Section V: FINAL STAGE OF TREATMENT: Termination
Chapter 11
Sessions 17 through 20 (approx.)

GOALS:

- Review what was learned
- Predict relapse
- Anticipate what to do
- Get closure on relationship issues

The final four sessions should be devoted to termination and maintenance issues. This involves the same components which need to be incorporated into the basic structure of each session: a) set an agenda; b) review homework; c) select at least one topic to work on in depth; d) summarize; e) set up new homework assignment; and f) do mutual feedback

Scheduling the ending process

It is recommended that therapy end in a gradual and systematic way. The final few sessions could be “spaced out” (that is, they won’t be held weekly, but perhaps biweekly, or monthly), in order for the client to begin to disengage from the therapeutic relationship and to independently use the tools learned in therapy to combat negative moods. We have found that more gradual terminations are easier for the client to adjust to, and are associated with more long term improvement.. We also recommend, if needed, the possibility of scheduling “Booster Sessions” after your last formal session. “Booster” sessions are designed as a “check-in” to see how the client is using these skills independently. We often schedule booster sessions to occur anywhere from 1 - 2 months after the official last session.

What does ending mean to you?

During the final sessions, we encourage discussions with the client about (1) what ending therapy means, (2) the client’s ideas about what was more helpful and
what was less helpful during treatment, and (3) the client’s feelings about the therapist as a person. Talking directly about these issues helps create a more positive ending, and will give the client a sense of closure that is very important. You can also encourage the client to complete UTDs related to his/her fears and concerns about ending therapy. Another topic that may come up at this point in time is whether or not the client should continue with another professional therapist, go on anti-depressant medication, or perhaps join a self-help group or a support group of some kind in order to stay in contact with other people who have had similar problems and gain support from them. These are important issues that should be talked about frankly and thoroughly at this time.; there are no general guidelines that are appropriate for all clients, but rather only individual people with individual needs.

**Maintaining changes after therapy has ended: The Maintenance Guide**

*How were changes made?*

The "MAINTENANCE GUIDE" is a specific document created by both you and the client that consolidates the client’s experience in therapy to review skills and prepare for possible problems in the future. We recommend using three sessions to create this document before the final “goodbye” session. We recommend to start this guide in session and have client complete, or add to it for homework. Also, for those who use UTD’s well, it can be very helpful to have client review copies of actual UTDs completed during treatment to see what were some important issues in the beginning of therapy and what was the progression over time in his/her understanding of the problems and reduction of depression and other negative effects associated with the problem. You may want to give the client a set of blank UTDs for future use.

*Review of skills*

To begin, ask the client to review the skills learned throughout therapy. On page 120, there is a review sheet to document cognitive, behavioral, and interpersonal skills. The client is asked:

**HOW DID I MAKE CHANGES IN MY GOALS?**

- What were the cognitive skills I have learned?
• What were the behavioral skills I have learned?
• What were the interpersonal skills I have learned?

*Future Stressful Situations*

Ask the client to think about and make a list of the situations that are likely to arise in the future that may exacerbate symptoms and result in depression. Ask the client: *What kinds of high risk situations might I experience that would send my thoughts and emotions into a downward spiral?*

*How will future stressful situations be handled?*

Next, after the list is generated, ask the client to think of specific behavioral and cognitive skills (from the earlier list) that would help in each particular situation.

4. **Recognizing DANGER SIGNALS**

Encourage your client to talk about DANGER SIGNALS that should serve as warning signs that, despite the best efforts, low moods are again present and is getting more severe. Together, work out a plan of what to do and who to call, to help deal with the possibility that for some reason, the strategies learned in therapy do not seem adequate, and do not fully do the job of minimizing a depressive reaction. That sometimes happens, despite our best efforts. For example, people may become overwhelmed by one very big negative event (such as death of a loved one) or by a series of smaller but frequent negative events (several bad things happening at once, over-taxing your ability to cope). This can happen to anyone. It is important that clients think back to this most recent bout of depression and try to remember what their main symptoms were. Help your client make a list of the symptoms that they would consider to be their DANGER SIGNALS. This way they can notice them right away and make immediate plans for constructive action.

5. **Disposition and/or what to do when a Danger Signal is experienced?**

The final aspect is to develop a concrete plan or what to do when certain symptoms resurface. Who can the client call? What should he/she do if you are no longer in the area, or are not available, and he/she needs therapy again? You should
have specific answers to these questions, so that you can terminate with your client in confidence.

6. **The workbook is a resource.**

   All the notes, exercises, handouts, and thoughts regarding the work instruct the client to keep it in a place where it is easily found. Encourage the use of the workbook as a written record.