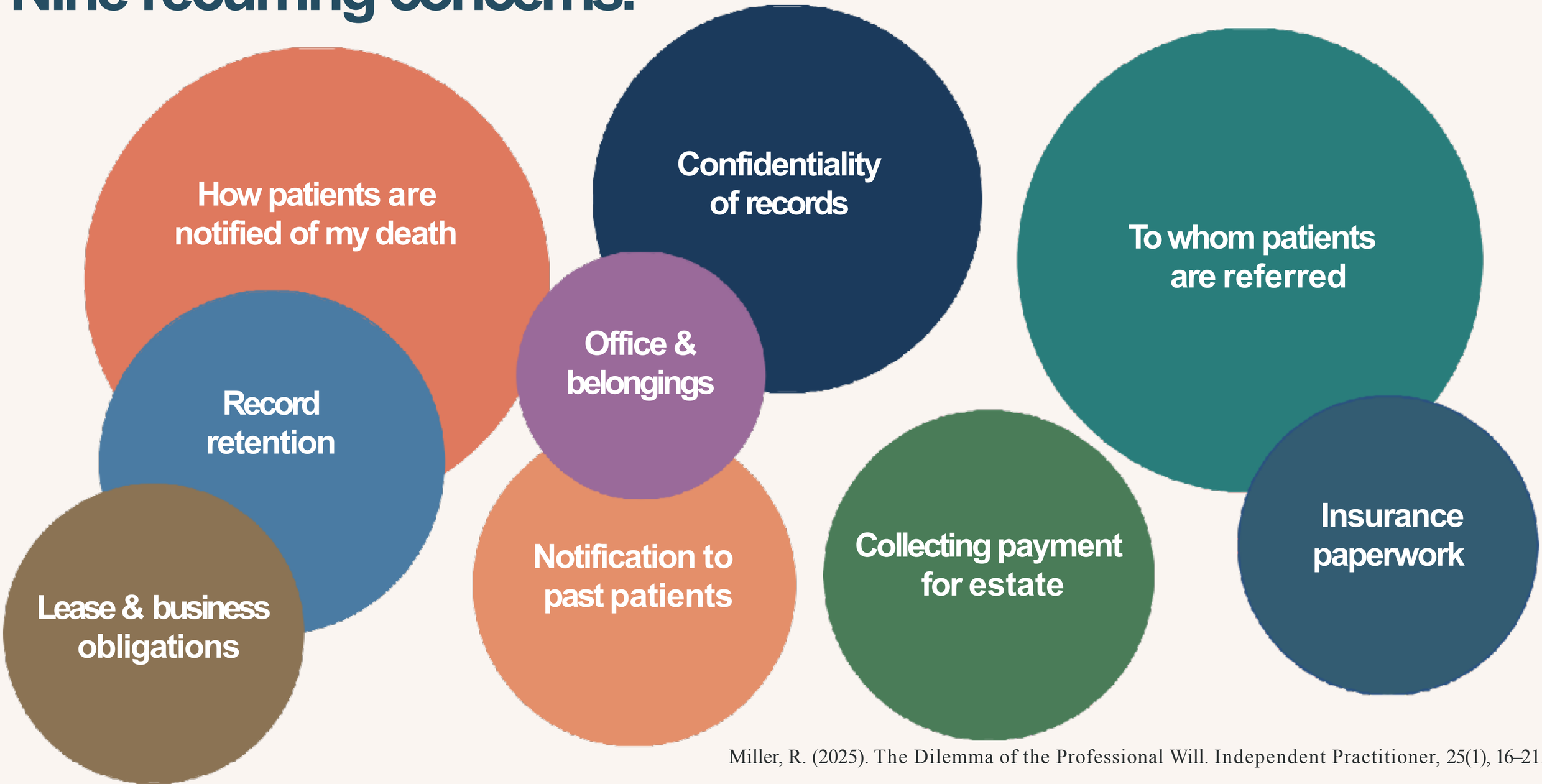
A document directing the estate executor regarding the therapist's practice. Names a **"qualified" Practice Executor** and provides detailed procedures for completing practice responsibilities in the event of incapacitation or death.

Practice Executor

A qualified colleague who has agreed to assume clinical responsibilities following a therapist's death or incapacitation. Acts with **"reasonable effort"** to secure records, assist with transfer of care, and resolve clinical issues. *This is a clinical role — not only administrative.*

WHAT DO THERAPISTS WORRY ABOUT?

Nine recurring concerns.



Miller, R. (2025). The Dilemma of the Professional Will. Independent Practitioner, 25(1), 16–21.

WHY DO THERAPISTS CREATE A PROFESSIONAL WILL?

Motivations cluster into four themes.

01

Patient welfare

Taking care of the people who depend on your continuity.

02

Ethical & legal obligations

Meeting APA standards and California licensing expectations.

03

Family & estate

Sparing loved ones the burden of a practice they can't close.

04

Protecting colleagues

Not handing a peer an unexpected caseload alongside grief.

Miller, R. (2025). Independent Practitioner, 25(1), 16–21.

69%

OF SURVEYED THERAPISTS

have no Professional Will.

Likely an under-estimate due to sampling bias.

Of the 31% who do — how many are comprehensive and fully actionable?

Miller, R. (2025). Independent Practitioner, 25(1), 16–21.

A CLINICIAN'S REFLECTIONS

On avoidance.

> … it is a core part of our professional ego-ideal to get our minds around the implications of all disturbing human experience….So it is pretty evident that a central way that all of us … deal with death is by dissociating any self-state in which it is visible. Additional evidence for this avoidance may be seen in our reluctance, which I can see in myself and numerous colleagues who have admitted a similar procrastination, to make plans for our patients if we should die or become unable to work with them.
>
> -Nancy McWilliams, Ph.D

WHAT GETS IN THE WAY?

Three barriers.

01 Denial of mortality

The defense that protects us from contemplating our own end.

02 Lack of knowledge

Uncertainty about what a Professional Will actually contains.

03 Discomfort imposing

Reluctance to ask a colleague to take on a burden of unknown scope.

Q&A 1

WHEN THERE IS NO PLAN

The human cost of inadequate preparation.

What happens to patients, families, and colleagues?

THE PATIENT EXPERIENCE · REAL ACCOUNTS

Two patients describe how they found out.

> *"He didn't show for an appointment and wouldn't respond to calls. I thought he was dropping me. Then **I found his obituary via Google**."*
>
> — *Reader comment, NYT, 7/25/25*

> *"One day I simply walked into her office for our usual appointment, **and no one was there**. A few weeks later I saw her obituary. Seeking a new therapist to process this felt unthinkable."*
>
> — *Reader comment, NYT, 7/25/25*

Of 15 Clients who lost their therapist:

found out by text message

received a call from therapist's spouse

were told by a colleague of the therapist in a sensitive manner

was given referrals

was told "I have no one to recommend you to"

got phone call from an overwhelmed admin who never called back

felt rage

KNOWS WHAT HAPPENED TO HIS MEDICAL RECORDS

HAVE MADE THEIR OWN PROFESSIONAL WILL

Miller, R. (2025). Independent Practitioner, 25(1), 16–21.

RISKS TO PATIENTS AND FAMILY

Who carries the cost?

EMOTIONAL HARM

- Learning of death by text or email
- Being called by a spouse or child
- Waiting; no one came for appointment
- Feeling abandoned; unprocessed grief

PUBLIC HARM

- Violation of confidentiality
- Erosion of trust in the profession
- Financial harm from unresolved billing
- Disrupted continuity of care

RISK TO FAMILY

"I was put in the position of deciding how to handle her death in relation to her clients. I was uncomfortable — it violated confidentiality. I did not have the knowledge base to refer them to other therapists."

— Reader comment, NYT, 7/25/25

MOURNING A THERAPIST

A private grief.

"My grief was amplified by confusion and isolation, and complicated by a sense of absurdity, too: no one close to me knew this person to whom I felt close and spoke to so freely and privately. What is it to lose someone who attends the way the analyst does? Who was this person to me? Who was I to him?"…

-Ellen Pinsky, Psy.D., as patient

10 ADULT PATIENTS WERE ASKED TO REMINISCE ON EXPERIENCE OF THERAPIST'S DEATH. USED INTERPRETIVE PHENOMENOLOGICAL ANALYSIS.

"While some positive aspects of such an event emerged for patients who were prepared for what was to happen, the study also highlights the potentially traumatic impact of a sudden loss"

Themes.

1. Disruption of a sense of continuity
2. Loss of the therapeutic bond
3. Grieving process
4. Critical evaluation of the events

Recommendations.

1. Transparency about severe illness to prevent patients' misinterpretations of unexpected absences
2. Clear definitions of what pertain to clinicians' private sphere
3. Designation of a colleague to ensure continuity of careCritical evaluation of the events

Boldrini, T., Protopapa, G., De Vettor, M., Feligioni, A., Göksal, R., Lo Buglio, G., Spada, N., Innamorati, M., Lingiardi, V., & Giovanardi, G. (2026). On the talkability of death: Lived experience of patients whose therapists died during treatment. *Psychoanalytic Psychology, 43*(2), 149–163. https://doi.org/10.1037/pap0000584

10-MINUTE BREAK

WHAT NEEDS TO HAPPEN FOR A PRACTICE?

Guidelines for Practice Executors

I PHASE ONE

Immediate Triage of Patient Needs

Week 1: urgent cessation, notification, coverage.

II PHASE TWO

Business of the Practice

Billing, collections, and financial closure.

III PHASE THREE

Dismantling the Practice

Long-term record retention and full closure.

PHASE ONE — IMMEDIATE ACTION (WEEK 1)

Patient notification & care.

IMMEDIATE ACTIONS

- Secure and inventory all medical records
- Update voicemail, email, and websites
- Locate patient schedule and contact list
- Identify and confirm referral resources

CLINICAL APPROACH

- **Stance:** fully present human being
- **Goal:** preserve the secure attachment
- Watch for: abandonment, grief, anger, helplessness
- Document calls; follow up as promised

TERMINATIONS BY PROXY

A guide to patient calls.

SAMPLE PHONE CALL

"I am the psychologist covering for Dr. ___'s practice. Are you in a quiet place where you can speak privately? Are there supports available to you?

I have upsetting news to share. Dr. ___ wishes she could tell you herself, but she is not able to. She has been diagnosed with ___. She is very ill and no longer able to be available to her patients."

KEY GUIDANCE

- Set aside time and energy for each call
- Leave a message to reschedule — no clinical details
- Provide immediate crisis coverage resources
- Follow up when you say you will — give a timeframe

“I am so grateful, please tell her she has been a wonderfully positive force in my life. I’m shocked. Dr. B was amazingly stabilizing for me. I could always count on coming in and getting grounded.”

"Dr. B has been there for me more than anyone ever was when I was a kid. She taught me emotions. Literally, she taught me the words."

"I was very hurt … and have decided that I will not seek another therapist. What a waste of a decade of spilling my guts, only to be screwed over by the one person I trusted."

TERMINATIONS BY PROXY

Emotional impact of the role on the executor

- Pressure of time
- Professional duty vs. personal grief
- Desire to help
- Feelings of responsibility or resentment
- Loss of remaining time with friend due to demands of her practice
- Stress of a full caseload on top of your caseload
- Overwhelmed and exhausted

Parallel process- both patient and the executor

- Shock
- Grief
- Uncertainty
- Accepting finality

PHASES II & III

Financial closure & record retention.

II PHASE TWO · BUSINESS CLOSURE

- Clarify personal executor vs. practice executor roles
- Complete outstanding billing; close patient accounts
- Provide insurance reimbursement paperwork to patients
- Notify licensing board, associations, malpractice carrier

III PHASE THREE · RECORD RETENTION

- State-specific requirements; APA recommends 7 yrs (or 21 for minors); HIPAA 6 yrs; Medicare Adv. 10 yrs
- If practicing under PSYPACT, follow regulations in the patient's state if more stringent than in your own state.
- Keep phone and websites active for at least 1 year, or entire retention period
- Maintain a destruction log for expired records

Taking Custody of Medical Records: Notification and Retention

PENNSYLVANIA

49 Pa. Code § 41.57. Professional records- Maintain for at least 5 years after the last date that service was rendered. Not explicit for minors (typically 18 + 3).

Notification: No explicit requirement in PA regs. Consider:

- Putting a **notice** in the local paper specifying practice closure and contact information for records
- Contact all **active patients** by phone
- Notify by letter or email **past patients** (how far back?)
- Notify the **Board** of Custodian contact info

STATE REGULATIONS · EXAMPLES ACROSS THE COUNTRY

STATE	RECORD RETENTION	PATIENT NOTIFICATION	INCAPACITATION PLANNING	EXECUTOR REQUIREMENTS
CA	7 yrs, age 25 (minors).	None required	APA Guidelines	Not defined
FL	26 months post-death	Newspaper, 4 weeks	None required	Estate administrator
NJ	7 yrs, age 25 (minors)	Newspaper ×3 + direct	Closure plan required	Arrange a custodian
OR	7 yrs from last service	Custodian name on notice	Name a qualified person	Active OR licensee
PA	5 yrs from last service	APA Guidelines	APA Guidelines	Not defined

For educational reference only. Regulations subject to change. Always consult your state licensing board.

RETIREMENT

Responsibilities endure. A plan is needed.

Retirees still must maintain and make accessible medical records according to law and ethics, and must have a plan in place to transfer retention responsibilties, in the event of your death or incapacitation. Two options

1. Professional Will - retiree retains responsibility
2. Practice Executor - immediate transfer of records/ responsibilities

- Records must remain in secure, encrypted, HIPAA-compliant storage for duration required by law.
- Patients are entitled to access and transfer of records in retirement
- Referrals for past patients

Q&A 2

BE PREPARED

Making your own Professional Will.

Three steps to take now.

01 · Define your directive

02 · Empower your executor

03 · Choose your model

STEP 1

Define your directive.

- Notification method
- Personal boundaries regarding information shared with patients?
- A goodbye letter from you?
- Referral suggestions
- Offer in-person sessions? Your estate covers cost?
- Expectations re: retaining and transferring records?
- How to handle financial aspects of the practice?
- Compensation for the Executor?
- Considerations for: Testing Practice, Group Practice, Supervises

STEP 2

Empower your executor.

- Execute documents as a contract for security
- Provide detailed information regarding access: to your patient list, contact information, calendar, office, files, computer programs, electronic notes, voicemail and e- mail passwords
- Consider using password manager with PE as emergency access contact, solve for 2FA, and usual location of keys and datebook
- Provide copies of your professional will to your Personal Executor, to your Practice Executor, to your attorney, and to your professional liability insurance
- Amend your Consent to Treatment form
- Leave funds for compensating the Executor
- Update your will periodically

STEP 3

Who do you rely on?

CHOOSE YOUR MODEL — THREE OPTIONS

Traditional · 1:1 Colleague	Informal or template-based agreement with one trusted colleague.
Cooperative Group	Peer network with shared responsibilities; designated Bridge Therapist.
Professional Executor Service	Consultation → structured will → named professional clinicians on retainer.

A COLLEAGUE

1:1 Relying on a colleague.

HOW IT WORKS

- Often reciprocal
- Use attorney or a template.
- Create information access plan
- Colleague consents to serve as Practice Executor.

PROS

- No upfront cost
- Comfort of relying on someone known to you

CONS

- Stressful, overwhelming, easy to avoid.
- Often informal, unspecified, lacking access details
- Template wills are generic, lawyers are costly
- Not a legal contract
- Can be very costly w/ hourly fee deal (+10K)
- Colleague rarely understands extent of duty
- Colleague may not be available or may be grieving themselves
- Leaves burden on the family

A GROUP OF COLLEAGUES

Relying on a network.

HOW IT WORKS

- Recruit a peer network
- Identify each therapist’s needs
- Assign responsibilities
- Create an agreement
- Identify communication process

PROS

- Shared responsibility
- Less burden on any one colleague
- No cost

CONS

- Risks for breach of confidentiality
- Risk for inadequate care provided due to diffusion of responsibility
- Requires professional network
- Still burdens family with practice administration and financial

Ann Steiner, Ph.D.’s work: The Therapist's Professional Will™ training. Recommends an “Emergency Resource Team” of trusted colleagues and the “Bridge” therapist serves as the main contact and coordinator. (https://www.psychotherapytools.com/profwill_tips.html

AN EXPERT

TheraClosure

Relying on a professionalized service/ clinician.

HOW IT WORKS

ADVANCE PLANNING

- Consultation to understand practice, patients, wishes
- Personalized, detailed emergency access plan
- Expert clinicians named on retainer as Practice Executor
- Fixed annual cost — treated as a practice expense

INCAPACITATION/DEATH RESPONSE

- Triage & compassionate care: notifications, referrals
- Record retention as required by jurisdiction
- Completion of outstanding billing for the practice
- Full resolution of administrative aspects of closure

RETIREMENT/ RECORD CUSTODIAN SERVICES

- On retainer, in event of incapacitation/death OR
- Immediate assumption of Executor responsibilities, including retaining clinical records, making referrals

PROS

- Control costs and ensure your estate will pay nothing.
- Fail-safe plan for ethical obligations
- Comprehensive
- Experienced clinicians ready to serve
- Efficient, cost-effective, reliable
- Spare family or colleagues from burden
- Stress-free, peace of mind for you

CONS

- Upfront yearly fee. Budget as a practice expense
- If using paper records, make emergency digitization plan

THE RESULT

Compassionate, ethical closure.

CLIENTS FEEL…

- Cared for and respected
- Supported during an impossibly difficult moment
- Treatment stays metabolized — not abandonment
- Positive transference remains intact

FAMILY & COLLEAGUES ARE…

- Protected from managing a clinical practice in crisis
- Shielded from financial and legal risk
- Freed to grieve without managing your caseload
- Grateful for the forethought and care demonstrated

Garcia-Lawson, K.A., Lane, R.C. & Koetting, M.G. (2000). Sudden Death of the Therapist: The Effects on the Patient. Journal of Contemporary Psychotherapy 30, 85–103.https://doi.org/10.1023/A:1003605316813Boldrini,

Boldrini, T., Protopapa, G., De Vettor, M., Feligioni, A., Göksal, R., Lo Buglio, G., Spada, N., Innamorati, M., Lingiardi, V., & Giovanardi, G. (2026). On the talkability of death: Lived experience of patients whose therapists died during treatment. *Psychoanalytic Psychology, 43*(2), 149–163. https://doi.org/10.1037/pap0000584

FOR FURTHER READING

References & resources.

Reference List
https://www.theraclosure.com/references

Ultimate Professional Will Checklist
https://www.theraclosure.com/checklist

Publicly Available Professional Will Templates

San Diego Psychological Association. Guidelines for Preparing Your Professional Will https://sdpsych.org/resources/Documents/Preparing%20Your%20Professional%20Will.pdf

Template by Robyn Miller, Ph.D. (Composite of many Professional Wills, offered as an example, not as legal advice.). https://www.theraclosure.com/template

Emergency Practice Planning Resource Guidelines

Collaboration between TheraClosure & The Trust https://www.trustinsurance.com/wp-content/uploads/2026/06/Theraclosure-EmergencyPracticePlanningResourceGuide.pdf

Q&A

THANK YOU

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for PPA members
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