

Careful attention must always be paid to all aspects of the therapeutic process. Termination should not be treated as the highlight of the therapeutic experience, but it should certainly be a goal (Cormier, 2016). Although termination can help bring the therapeutic process to a logical and positive conclusion, it is only one part of the entire system of family therapy. If possible, termination should take into account the family's progress in therapy, including skills they have learned that can be applied later.

Tasks Connected to the Termination of Family Therapy

- Prepare family for ending through a four-step process of (1) orientation, (2) summarization, (3) discussion of long-term goals, and (4) follow-up and relapse prevention.
- Set a date for a final farewell session.
- Use rituals and tasks as appropriate for a meaningful and memorable ending.

FAMILY REFLECTION

Endings are often harder than beginnings, especially if you have invested a lot in what you are doing. Is there a strategy you can use that will allow you to say good-bye to family you work with and not feel loss? How have you dealt with losses in your own family of origin? What lessons can you transfer from those experiences?

AN EXAMPLE OF APPROPRIATE PROCESS IN FAMILY THERAPY

There are a number of family therapies that could be used to illustrate appropriate process. However, the overlap of most therapies will be used here to show how the majority of family therapists operate.

Initial Session(s)

Most family therapy is directed toward changing family interactions (Walsh & McGraw, 2002) and therefore requires that entire families be present in sessions. The first, and for most therapists, crucial phase in working with a family is focused on *building a relationship*. Within initial sessions, *joining* and *establishing rapport* with a family are the foci of treatment. An attempt is made to make contact with each family member and listen to his or her concerns. Family dynamics are also directly observed, especially in regard to **power** (i.e., decision making, manipulation, negotiation), **boundaries** (i.e., physical and emotional closeness), **coalition** (i.e., two or more people joined together for support), **roles** (i.e., behaviors members expect from one another), **rules** (i.e., implicit or explicit guidelines that determine behaviors of family members), and **patterns of communication** (i.e., double messages, withholding information, and overgeneralizing).

In addition to viewing family patterns, family therapists might ask family members to give self-reports about how the family functions. One way of doing this is for family members to talk about a **typical day** in the life of their family.

With this material in hand, family therapists *engender hope* that change can take place within the family by reframing problems to have more positive connotations or putting them in perspective and working with the family to formulate appropriate goals. Resistance may be dealt with by renegotiating goals; confronting the family with the fact that it is resisting, thus making them aware of their behaviors; assigning a positive connotation to the resistance to avoid a power struggle; and joining the resistance and even exaggerating it so that resistance requires a level of cooperation between family and therapist.

Middle Phase of Treatment

In the middle phase of treatment, family therapists concentrate on helping family members become more aware of their behaviors (i.e., analysis) and to **reorient** (i.e., change what they are doing). *Awareness* is increased through such processes as examining individual versus family goals, exploring lifestyles and types of communication between family members, and making explicit the needs and wants of the family as a whole, as well as of its individual members. Through such an understanding, families may become more motivated to want to try new behaviors and ways of interacting.

Reorientation and change

Reorientation and change can take place by simultaneously addressing several areas of difficulty. Among the most important of these areas are the following:

- Changes in perceptions, beliefs, values, and goals.
- Changes in the structure and organization of the family.
- Changes in the skills and social behavior of the family through teaching.
- Changes in the way direct and indirect power are employed in the family.

Through direct and indirect ways, families and their members are given an opportunity to try on new roles in nonthreatening ways.

Termination

Termination is initiated in most family therapies when a family and a therapist agree that change has occurred and that the family is making progress or has made the type of progress initially agreed on. Measuring progress comes through observation of family interactions, self-reports, and various assessment techniques. In initiating termination, family therapists reinforce newly learned skills or ways of behaving. During termination families are often encouraged to project ahead to problems that might arise and discuss how they would handle such difficulties.

Finally, during termination, a family's strengths and abilities to continue its success are reiterated and reinforced by the therapist. The therapist then follows up with the family through a variety of means at a predetermined time. At **follow-up** (an appointed time with the family several weeks or months after formal treatment has ended), the family is again reinforced by the therapist in regard to competencies and ability to maintain or continue change.