
IMPORTANCE OF THE ENDING SESSION. HOW TO PREPARE FOR THE END OF THE THERAPEUTIC PROCESS, FAMILY AND SYSTEMIC PERSPECTIVE

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Abstract: This paper, written from a family and systemic perspective, examines the final session of a therapeutic process in family and systemic psychotherapy and it's organized around the topics about characteristics and tasks that need to be taken in account while preparing for the ending session. Endings are about a shift and transition between one state to another, often accompanied with feelings ranging from excitement for the future to loss. Endings are generally hard in human relations and therefore they are often being avoided. Family and systemic therapy are not exceptions. There are different types of endings in family therapy. In an ideal case the ending is planned, carefully thought, tasks that are important for finishing are done, goals that are set are achieved and the decision for ending the therapy is from both sides (client and therapist). In this case the end of the therapy comes totally naturally and spontaneous. However, in family therapy endings are often inadequate. The purpose of this paper is to enumerate and discuss different tasks for completing the final session and their significance for the outcome of the therapy.

Having in that in mind, we start this paper with overview of most common reasons for ending the therapy and the review on the specific systemic approach to ending therapy. The main focus in this paper is on the steps on how to prepare for the last session. In this sense we talk about the importance of constant monitoring of progress in therapy, summary during therapy, emphasizing progress in therapy, generalization of what is learned in therapy and how it can be used later. We also stress out the importance of acceptance (internalization) of the therapist's opinion, observation of the end of the therapy from the point of view of other ends in life, saying goodbye, discussion of conditions for return to therapy, consideration of further referral and defining the availability of the therapist after treatment.

The end of therapy is generally viewed by psychotherapists as a complex stage of the psychotherapy where the process and progress of psychotherapy are typically reviewed and goals are developed for the future. The stages discussed here can help us prepare for the end of the therapeutic process, but they can also guide us in preparing for each subsequent session. In a word, we should lead each session and finish it as if it were our last, because the client does not always plan in advance whether to continue or not. It is necessary to review what has been done so far, emphasizing all the positive changes and completed challenges and goals, preparation for using the learned techniques during the therapeutic process in the daily life of the client. Certainly, it is important to build up the strengths and capacities of the clients to deal with new unforeseen events and situations that will be faced and should be dealt with in the future.

This topic is so important and necessary, it is very little processed in the professional literature comparing it with other topics and titles, which was certainly another motivating challenge for me to dedicate to it.

Keywords: psychotherapy, ending session, family and systemic psychotherapy

1. INTRODUCTION

Some time ago I had a client who came with a story that she doesn't have big worries in life, but she has difficulties in one area and she wanted to talk about it. It was that period just before summer holidays, and just after a two sessions the client didn't call again. Time passed and I thought that maybe I won't see the client again. I was left with the questions that were floating and weighed on my mind - was it helpful for her, what did she took from the sessions, what could I have done differently. I really missed that ending session.

That inspired me to explore the ways of ending the therapy and what to do if you don't have a chance for the final session. While researching on this topic, I find just a few studies dedicated specifically to this topic, although this area of interest was open as an area of discussion and theory while ago (Flaskas and Perlesz, 1996a).

Development of this topic has shown itself in the past in the emerging literature which explores the 'personal' interface of systemic therapy. Studies have appeared on intimacy (James and Kirkland, 1993; Weingarten, 1991, 1992), on empathy (Harari, 1996; Perry, 1993; Wilkinson, 1992), on emotion (Flaskas, 1989; Krause, 1993; Smith et al., 1990), on the therapist's use of self (Hildebrand and Speed, 1995; Hardham, 1996; Real, 1990), on the therapist's position in therapy (Anderson and Goolishian, 1992; Hoffman, 1993; Paterson, 1996), and on other issues surrounding the therapeutic relationship and the therapist-family system (Anderson, 1992; Cecchin et al., 1993; Flaskas, 1994; Flaskas and Perlesz, 1996b; Gibney, 1991; Gorrell Barnes and Henessy, 1995; Hedges and Lang, 1993; MacKinnon, 1993).

In Family and systemic therapy the end is always somewhere in sight.

The end may come very quickly because family and systemic therapy are often very dynamic. In contrast to the stable relationships between client and therapist, which are described in some individual therapy, relationships in family and systemic therapy are often unstable. Sessions can be difficult and emotionally tense because partners and family members make strong accusations against each other. The family therapy approach involves multiple members, each of whom may withdraw from therapy or there may be a split between family members or partners, which may result in the end of therapy.

Another reason is that the most widely used models of family therapy are highly goal-oriented, which means that the therapy moves towards a clear end when considering and evaluating the success in achieving the set goals. So, the end can be seen as the point towards which the therapy moves in all directions.

Termination is generally viewed by psychotherapists as a complex stage of psychotherapy (Gelso & Woodhouse, 2002). Research confirms that during this phase, the process and progress of psychotherapy are typically reviewed, goals are developed for the future, and the dyad says goodbye (Marx & Gelso, 1987). For some clients and psychotherapists, psychotherapy termination is also theorized to trigger a re-experiencing of past losses and unresolved grief (Joyce, Piper, & Ogrodniczuk, 2007).

Research is not unanimous on which type of therapy is more difficult to complete, some take into account the strong attachment that can be formed during long-term psychotherapy, and find that discontinuation may be more complex and difficult compared to short-term psychotherapy. Others point out the complexity when therapy should be discontinued after only a few sessions. However, the client's relationship with the therapist can play an important role in his or her personal effort to change. Therefore, it is important to provide sufficient time to complete therapy. If it is a longer therapy we should dedicate an entire session to the end or even two, or if it is a matter of uncertainty whether the client will continue, at the end of each session we should reflect on our work together, the client's progress in treatment and his feelings about therapy.

Without pretending to be comprehensive, I would like to point out a few things drawn from the literature that relate to the final session and that I find useful.

In the beginning I will briefly mention some of the reasons why therapies are inadequately ended. Then I will stop for a brief explanation of the characteristics of the ending therapy in family and systemic therapy, and then I am going to review some of the tasks that need to be taken into account while preparing the ending session.

2. REASONS FOR ENDING THE THERAPY

Under ideal circumstances, when to terminate the therapeutic relationship is determined mutually by client and therapist (Auld & Hyman, 1991). However often, *ending therapy may be postponed from the client or psychotherapist*. This usually happens when clients are indecisive to continue without therapy and therapist doesn't want to risk the possibility for them to feel rejected. Neither side is ready for the end of the therapy, nor does it offer the possibility for it to be completed so the therapy continues.

Sometimes there is a sudden interruption of therapy by the client. This usually happens when clients see progression in managing the difficulties that they had and believe that they have overcome them and will manage on their own from now on. This usually happens over the phone, by e-mail, text message or any other way in which the therapist doesn't have a chance for the last session with the clients.

Inadequate ending of the session may come because the *clients' expectations from the therapy are not met*. This usually occurs when clients don't see the "solutions of their problem" after a few sessions.

Each of these situations represents failure in attempt to deal with the problems connected with the ending of the therapy. Although these examples may be a little bit extreme, difficulties in ending the therapy are hardly rare. The presentation of a number of difficulties related to the completion of family therapy and the discussion of methods for conducting the completion should represent a significant part in the literature on marital and family therapy. Articles and presentations specifically focused on this topic are rare, although there are exceptions.

3. SYSTEMIC APPROACH TO ENDING THERAPY

The systemic approach to ending therapy is reflected in the fact that the end is not seen as a final break between the therapist and the client. This means that the family continuing its life, will apply what it has learned and achieved through therapy, i.e. that the effects of the therapy will be longer lasting. It is expected that the family will know and will be able to use the new patterns of functioning, established in therapy, again when some new problems appear or old ones return. The end of the therapy is thus transformed from the severance of the therapist-client relationship into a continuation, an extension in the lives of family members.

In open-ended therapy, the boundary between treatment and post-treatment remains blurred, and it can be said that there is no full stop after the ending, but comma. In this approach, therapy is not seen as a special event in the life of

the family in which current and future problems are permanently solved, but therapy is seen as an alliance between family and therapist and the family can use this as a strength in solving some future problems.

The importance of open-ended therapy is supported by the data provided by Jakobson, which draw attention to the fact that there are various possibilities for worsening even after a series of successful years after the end of therapy. These data suggest that even with fairly successful therapies, the duration of changes may be limited. Open-ended therapy also means that the therapist is available to the family as a source of help if new problems exceed their strengths.

The open-ended approach has a very wide practical application. Therapists explicitly present themselves as available during one phase in which a connection will be built, which can be used in the future as well. Clients' unrealistic expectations that the end of therapy will mean the end of all possible difficulties should be replaced by a more realistic one, by introducing a story about different life cycles that the family goes through and in which they will face problems as an integral part of human life. The end of therapy is not assessed as the last contact, but as the end whose consequences can be short-lived or last a lifetime.

According to therapist reports, the average percentage of time spent on bringing treatment to an end by talking about termination was found to be approximately 17 percent of the total number of sessions, a number similar to the 16.67 percent reported by Gelso and Woodhouse (2002) in their review of termination literature.

The attitude towards the end of therapy actually begins at the beginning of therapy. The story of the ending helps the therapist to clearly define the goals and criteria for success. Usually these goals are reduced to the level of the existing problem, e.g. marital dissatisfaction. As therapy progresses some other goals can be marked and set. The framework of these objectives provides the basis for the decision on completion. When is it appropriate to finish? What level of change indicates that it is the right time? What are the appropriate ways to complete it? All of these issues should be considered from the beginning of therapy.

At an early stage, the therapist should offer a termination model that includes a description of the open termination. The therapist should point out the benefits of the planned completion. Also, he should know that this view of completion may differ from family expectations arising from their experience with other relationships where one phone call is sufficient for a satisfactory end. Therefore, the emphasis should be on the importance of ending with a meeting, not with a phone call.

The ending itself must be tailored and come from the context of special situations. The best approach to completion is to adapt the general model to the specific situation. In that sense, the therapist should consider important questions: how would the appropriate ending with this family look like, how will the ending affect certain circumstances and how will it affect the family in the future.

It should be emphasized that, although "easy completion" is the rule among many family therapists, it is not irreplaceable. A range of therapists, from psychoanalysts to strategists, view these methods not only as unnecessary, but also as such to develop addiction in a way that is not helpful. They stick to less flexible, traditional types of endings. One of the main goals is to end the therapy in such a way as to minimize the risk of returning to therapy and to prepare the family to be ready to solve their own problems independently of the therapist.

4. HOW TO PREPARE FOR THE LAST SESSION

There are a few tasks that every therapist should have in mind when preparing for the end of the therapy. However, according to what was previously said that endings in family and systemic therapy are often inadequate, implementation of these tasks should be done in every session in case clients don't come back and therapist doesn't have a chance for the final session. The conceptual framework guiding on how to prepare for ending session is discussed in the next section.

Constant monitoring of progress in therapy

Completion begins with the decision to establish therapy. The processes of the family change lasts throughout the therapy. It begins with defining goals and determine the criteria for achieving them at the beginning of treatment then working on their achievement during the therapeutic process until it is done to the point where clients or therapist raise issues of ending therapy.

In working with families, gender and cultural issues must always be in focus. This is no less important when completing therapy. In some cultural groups, the thought of a planned, well-considered ending may be completely unknown. In others, a complete break with the therapist can be almost meaningless. In contrast, some groups may have high fears about further dependence on therapists. Interventions must be tailored to the specific case in order to finish the completion requirements.

Similarly, a male and female view of ending can be distinguished, taking into account that women place an emphasis on affective attachment, and men are more focused on instrumental behavior. Older people, youth,

adolescents and children can also have different angles. Sensitivity to these differences is an important segment of family therapy.

Summary during therapy

The therapist should help families to watch the therapy flow. What were the key events during the therapies? What were the actions, thoughts and feelings of the different participants? Part of this summary should focus on achieving goals. Have all the goals been achieved? Which ones are they? Which ones aren't? What has prevented changes in some areas? What accelerated the changes that took place?

The therapist should encourage family members to summarize the therapy from their point of view and to examine what the therapy was like and what was important in the process of change. The goal is not to impose insight, but to help family members understand what they can do best, so that change is most likely to prove effective over time.

Emphasizing progress in therapy

Clients often do not fully understand the extent of the change that has taken place and their contribution to the change process. Clients often passively view change as a result of the therapist's work. The therapist should actively work on highlighting the change that has occurred and the clients' role in it. A greater sense of competence can be built by pointing out the direction and path of change and the particular behavior of the client that led to it.

Generalization of what is learned in therapy and how it can be used later

Marital and family therapy is most effective when it leads to clear and obvious learning how to do something. The therapist should emphasize the abilities that have been built and develop a plan with the family to maintain those abilities. Both the client and the therapist should explore the nature of these abilities (potentials). Which ones are most valuable to the client? How does each individual use them most effectively? How does a family or couple use them? What do they think is the most important thing they have learned in therapy? What do they think is the most difficult to preserve, without returning to the old state?

Similarly, the therapist should share his or her view of what abilities have developed, which have been most important in the process of change, and how they can be best used in the future. The therapist should emphasize that the abilities developed in the process of therapy often fail if they are not used. An active program of maintaining change is needed, and this program is best presented by emphasizing the role that each family member has.

Different families need different styles of engagement with the therapist (and vice versa). This is always mediated by (among other things) the interlinking of class, culture, age and gender. As Hardham (1996) argues, as therapists we are always 'embodied' in our work with families, and at the same time we are always 'embedded' in the context of the therapeutic relationship. The possibility of returning to a previous non-functional state, through the return of some problems, should be presented, emphasizing that they can be solved when they occur. The therapist helps the family to recognize in time the signs of problems they already had and to develop a strategy for solving them. In addition, the therapist helps the family plan to solve the problem.

Acceptance (internalization) of the therapist's opinion

Over time, the therapist becomes a participant in family life as well as part of the system. One of the tasks of completion is for the therapist to stay with the family, not as an active participant, but to be involved in the family process. Of course, family members will often have an internal dialogue or talk to each other about what the therapist would do. They need to be encouraged, to imagine what he would do.

What would it be like to have a session with a therapist? What would they do if they were in his place? Of course, these suggestions only hint at the importance of preserving the atmosphere that is important for the success of family therapy, which the family must introduce into its own life independently of the therapist. The therapist strives to build a sense of family security and self-confidence, the ability to stay connected, solve problems and deal with those that arise.

Observation of the end of the therapy from the point of view of other ends in life

The endings are powerful and challenging. Each person has a unique history of endings. The end of the therapy should take into account that information as well. Does the client's past make it difficult to complete? What is repeated? This should be carefully examined with the help of a genogram used in therapy.

Saying goodbye

The end is, after all, separation and for many it is very important. Part of the task for both the client and the therapist is to accept the bond that has been built in the therapeutic relationship. It is important for the family to have the opportunity to express gratitude and appreciation to the therapist for the help provided. The therapist should be open in accepting what comes back to him as a gratification. Every client has their own way of forgiving. The therapist should try to understand what the typical ways of forgiveness are for a particular client and how the ending in a particular case can best fit.

Discussion of conditions for return to therapy

The decision on when to return to therapy is very difficult for the family. The decision to return is often based on a family script that moves them either when the difficulties are getting worse or at the first signs of difficulty.

As part of the completion process, the therapist should indicate a possible return process, under which conditions the family can continue on their own, and when they should return. The therapist should clearly emphasize the possibility of problems returning after the end of therapy, but also that they can be resolved without returning to therapy. He also helps the family create a plan for evaluating the problem with a clear understanding of what they can solve on their own before consulting the therapist again. The possibility of special circumstances that could lead them to urgent consultations should also be discussed, with clearly defined parameters of what is considered a special circumstance.

Consideration of further referral

In a small number of cases, the completion of one treatment leads to the beginning of another. A range of problems outside the scope of one treatment may be the basis for referral to another treatment. For example, an individual from a couple who comes to marital therapy and who is divorcing may be instructed to work with a therapist on his life in the post-divorce period. It is more common for referrals to self-help groups of both the individuals and the whole family in order to stabilize the changes after the end of the treatment.

Defining the availability of the therapist after treatment

The therapist should make it clear to the family when and under what circumstances he will be available. The open-ended therapy model suggests a lifelong commitment to therapist availability. Exceptions to this rule should be clearly stated.

5. CONCLUSION

Termination appears to be viewed as a positive transition by most clients, supporting the termination as development model suggested by Quintana (1993). For most clients, rather than eliciting unresolved losses, the research suggests that the final stage of psychotherapy is characterized by a sense of accomplishment, pride, calmness, and health for both psychotherapist and client. Clients reported that these feelings were due in large part to the open discussions they had with their psychotherapist about their reactions to termination and their feelings about the therapeutic relationship (Marx & Gelso, 1987).

These ideas can help us as we prepare for the end of the therapeutic process, but they can also guide us in preparing for each subsequent session.

In a word, we should lead each session and finish it as if it were our last, because the client does not always plan in advance whether to continue or not. It is necessary to review what has been done so far, emphasizing all the positive changes and completed challenges and goals, preparation for using the learned techniques during the therapeutic process in the daily life of the client. Certainly, it is important to build up the strengths and capacities of the clients to deal with new unforeseen events and situations that will be faced and should be dealt with in the future.

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REFERENCES

- Auld, F. & Hyman, M. (1991). *Termination: When and How to Stop Therapy. Resolution of Inner Conflict: An introduction to psychoanalytic psychotherapy*. Washington, DC: American Psychological Association.
- Anderson, T. (1992). Relationship, language and pre-understanding in the reflecting processes. *Australian and New Zealand Journal of Family Therapy*, 13: 87–91.
- Anderson, H., & Goolishian, H. (1992). The client is the expert: a not-knowing approach to therapy. In: S. McNamee, & K.J. Gergen (eds) *Therapy as Social Construction*. London: Sage.
- Flaskas, C., & Perlesz, A. (1996). *The Therapeutic Relationship in Systemic Therapy*. London: Karnac Books.
- Grunebaum, H. (1988) What if family therapy were a kind of psychotherapy? *Journal of Marital and Family Therapy*, 14: 195–199.
- Gelso, C. J., & Woodhouse, S. S. (2002). The termination of psychotherapy: What research tells us about the process of ending treatment. In G. S. Tryon (Ed.), *Counseling based on process research: Applying what we know*. Boston, MA: Allyn & Bacon.
- Hardham, V. (1996). Embedded and embodied in the therapeutic relationship: understanding the therapist's use of self systemically. In: C. Flaskas and A. Perlesz (eds) *The Therapeutic Relationship in Systemic Therapy*. London: Karnac Books

- Harari, E. (1996). Empathy and the therapeutic relationship in systemic-oriented therapies: a historical and clinical overview. In: C. Flaskas and A. Perlesz (eds) *The Therapeutic Relationship in Systemic Therapy*. London: Karnac Books.
- James, L., & Kirkland, J. (1993). Beyond empathy: seasons of affiliation, intimacy and power in therapy relationships. *Australian and New Zealand Journal of Family Therapy*, 14: 177–180.
- Joyce, A. S., Piper, W. E., Ogradniczuk, J. S., & Klein, R. H. (2007). *Termination in psychotherapy: A psychodynamic model of processes and outcomes*. Washington, DC: American Psychological Association.
- Marx, J. A., & Gelso, C. J. (1987). Termination of individual counseling in a university counseling center. *Journal of Counseling Psychology*, 34, 3-9.
- Quintana, S. M. (1993). Toward an expanded and updated conceptualization of termination: Implications for short-term, individual psychotherapy. *Professional Psychology: Research and Practice*, 24, 426-432.
- Quintana, S. M., & Holahan, W. (1992). Termination in short-term counseling: Comparison of successful and unsuccessful cases. *Journal of Counseling Psychology*, 39, 299-305.
- Weingarten, K. (1991). The discourses of intimacy: adding a social constructionist and feminist view. *Family Process*, 30: 285–305.
- Weingarten, K. (1992). A consideration of intimate and non-intimate interactions in therapy. *Family Process*, 31: 45–59.