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# An exploratory-descriptive study of the termination phase in social work practice.

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UNIVERSITY OF WINDSOR  
THE SCHOOL OF SOCIAL WORK

AN EXPLORATORY-DESCRIPTIVE STUDY OF THE  
TERMINATION PHASE IN SOCIAL WORK PRACTICE

BY

Michael H. Lanigan

Rodger W. Mitchell

A research project presented to the School of  
Social Work of the University of Windsor  
in partial fulfillment of the  
requirements for the  
degree of Master of  
Social Work

July, 1974

Windsor, Ontario, Canada

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A handwritten signature or set of initials, possibly 'S' or 'M', written in black ink.

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## ABSTRACT

Our specific objective in completing this research project is to study the concept of termination in terms of goals, criteria, circumstances, methodology, inherent problems for the social worker and educational aspects relevant to the termination phase.

The research design employed is of an exploratory-descriptive study type with a purposefully established broad focus in order to answer specific questions, formulate problems for more precise investigation and to develop hypotheses for future study.

Our study population includes 127 professional social workers employed in the city of Windsor. At the time of data compilation, 63 social workers had returned the mailed questionnaire which was used as the data collection instrument. Responses were tabulated and statistically analyzed.

The findings of this study were: that Windsor social workers are generally quite comfortable in dealing with the termination phase; that a limited knowledge base of the termination process is evident; that administrative constraints and circumstances of termination which are not goal-oriented have little effect on the successful outcome of treatment; that social workers perceive positive reactions to termin-

ation as being more predominant than negative reactions; that a mutual decision to terminate is most desirable; that specified goals, methods and criteria for termination are important; that Windsor social workers feel that the termination phase is as important as other phases of treatment and; that the establishment of contractual agreements has a significant effect on the termination phase of treatment.

From these findings, it appears that Windsor social workers perceived that they are able to deal adequately with the termination phase.

To clarify and verify the findings of this study, comparative research from the client's point of view must be undertaken.

Meaningful in-service training programs, workshops, further research and publications are indicated as means for developing better knowledge of the termination phase.



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CHAPTER I  
INTRODUCTION

Since the termination of relationships is experienced by everyone at various times during their life-space, the concept of termination is a universal phenomenon. Similarly, termination is experienced during the treatment sequence in social work practice, regardless of the particular modality employed by the social worker. For every beginning phase in social work treatment, a termination phase is inevitable. Although professional social workers have recognized the importance of this fact, a preoccupation exists with the beginning and middle phases of treatment. The available literature abounds with information concerning the beginning and middle phases of treatment, yet generally neglects the termination or final phase.

Social workers, both intuitively and knowingly, have done more with beginnings than with endings. The literature speaks to "intake procedures" and "getting started" in various professional situations, with varying degrees of skill consciously identified and utilized. Endings on the other hand, are usually allowed to happen when the client is worn out, "wearied out," and the relationship has lost its meaning. . . . There is room for the use of as much skill in exploiting the significance of endings in social work processes, as in exploiting the significance in beginnings, though much less attention has been given to it.<sup>1</sup>

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<sup>1</sup>Ruth E. Smalley, Theory for Social Work Practice (New York: Columbia University Press, 1967), p. 148.

Unfortunately, social work researchers have also neglected the termination phase.

We felt that a general lack of understanding and consideration of the termination phase had contributed to ineffective therapeutic counselling. As a result, an inappropriate continuum from premature discontinuance of service to an over-extension of service had manifested itself in practice.

Due to the obvious importance of the termination phase and the minimal attention given to it in the literature, we felt the necessity to explore and describe the components of the termination phase in social work practice. Uncomfortable personal experiences and numerous unfavourable outcomes in dealing with termination were also compelling factors.

With that in mind, our specific objective was to study the concept of termination in terms of goals, criteria, circumstances, methodology, inherent problems for the social worker and, relevant educational aspects. Our hope was to complete a study that would clarify the components of the termination phase of social work practice and would identify areas which required further and more elaborate research. Our conviction was that this study would create interest for and provide subsequent benefit to the Windsor social work community. In preparing our study, we made a conscious effort to amass information which might spur interest and promote action of social workers to become aware of the intricacies of the termination process.

As a final point of direction for the reader of our study, termination was defined as the, ". . . cessation of service, or the disruption and severance of a particular worker-client relationship, regardless of how this break occurs, or who initiates it."<sup>2</sup>

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<sup>2</sup>F. G. Clarke, "Termination: The Forgotten Phase?" The Social Worker, Volume 35, #4 (November, 1967), p. 265.

CHAPTER II  
REVIEW OF THE LITERATURE

As one reviews the available social science literature on the termination phase in therapeutic counselling, the obvious neglect of the topic of termination becomes readily apparent. To date, the psychoanalytic theorists have been the main contributors to the literature dealing with termination. Although termination had been discussed briefly by such persons as Otto Rank, Sigmund Freud and Regina Flesch, not until the early 1950's did other psychoanalysts begin to concern themselves with this phase of treatment. Other psychotherapeutic theorists began to contribute information on the termination phase of treatment during the late 1950's and early 1960's. However, as in the case of the psychoanalytic literature, a solid knowledge base was not developed for this phase of treatment.

Although social workers had been involved with therapeutic counselling for several decades, the social work literature showed little evidence of concern for the final phase of the treatment sequence. Social work authors devoted extensive energy to developing a sound theoretical knowledge base for the beginning and middle phases of treatment. However, few social workers recognized the importance of the

termination phase until the late 1960's. Sporadic writings on this phase began to appear in journals and books, yet the apparent lack of concern has prevailed to the present time. Only a minimal amount of social work research on the topic of termination has been conducted.

Perhaps because the concept of termination appears to be self-explanatory by its very nature, few authors have developed a definition of termination for reference in treatment. However, one precise and concise definition of termination that has been developed to date is that of F. G. Clarke. He states that termination is the, ". . . cessation of service, or the disruption and severance of a particular worker-client relationship, regardless of how this break occurs, or who initiates it."<sup>3</sup>

Jane Bolen conveys the concept of termination in its ideal model. She states that,

. . . termination is structured as a gradual weaning of the client from the relationship with the worker; this weaning is consciously engineered by both of them with attention to the problems encountered. The worker's specific responsibility is to help the client to separate from him and to disengage from the treatment process.<sup>4</sup>

In addition, Helen Northen describes termination as, ". . . a dynamic and vital process in social work. It is a process through which a social service is discontinued to an

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<sup>3</sup>Clarke, "Termination: The Forgotten Phase?" p. 265.

<sup>4</sup>Jane K. Bolen, "Easing the Pain of Termination for Adolescents," Social Casework, Volume 53, Number 9 (November, 1972), p. 519.



individual or a group."<sup>5</sup>

With the concept of termination defined, it is important to discuss the many variables which constitute the termination phase of treatment. As termination cuts across all schools of thought, a generic point of view seems most appropriate in discussing this subject. For example, group workers should be as concerned and skilled in the termination process as caseworkers.

One variable which all social workers should consider is that of the goals of termination. According to F. G. Clarke, the goals of termination broadly stated are, ". . . to maximize the positive potential inherent in termination and to minimize the negative potential of the experience."<sup>6</sup> More specifically, Clarke delineates three further goals. These include maintaining as much as possible the gains made during treatment; helping the client to achieve as much independence and assertiveness as possible and; the stressing of the realization that a client can return to the agency if necessary, and this is no indication of failure. These positive goals must outweigh the negative aspects of the termination experience if the broader stated goal is to be achieved.<sup>7</sup>

Evelyn F. Fox, Marian A. Nelson and William M. Bolman address themselves to the importance of facilitating the

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<sup>5</sup>Helen Northen, Social Work with Groups (New York: Columbia University Press, 1969), p. 222.

<sup>6</sup>Clarke, "Termination: The Forgotten Phase?" p. 266.

<sup>7</sup>Ibid., pp. 266-267.

maintenance of gains during the termination phase. They state that,

The manner in which the therapeutic relationship is brought to a close will heavily influence the degree to which gains are maintained; failure to work through the attitudes and feelings related to the ending of therapy will result in a weakening or undoing of the therapeutic work.<sup>8</sup>

William J. Reid and Laura Epstein generally comply with the goals of termination as espoused by F. G. Clarke. Special consideration is given to the fact that the client must feel a high degree of comfort in returning to a particular agency, should he require further assistance. They state that,

By termination we hope that the client will have achieved a significant degree of relief from the one or two problems that he most wanted help with, at least enough relief so that he no longer wants further help at that point. We expect that he may want help again with other variations of the same problem or with some other kinds of problems and would encourage him to return if he does.<sup>9</sup>

Another goal of termination may be to ensure the transferability of gains made in therapy, enabling clients to cope with problems outside the treatment situation. Robert Vinter confirms this by stating that,

Since we seek to achieve changes which are stabilized and transferable outside and beyond the treatment sequence, careful evaluation and termination is likely to foster such conditions of change.<sup>10</sup>

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<sup>8</sup>Evelyn F. Fox, Marian A. Nelson, and William M. Bolman, "The Termination Process: A Neglected Dimension in Social Work," Social Work, Volume XIV (October, 1969), p. 53.

<sup>9</sup>William J. Reid and Laura Epstein, Task-Centered Casework (New York: Columbia University Press, 1972), p. 199.

<sup>10</sup>Rosemary C. Sarri and Maeda J. Galinsky, "A Conceptual Framework for Group Development," Readings in Group

Emphasis and consolidation of the short-term gains made in treatment is an important goal of the termination process.

The final phase is one during which the efforts of the social worker are directed mainly toward helping the members to stabilize the gains they have made and to prepare them for termination,<sup>11</sup>

Margaret Schubert refers to the emphasis of gains made during treatment. She states that,

As one moves toward termination, the accent is on affirmation of what the client has done, an expression of confidence in his future competence, and helping the client to affirm this for himself.<sup>12</sup>

In summary, all goals of the termination phase are directed at dealing with, reducing and solving the problems experienced by worker and client in ending treatment and parting.

Numerous authors have commented upon the many factors that indicate and influence the termination phase of treatment. The psychoanalytic literature is especially concerned with the criteria for termination. A major conflict among psychoanalysts stemmed from the question of whether analysis was an interminable or terminable process. In 1937, Sigmund Freud identified this area of conflict. He realized that an analysis would probably never totally negate all pathological

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Work Practice (ed.) by Robert D. Vinter (Ann Arbor, Michigan: University of Michigan Press, 1964), p. 93.

<sup>11</sup>Northen, Social Work with Groups, p. 222.

<sup>12</sup>Margaret Schubert, Interviewing in Social Work Practice: An Introduction (New York: Council on Social Work Education, 1967), p. 71.

behaviour and suggested that if no further effect could be anticipated, termination was appropriate.<sup>13</sup> There seemed to be agreement that analysis had to end at some point without complete cure. "Although there is perhaps no such thing as a completed analysis, most patients do, sooner or later, stop coming to analysis."<sup>14</sup>

Freud stipulated the need for development of measurable criteria to signify the appropriateness of termination. He advocated the termination of an analysis when two conditions were attained.

First, the patient must no longer be suffering from his former symptoms and must have overcome his various anxieties and inhibitions and, secondly, the analyst must have formed the opinion that so much repressed material has been brought into consciousness, so much that was inexplicable elucidated, and so much inner resistance overcome that no repetition of the patient's specific pathological processes is to be feared.<sup>15</sup>

Melanie Klein felt that the anxieties and conflicts experienced during the first year of life must be sufficiently dealt with by the analyst before termination took place. She emphasized two criteria as indicators for termination, that of a growth in stability and a stronger sense of reality.<sup>16</sup>

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<sup>13</sup>Sigmund Freud, "Analysis Terminable and Interminable," in Collected Papers V (London: Hogart Press, 1950), p. 320.

<sup>14</sup>Marion Milner, "A Note on the Ending of an Analysis," International Journal of Psychoanalysis Vol. XXXI, 1950, p. 191.

<sup>15</sup>Harold Hiatt, "The Problem of Termination of Psychotherapy," American Journal of Psychotherapy, Vol. 19 (October, 1965), p. 608.

<sup>16</sup>Melanie Klein, "The Criteria for the Termination of a Psycho-Analysis," International Journal of Psychoanalysis, Vol. XXXI (1950), pp. 78-80.

Sheldon Schiff utilized one main criterion in terminating clients. He calculated this in terms of " . . . the degree to which the patient's initial symptoms have remitted."<sup>17</sup>

S. Nacht speculates that self-awareness and resistance to reactions of frustration are relevant criteria for terminating analysis. He states that the client,

. . . must be able to take into account both his own needs and objective reality as a whole, which will chiefly be displayed by his ability to establish and maintain stable object relationships. In addition to these positive achievements we must also ascertain that he is able to tolerate the inevitable dissatisfactions and frustrations inherent in life and to do so without regressive or auto-punitive reactions. These highly significant indications will be observed either simultaneously or successively on two levels: in the transference, that is, within the analytic situation, and in the external world.<sup>18</sup>

Other psychoanalytic authors such as Ferenczi, Hoffer, Balint, Rickman, Weigert, Fromm-Reichmann, and Menninger have also contributed specific criteria for the termination of analysis. Some of these criteria, as outlined by Harold Hiatt, include the client having overcome his fear of castration and, if a female, loss of her masculinity complex; the development of a high degree of self-awareness; good sexual performance; the capacity to mourn; the resolution of countertransference; the restrictions of extremes of behaviour and awareness of the dependency-independency conflict; a sense of greater freedom; the capacity for more enjoyment from life; the

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<sup>17</sup>Sheldon K. Schiff, "Termination of Therapy," Archives of General Psychiatry Vol. 6 (1962), p. 94.

<sup>18</sup>S. Nacht, "Criteria and Technique for the Termination of Analysis," International Journal of Psychoanalysis, Vol. 46, Part I (January, 1965), p. 109.

cessation of compulsive activities and; the reduction of depressive behaviour.

Harold Hiatt is more personally concerned with the process of termination from a psychotherapeutic point of view. His major criterion is that of a higher level of ego functioning.<sup>19</sup>

Lewis R. Wolberg delineates three conditions under which termination of psychotherapy is indicated. These include, (1) success judgments from the standpoint of the patient, such as symptomatic relief; (2) success judgments of society, such as culturally condoned behaviour which differs from culture to culture and; (3) success judgments from the standpoint of the therapist, such as his personal concept of normality or a general ideal of mental health.<sup>20</sup>

Wolberg recognized the need to utilize criteria in attempting to achieve a practical goal in therapy. Valid criteria facilitate,

. . . the achievement by the patient of optimal functioning within the limitations of his financial circumstances, his existing motivations, his ego resources and the reality situation.<sup>21</sup>

J. H. Masserman identifies further criteria for the termination of psychotherapy. He concludes that,

. . . the completion of psychotherapy . . . is indicated not by what the patient says but by (a) how he feels, (b) how well he functions, and (c) what his prospects

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<sup>19</sup>Hiatt, "The Problem of Termination of Psychotherapy," pp. 608-609.

<sup>20</sup>Lewis R. Wolberg, The Technique of Psychotherapy (New York: Grune and Stratton, 1954), pp. 551-553.

<sup>21</sup>Ibid., p. 556.

for continued improvement without further therapy are reasonably judged to be.<sup>22</sup>

Richard Krebs states emphatically that there is a total absence of available literature on the termination process for client-centered therapy. However, Krebs believes that there is a unique termination criterion available for this type of treatment. This criterion is, ". . . when the client can 'really be himself' without the therapist."<sup>23</sup>

In a Master of Social Work Thesis completed by S. Susan Harper at the Smith College School of Social Work in 1971, several specific cues were studied for their relevance in terminating clients. Briefly stated, these cues included: (1) the alleviation of the referral problem; (2) the limited capacity of the client; (3) the realization that few or no further gains were being made; (4) the increasing number of missed appointments; (5) the request of the client to terminate; (6) an improvement in functioning; (7) a greater move towards independence by client and; (8) the belief that the client can continue to make further gains on his own. The latter three cues proved to be employed most frequently by social workers.<sup>24</sup>

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<sup>22</sup>Donald R. Steiper and Donald N. Wiener, "The Problem of Interminability in Outpatient Psychotherapy," Journal of Consulting Psychology, Vol. 23, #3 (1959), p. 237, "citing" Practice of Dynamic Psychiatry (Philadelphia: Saunders, 1955).

<sup>23</sup>Richard L. Krebs, "Client-Centered Therapy - When and How Should it End," Psychotherapy: Theory, Research and Practice, Vol. 9, #4 (Winter, 1972), p. 359.

<sup>24</sup>S. Susan Harper, "An Exploratory Study of the Termination Process," M.S.W. Thesis (Northampton, Massachusetts, Smith College School of Social Work, 1971), p. 29.

Fox, et al. refer to treatment-related criteria for termination. They state that termination is imminent when, ". . . personality development shows improvement so that he is functioning at his age and overall organismic endowment level . . ." <sup>25</sup>

Referring to treatment-related criteria in working with families, Virginia Satir summarizes by stating that, "In short, treatment is completed when everyone in the therapy setting can use the first person "I" followed by an active verb and ending with a direct object." <sup>26</sup> These criteria obviously reflect ability to communicate as being of primary importance in determining when clients are ready to terminate.

In discussing criteria for termination in group work, Helen Northen illustrates that it is,

. . . unrealistic to continue service until the members have achieved their full potential: the question rather is one of whether or not there has been sufficient progress to assume that the members can continue to improve outside of the group. <sup>27</sup>

The setting of realistic treatment goals seems to have some effect upon the termination phase and ultimately upon the outcome of therapy. If limited treatment goals are established from the outset of therapy, the criteria for terminating can more easily be determined. In the last ten years goal-setting has received increased emphasis by the

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<sup>25</sup>Fox, et al., "The Termination Process: A Neglected Dimension in Social Work," p. 56.

<sup>26</sup>Virginia Satir, Conjoint Family Therapy (Palo Alto, California: Science and Behavior Books, Inc., 1967), p. 177.

<sup>27</sup>Northen, Social Work with Groups, p. 223.



social work profession. This is not to imply that treatment goals were not considered prior to this time. In 1954, Eugene Pumpian-Mindlin supported the setting of realistic treatment goals and stated that,

. . . if a therapist has set for himself an expansive goal with a particular patient and reaches the end of his assignment, he has difficulty in terminating or transferring a patient. If he has set for himself a realistic and limited goal and is able to accept whatever progress or benefit the patient derives, he can terminate therapy with greater comfort and ease, and without serious technical difficulty.<sup>28</sup>

Wolberg comments upon the importance of a realistic approach in psychotherapy. He states that,

. . . we may have to content ourselves with the modest objectives of freedom from disturbing symptoms, the capacity to function reasonably well, and to experience a modicum of happiness in living.<sup>29</sup>

According to Margaret Schubert, if ". . . the interviewer helps the client to establish more limited goals, then there is some realistic possibility that the task can be completed."<sup>30</sup>

Pincus and Minahan support Schubert's philosophy. They state that, "The formulation of clear and specific outcome goals makes it easier to assess the extent to which they have been realized."<sup>31</sup>

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<sup>28</sup>Eugene Pumpian-Mindlin, "Comments on Techniques of Termination and Transfer in a Clinic Setting," American Journal of Psychotherapy, XIV (1958), pp. 457-458.

<sup>29</sup>Wolberg, The Technique of Psychotherapy, p. 555.

<sup>30</sup>Schubert, Interviewing in Social Work Practice: An Introduction, p. 70.

<sup>31</sup>Allen Pincus and Anne Minahan, Social Work Practice: Model and Method (Itasca, Illinois: F. E. Peacock Publishers Inc., 1973), p. 272.

If realistic treatment goals are not established, the criteria for termination become obscured, with possible adverse effects on the termination phase of treatment. More specifically, the result may be a prolonging of the treatment sequence or the premature discontinuance of service.

Treatment goals set by both workers and clients are often unrealistically high, thus prolonging the treatment phase.

. . . 'long term' psychotherapy or intensive casework tend to reinforce the therapist's option to continue treatment rather than to live with the uncertainty of letting the patient or client take over before all goals are completely attained. [Reid and Epstein elaborate] Sometimes, the caseworker and client may interact in ways to produce an apparent common desire to prolong treatment, even though neither party had this in mind. . . . Such feelings may prove to be mutually reinforcing with the result that the relationship may be continued even though its essential purpose has been served.<sup>32</sup>

Helen Harris Perlman admonishes social workers against carrying cases too long. A worker may believe, unrealistically, that he can cure all the pathology and thereby free the client of all problems. The omnipotence of the worker may be the point of contention here. Social workers are not deities and are obliged to establish realistic goals.<sup>33</sup>

Premature termination may also be a result of unrealistic treatment goals. Clients may feel a lack of achieve-

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<sup>32</sup>Reid and Epstein, Task-Centered Casework, pp. 193-4, "citing" "Community Psychiatry's Impact on Casework and Psychotherapy" in Smith College Studies in Social Work, (1968), p. 113.

<sup>33</sup>Helen Harris Perlman, Social Casework: A Problem-Solving Process (Chicago: University of Chicago Press, 1957), pp. 198-199.

ment if treatment goals appear unattainable and the social worker is incapable of demonstrating the client's progression. In a study by William J. Reid and Ann W. Shyne, most of the clients who gave negative reasons for prematurely terminating, ". . . said they quit because of dissatisfaction with progress."<sup>34</sup>

Unrealistic treatment goals may create misunderstandings and inappropriate worker-client responses which may lead to irreconcilable differences, thus causing premature discontinuance of treatment. According to Gordon Hamilton,

As drifting along with undefined goals is unproductive, so termination discussed prematurely, or with aggression or challenge, arouses anxiety and hostility which are detrimental to the client.<sup>35</sup>

Thus, the importance of specific, limited, and realistic goals become apparent for the termination phase.

In another study concerning similarities between workers and clients, missed sessions and early termination, Gerald A. Mendelsohn and Marvin H. Geller found that,

. . . in a surprisingly high proportion of cases the failure of a client to appear at a scheduled interview is related to events which take place in the counseling rather than to events that are external to the counseling.<sup>36</sup>

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<sup>34</sup>William J. Reid and Ann W. Shyne, Brief and Extended Casework (New York: Columbia University Press, 1969), p. 123.

<sup>35</sup>Gordon Hamilton, Theory and Practice of Social Casework (New York: Columbia University Press, 1951), p. 81.

<sup>36</sup>Gerald A. Mendelsohn and Marvin H. Geller, "Similarity, Missed Sessions, and Early Termination," Journal of Counseling Psychology, Vol. 14, #3 (1967), p. 214.

However, this suggests that other external factors may be important as criteria in terminating service. Administrative constraints may be one such factor.

One of Ruth M. Smalley's principles generic for social work practice states that,

The use of agency function and function in professional role gives focus, content, and direction to social work processes, assures accountability to society and to agency, and provides the partialization, the concreteness, the "difference," the "given" which further productive engagement . . . Indeed the first task in the use of agency function is to determine, through initiating the process for which the social worker is responsible, whether the purpose or purposes of the persons he seeks to serve and the purpose of the agency service or institution he represents can come together in fruitful engagement toward a common end.<sup>37</sup>

Thus, agency function and restrictions may be an administrative constraint affecting the termination phase.

Such administrative constraints as caseload management, budgets and efficiency also affect the termination phase. Harry Wasserman discusses the constraints on the social worker in a bureaucratic setting. He states that, "It is that the bureaucracy tends to dehumanize recipients by viewing them as cases and numbers or as objects related to financial accountability."<sup>38</sup>

If an agency stresses financial accountability or has economic restrictions, service to clients may become quantitative rather than qualitative. Social workers, under stress, may initiate termination prematurely for the sake of

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<sup>37</sup>Ruth M. Smalley, Theory for Social Work Practice, p. 151.

<sup>38</sup>Harry Wasserman, "The Professional Social Worker in a Bureaucracy," Social Work, 16, No. 1 (January, 1971), p. 93.

caseload efficiency. Treatment may also be over-extended to ensure accountability to supervisors and management. Smalley alludes to a social service involving public assistance. In such cases termination may be controlled by client eligibility.<sup>39</sup> The client may be in the process of receiving some specific service, yet this service is often discontinued to reduce caseload pressure and to facilitate work with new clients.) This procedure is not exclusive to public assistance cases. For example, in the case of involuntary clients such as parolees, protection cases and juvenile offenders, the mandatory period of service may expire while the client is still in need of additional service.

Reid and Epstein comment upon the organizational context of treatment.

Practitioners will feel more comfortable about terminating on time if short-term treatment is the basic service offered or short-term work has the sanction and support of the agency's administrators and supervisors. Through our own clinical experience and consultations with caseworkers in various settings we have become acutely aware of how difficult it is for a practitioner to present a completed eight-interview case to a supervisor who is convinced that it takes that long just to establish a relationship with the client.<sup>40</sup>

Although Reid and Epstein concentrate predominantly upon the aspects of short-term treatment, the administrative constraints of the organization on termination are readily apparent.

Other administrative constraints that may affect the termination phase include the geographical location of the

<sup>39</sup>Smalley, Theory for Social Work Practice, p. 148.

<sup>40</sup>Reid and Epstein, Task-Centered Casework, p. 194.

agency from the client; the physical setting of the agency and, the hierarchical mobility of a worker within a particular agency.

To avoid neutralizing sound criteria that have been developed for and are relevant in determining the appropriateness of termination, Gordon Hamilton suggests that, ". . . one should not make promises for one's own agency, and still less for a cooperating agency, which it is impossible to fulfill."<sup>1</sup>

Circumstances of termination, or the conditions under which termination occurs, is an important issue. The circumstances of termination will have a profound affect upon the eventual outcome of the treatment sequence.

According to F. G. Clarke,

A number of authors agree that ideally termination occurs with the consummation of planned treatment goals and upon the mutual decision of the client and worker. There can also be a mutually arrived at decision to discontinue therapy prior to attainment of goals because of an acknowledged impasse.<sup>2</sup>

Helen Northen also discusses the ideal circumstance for planned termination. She states that, "Ideally, termination occurs when a person or a group no longer needs the professional service."<sup>3</sup>

However, one should be fully cognizant that the ideal circumstance for termination is, in fact, an ideal. In

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<sup>1</sup>Hamilton, Theory and Practice of Social Casework, p. 80.

<sup>2</sup>Clarke, Termination: The Forgotten Phase? p. 265.

<sup>3</sup>Northen, Social Work with Groups, p. 223.

reality, ideals are often not successfully achieved. Numerous authors have delineated more common circumstances of termination. Many of these circumstances have dysfunctional implications for practice.

In 1947, Regina Flesch voiced serious concern over the transient nature of the social work profession and deplored the frequency of worker departure from agencies.<sup>44</sup> Sidney Z. Moss and Miriam S. Moss believe that the high rate of staff turnover reported in casework agencies has an effect upon casework practice during the termination process. They state that, ". . . such leaving has been thought of in terms of money and time—an administrative problem of staff turnover."<sup>45</sup>

Fox, et al. make further mention concerning the departure of workers from agencies and the uncanny method in which termination may be forced upon the client. They state,

Another worker-related reason for termination, and probably the one that is most important in terms of statistical frequency, is the worker's leaving the clinic for training or work elsewhere. It is remarkable how universal the tendency is for workers to delay telling the client about this change until a session or two before they leave.<sup>46</sup>

They also suggest that,

The worker, like the family, may phase out or terminate

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<sup>44</sup>Regina Flesch, Treatment Considerations in the Re-assignment of Clients (New York: Family Service Association of America, 1947), p. 1.

<sup>45</sup>Sidney Z. Moss and Miriam S. Moss, "When a Case-worker Leaves an Agency: The Impact on Worker and Client," Social Casework, 48 (January, 1967), p. 433.

<sup>46</sup>Fox, et al. "The Termination Process: A Neglected Dimension in Social Work," p. 57.

treatment more because of his own needs than the client's. On a conscious level, he may realize that it is not possible to establish a sound therapeutic relationship and, if the clinic has a long waiting list, he may feel an obligation to treat those clients who seem more amenable to the type of therapy he is able to provide.<sup>47</sup>

Helen Northen describes termination which occurs as an unnatural outcome of a plan for an individual and the group. She states that,

Changes in the interests and situations of members often result in premature termination from a group; for example, a move away from the locale in which the group is meeting, a change in the work or school schedule of a member, an illness, the removal of a child from a group by a parent, lack of continued eligibility for public assistance, or other situations over which the social worker has no control.<sup>48</sup>

A social worker's vacation period can often be an unfortunate circumstance of the termination phase of treatment. Ann Hartman remarks that,

Too often, because these breaks in the client's contact with the agency are not handled carefully with the client or not used to advantage in the treatment plan, they become interruptions that may hinder the progress of a client and, at times, even precipitate the client's withdrawal from treatment.<sup>49</sup>

However, Hartman is quick to demonstrate that a purposeful and conscious use of a worker's vacation can be helpful in facilitating the termination process.<sup>50</sup> Ruth M.

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<sup>47</sup>Fox, et al. "The Termination Process: A Neglected Dimension in Social Work," p. 57.

<sup>48</sup>Northen, Social Work with Groups, p. 223.

<sup>49</sup>Ann Hartman, "The Use of the Worker's Vacation in Casework Treatment," Social Casework, XLI, No. 6 (June, 1960), p. 310.

<sup>50</sup>Ibid., pp. 310-312.



Smalley supports Hartman's stance concerning the positive potential of vacation time when terminating. Smalley comments that,

In certain situations "natural" time periods can be used, such as in school counseling, the school year, or "until Christmas vacation." Sometimes a short time period is indicated by the nature of the problem and is consequently established.<sup>51</sup>

From the results of a study on social class, diagnosis and treatment performed by Leonard Schneiderman, an interesting circumstance for termination and perhaps a common occurrence in practice, became apparent. He found that social class has a definite affect upon termination.

Using information on income, education and occupation to classify the clients by social class . . . a disproportionate number of low-class families terminated after one interview. A client from a low-class status had only three chances in ten of continuing service while a middle-class client had six chances in ten of continuing service. Further, the study showed clearly that termination of service initiated by social workers as opposed to termination initiated by client increased sharply as social class declined.<sup>52</sup>

John E. Mayer and Aaron Rosenblatt have suggested that the client's social context may have an important affect upon his continuance in treatment. They recommend further research to verify the validity of this circumstance and to determine the frequency of such a factor in the termination of clients.<sup>53</sup>

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<sup>51</sup>Smalley, Theory for Social Work Practice, pp. 149-50.

<sup>52</sup>Leonard Schneiderman, "Social Class, Diagnosis and Treatment," American Journal of Orthopsychiatry, 35, No. 1 (1965), p. 99.

<sup>53</sup>John C. Mayer and Aaron Rosenblatt, "The Client's Social Context: Its Effect on Continuance in Treatment," Social Casework, XLV, No 9 (November, 1964), pp. 511-17.

F. G. Clarke discusses circumstances of termination initiated by the social worker. He states that termination may be imminent,

. . . when the worker relinquishes his case load in order to assume other responsibilities within the agency . . . There may also be instances when the worker, for one reason or another, decides that he must discontinue with the client because of such things as inappropriate client expectations, unmanageable counter transference problems, and so on.<sup>54</sup>

In reference to the psychotherapeutic literature, Lewis Wolberg comments on many circumstances of termination. Wolberg states that the conditions under which the termination of therapy is indicated are:

- (1) Achievement by the patient of planned treatment goals,
- (2) Decision by the patient or therapist to terminate on the basis of incomplete goals,
- (3) The reaching of an impasse in therapy or the development of stubborn resistances that cannot be resolved,
- (4) Counter-transference the therapist is unable to control, and
- (5) Occurrence of physical reasons, such as moving of the residence of patient or therapist.<sup>55</sup>

Basically, Sheldon Schiff supports Wolberg's conditions for termination, with slight modification to incorporate service to out-patients. Schiff states that,

The patient may refuse to continue or just not return, the therapist may discontinue treatment and/or refer the patient elsewhere, the patient may require transfer to another therapist, or, ideally, termination is effected by mutual agreement between therapist and patient.<sup>56</sup>

Worker-initiated circumstances of termination have

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<sup>54</sup>Clarke, "Termination: The Forgotten Phase?" p. 266.

<sup>55</sup>Lewis Wolberg, The Technique of Psychotherapy, p. 557.

<sup>56</sup>Schiff, "Termination of Therapy," p. 94.

been stressed. Mention should be made that many of these circumstances hold true for client-initiated terminations, as well. Client vacations, a move from agency jurisdiction, illness, and so on may precipitate termination by the client. Findings from Susan Harper's study on termination indicated that the two most common reasons for client-initiated terminations were that they felt no more gains would be made and that they felt their goals had been reached.<sup>57</sup>

F. G. Clarke also shows concern for client-initiated terminations. He states that,

Among the client-initiated terminations, one of the most common, especially in the early phases, is refusal of the client to engage or continue in service, either with or without giving notice to this effect. Cessation of contact on the part of the client could be for a multitude of other reasons, legitimate or otherwise. In some cases, reassignment or referral could be broached.<sup>58</sup>

Clarke further recommends that, "In most cases it would be of value to examine what happened so as to have some knowledge of the probable causes."<sup>59</sup> In this way, the worker can be assured that the client is not in difficult circumstances which are insurmountable.

The goals of, criteria for, and the circumstances of termination may be effected by the type of agreement for service that the therapist and client have established, the agreement may also eventually determine the method through

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<sup>57</sup>Harper, "An Exploratory Study of the Termination Process," p. 23.

<sup>58</sup>Clarke, "Termination: The Forgotten Phase?" p. 266.

<sup>59</sup>Ibid., p. 266.

which termination occurs. In recent years, contractual agreements have received increased emphasis in the social work literature. The proliferation of the written contract has manifested itself in treatment. Social work authors espouse the necessity for making treatment goals concrete and explicit. The effect of such a trend appears to have some meaning for the termination phase of treatment. Reid and Epstein, in discussing task-centered casework, state that,

. . . the process of termination begins in the initial phase as the client and worker agree upon the time span and on the number and spacing of interviews for the whole sequence of treatment.<sup>60</sup>

Whether this agreement is written or verbal, the explicit nature of the contract is of primary importance. The treatment sequence is not so esoteric to the worker; the client is involved with planning for termination and perhaps more motivated to achieve this end. In a study conducted by Reid and Shyne, they found that the reason given most often by short-term clients for termination was that ". . . service was set up to stop at a certain point."<sup>61</sup>

\* The length of time and number of sessions required by social workers to terminate clients varies somewhat from worker to worker. Authors have not been able to concur on an optimal time period for this procedure. In a study by Harper, social workers involved with long-term treatment averaged 5.4 contacts over a period of 2.2 months to deal with

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<sup>60</sup>Reid and Epstein, Task-Centered Casework, p. 192.

<sup>61</sup>Reid and Shyne, Brief and Extended Casework, p. 124.

termination, once the decision to discontinue had been reached.<sup>62</sup>

Throughout the psychoanalytic literature, there appears to be a lack of written material specifying a definite number of contacts required to terminate treatment properly.

\*Melanie Klein suggests that it is very helpful to inform a patient of the termination date as far in advance as possible. This helps him to work through and diminish the unavoidable pain of parting while he is still in analysis. However, she makes no mention as to a preferable number of contacts and the time period required to terminate clients.<sup>63</sup>

Hiatt suggests that, except in unavoidable circumstances, psychotherapeutic endings should be gradual. He states that,

. . . in determining the point at which the termination phase gets under way, at least three months' and preferably six months' notice should be afforded the patient.

Ideally, if, one chooses six months for the termination phase, the patient should be informed that, following the next four to eight weekly interviews, his appointments will be scheduled every other week. (Or reduced to once a week, if he has been seen twice a week.)<sup>64</sup>

Several other authors have addressed themselves to the length of time required to deal effectively with the

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<sup>62</sup>Harper, "An Exploratory Study of the Termination Process," p. 24.

<sup>63</sup>Klein, "The Criteria for the Termination of a Psycho-Analysis," p. 80.

<sup>64</sup>Hiatt, "The Problem of Termination of Psychotherapy," p. 612.

termination phase. Pumpian-Mindlin recommends approximately eight or nine weeks prior to anticipated client departure and;<sup>65</sup> " . . . a minimum of four or five weeks of intensive help prior to their actual departure"<sup>66</sup> is suggested by Jane Bolen.

Various circumstances of termination often require separate consideration. For example, if the onset of a worker's vacation is used as the terminal point of treatment, Hartman emphasizes the need to notify the client at least three weeks in advance.<sup>67</sup>

Pincus and Minahan state that,

To prepare clients for termination, it is useful for the worker to be clear in the beginning about the planned termination date and to get the client system used to periodic reviews of progress and evaluation. Several weeks before the actual termination, the client system should be reminded of it, and references to it should be made more frequently from then on.<sup>68</sup>

Lewis Wolberg also discusses timing of the termination phase. He postulates that,

In advance of the termination date, it is wise to discuss with the patient the matter of ending therapy. A tapering-off period may be suggested, and a termination date perhaps set. Thereafter the frequency of sessions may be reduced and the intervals between visits steadily increased.<sup>69</sup>

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<sup>65</sup>Pumpian-Mindlin, "Comments on Techniques of Termination and Transfer in a Clinic Setting," p. 459.

<sup>66</sup>Bolen, "Easing the Pain of Termination for Adolescents," p. 519.

<sup>67</sup>Hartman, "The Use of the Worker's Vacation in Casework Treatment," p. 310.

<sup>68</sup>Pincus and Minahan, Social Work Practice: Model and Method, p. 281.

<sup>69</sup>Wolberg, The Technique of Psychotherapy, p. 557.

Clarity concerning the impending termination appears to be the main issue here for these authors.

Clarke writes that,

There are a variety of opinions as to how much time there should be between the notice of termination and the actual event. In mutually planned separations there may be a tapering off of contact over a few months. In other situations three or four weeks' notice is commonly suggested. . . .<sup>70</sup>

The method of terminating is naturally affected by the length of time the therapist chooses to devote to the treatment phase. It follows that a significant amount of time becomes essential to implement any specific methodological approach effectively.

Diane Husband and Henry R. Scheunemann seem convinced that the termination phase is an opportune time for significant growth. They state that,

The extent to which termination from therapy can be worked through not only heavily influences the degree to which the gains in treatment are maintained, but offers an opportunity for reworking by the patient of past separations.<sup>71</sup>

Because of the importance of a sound method for ending treatment, several authors have developed practical personal models.

Wolberg contributes four variables that are relevant for his personal method of terminating.

With the accomplishment of the purpose of therapy, termination is best effectuated by discussing the

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<sup>70</sup>Clarke, "Termination: The Forgotten Phase?" p. 271.

<sup>71</sup>Diane Husband and Henry R. Scheunemann, "The Use of Group Process in Teaching Termination," Child Welfare, Vol. 51, No. 8 (October, 1972), p. 505.

possibility of ending treatment with the patient, handling any resistance he displays, warning of the possibility of relapses, and inviting the patient to return after therapy has ended whenever he believes this to be necessary.<sup>72</sup>

Pumpian-Mindlin suggests one important methodological variable by emphasizing client strengths and minimizing client weaknesses. He stresses that,

With the beginning of the termination period, there occurs a shift in technique in the therapeutic process from an emphasis on the discontinuities in the patient's personality and development, to the continuities; from his besetting problems to his inherent capacities; from his conflicts to his ability to handle difficult situations.

Implicit in this is what I have called the "methodologic approach to termination," namely, the structuring of therapy as a method of facing problems rather than as an answer to problems.<sup>73</sup>

Other variables of significance pertaining to Pumpian-Mindlin's model for terminating encompass the idea of avoiding the opening-up of new conflict areas once the termination process has begun, and the idea of instilling good feelings within the client to develop comfort and ease, should a return for further treatment be necessary.<sup>74</sup>

Richard L. Krebs has a specific methodology for terminating client-centered therapy, which incorporates three main phases. In phase one, the client begins to report positive changes in his life situation and may raise the question of terminating. In phase two the therapist deals

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<sup>72</sup>Wolberg, The Technique of Psychotherapy, p. 557.

<sup>73</sup>Pumpian-Mindlin, "Comments on Techniques of Termination and Transfer in a Clinic Setting," p. 459.

<sup>74</sup>Ibid., p. 461.



with his own feelings regarding termination and then the worker and client mutually explore the client's reasons for leaving treatment. During the final phase, the client reaches a point where he has gained self-awareness and confidence and can really be himself in most situations. At this point, closure is appropriate.<sup>75</sup>

By dividing the termination process into three phases, Krebs has merely categorized the various procedural steps. Most other authors delineate these steps in terms of one complete process.

Moss and Moss, in discussing the departure of a social worker from an agency, suggest methods for terminating clients.

1. The worker should recognize his own feelings about separation. . . .
2. The worker should help the client to express his feelings. . . .
3. The worker must help the client to discriminate between feelings that are his own and those that are basically the worker's. . . .
4. The worker should be sensitive to the arousal in the client of earlier conflicts in separation. . . .
5. The worker should determine the best way of ending on the basis of the individual needs of the client. . . .
6. The worker should consider whether it is appropriate for the client to continue in the agency.<sup>76</sup>

These methods could certainly be adopted by all social workers, regardless of whether or not they were leaving a particular agency.

Margaret Schubert places an accent on positives as a major method in the termination phase.

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<sup>75</sup>Richard L. Krebs, "Client-Centered Therapy—When and How Should It End," pp. 359-360.

<sup>76</sup>Moss and Moss, "When a Caseworker Leaves an Agency: The Impact on Worker and Client," pp. 435-436.

As one moves toward termination, the accent is on affirmation of what the client has done, an expression of confidence in his future competence, and helping the client to affirm this for himself. The words "case closed" do not, of course, mean that the client can never return to the agency. The possibility of future help should be made clear. It is appropriate for the interviewer to express his continued interest and positive feelings for the client.<sup>77</sup>

Reid and Epstein also stress the establishment for clients of positive feelings toward a possible return to an agency. They state, "We expect that he may want help again with other variations of the same problem or with some other kinds of problem and would encourage him to return if he does."<sup>78</sup>

The setting of a final date for termination at some point in the treatment sequence may aid in the mobilization of the client's motivation to end treatment. Robert Shaw, Harry Blumenfeld and Rita Senf contend that a termination date established at the beginning of treatment " . . . often mobilizes anxiety, which may promote active patient participation. . . ."<sup>79</sup> Paul A. Dewald further supports Shaw, et al.'s contention that, " . . . at an optimal time for each patient the anticipation of termination may have therapeutic usefulness."<sup>80</sup>

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<sup>77</sup> Schubert, Interviewing in Social Work Practice, p. 71.

<sup>78</sup> Reid and Epstein, Task-Centered Casework, p. 199.

<sup>79</sup> Robert Shaw, Harry Blumenfeld and Rita Senf, "A Short-Term Treatment Program in a Child Guidance Clinic," Social Work, Vol. 13, #3 (1968), p. 82.

<sup>80</sup> Paul A. Dewald, "Reactions to the Forced Termination of Therapy," Psychiatric Quarterly, XXXIX (March, 1965), p. 124.

Numerous authors have commented on the fact that mutual decision between the social worker and client may be a vital method in the termination phase. Treatment goals, contracts, reasons for termination, follow-up contacts and the like can be much more objective if approached in this manner.

For example, extensions of service after the scheduled termination date may be required. In these cases, it is pertinent that the social worker and client be clear on time allocation and the focus for the extended period of service. Reid and Epstein summarize this appropriately by stating that, ". . . perhaps the caseworker and client need to work out an explicit agreement on the focus of the additional work."<sup>81</sup>

Clarke recommends a review of the treatment goals as a methodological tool.

. . . it is of prime importance that all termination plans be made on the basis of a careful review of the treatment goals, in relation to the client's motivation and capacity and the agency's policies and functions, and in line with the current situation of the client with respect to his needs and functioning.<sup>82</sup>

Northen also expatiates upon the importance of reviewing treatment goals during the termination phase.

Whenever termination is being considered, a thorough review and evaluation of what has or has not been accomplished, and the determinants thereof, is imperative. So, too, is a set of realistic goals for the periods of time that remain before the final

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<sup>81</sup> Reid and Epstein, Task-Centered Casework, p. 197.

<sup>82</sup> Clarke, "Termination: The Forgotten Phase?" p. 270.

termination.<sup>83</sup>

From Robert Vinter's viewpoint, the decision to terminate a group,

. . . necessitates a review of progress made by each of the client members, and an estimation of whether continuation of this group would be worthwhile. The worker is compelled, therefore, to return to his original diagnostic statements and treatment goals, and to evaluate the movement made in terms of these.<sup>84</sup>

Another method for termination employed by Vinter and associates is the utilization of a terminal diagnostic statement.

The terminal diagnostic statement is often referred to as the "evaluation." It consists of an assessment of changes in the client's attitudes and behaviors which have occurred during the treatment process and of his current level and pattern of "functioning" regarding those behavioral areas previously at issue.<sup>85</sup>

In a similar vein, Martin Shain outlines a self-monitoring process which entails converting the client record into a goal-oriented, prospective planning device. This device serves an evaluative function purposeful to the termination phase of treatment.

. . . the therapist—sometimes in co-operation with the client—determines the goals of the relationship, thus setting up his own criteria for success. There is a distinct sense in which the written comparison of goals

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<sup>83</sup>Northen, Social Work with Groups, p. 225.

<sup>84</sup>Robert D. Vinter, "An Approach to Group Work Practice," in Readings in Group Work Practice (Ann Arbor, Michigan: Campus Publishers, 1967), p. 11.

<sup>85</sup>Rosemary Sarri, Maeda Galinsky, Paul Glasser, Sheldon Siegel, and Robert Vinter, "Diagnosis in Group Work," in Readings in Group Work Practice edited by Robert D. Vinter (Ann Arbor, Michigan: Campus Publishers, 1967), p. 56.

and results serves as an evaluation.<sup>86</sup>

It appears that evaluation has become an extremely important technique for validation in social work treatment. In light of this, Shain's evaluative process might also be applicable in direct follow-up procedures. Types of follow-up contact could refer to personal interviews, telephone conversations, or perhaps some form of written correspondence.

Northen espouses the need for follow-up related to goals and agency policies. The worker, ". . . needs to make plans for supplementing the group service, and for follow-up services to members; when indicated by his evaluations."<sup>87</sup>

Pincus and Minahan relate that,

The issue of timing is important in collecting data to support an evaluation. Since the possibility exists that the outcomes achieved by the end of the planned change effort might not last, some sort of follow-up evaluation at some time after termination is desirable.<sup>88</sup>

It seems apparent that most authors choose to remain non-committal in regards to timing and spacing of follow-up contacts. Could this indicate that there is a need of research for further clarification in this area?

Certainly, the method in which termination is approached will have prolonged effects on the totality of the treatment sequence and must be duly considered by all social work

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<sup>86</sup>Martin Shain, "A Self-Monitoring Process for Counsellors," Monograph. A Paper Presented to the Alcohol and Drug Addiction Research Foundation of Ontario (July, 1972), p. 2.

<sup>87</sup>Northen, Social Work with Groups, p. 227.

<sup>88</sup>Pincus and Minahan, Social Work Practice: Model and Method, p. 279.

practitioners. If sound methodological procedures are not utilized, problems are bound to arise in the termination phase.

Although difficulties may arise at any time during the total treatment process, certain unique problems are manifested in the termination phase. As termination can be a painful process the unfortunate result has been a neglect and avoidance of this topic. However, throughout the minimal amount of available literature, problems associated with termination have received considerable attention.

According to Schiff,

Of all the phases of the psychotherapeutic process, the one which can produce the greatest amount of difficulty and create substantial problems for patient and therapist alike, is the phase of termination. It is at this time when the impact of the meaning, in affective terms, of the course of therapy and the nature of the therapist-patient relationship is experienced most keenly, not only by the patient but also by the therapist.

Smalley is one author who has expounded upon the problems associated with termination.

Endings have their own feeling and quality. Just as beginnings are psychologically imbued with the feeling of birth, so endings are imbued in varying proportion and degree with the feeling of death . . . of separation. As such they may be resisted and feared. When one has had an experience of significance, it is hard to end. There is always the question of whether the self can survive the ending. . . . Clients and groups may resist and postpone endings even after the relationship has lost its meaning or is necessarily to be terminated under the conditions of agency service. . . .<sup>90</sup>

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<sup>89</sup>Schiff, "Termination of Therapy," p. 77.

<sup>90</sup>Smalley, Theory for Social Work Practice, p. 147.

Separation, as a universal experience, deserves considerable attention. Separation may prove to be either of a positive or negative nature during termination. Even though separation may be positive, one cannot understate the problematic component of this phenomena.

John Bowlby has written extensively on separation anxiety. He relies heavily on the psychoanalytic literature which places prime importance on the early stages of life. As separation is experienced during infancy, it follows that the primary anxiety it creates will continue throughout one's life development with the addition of certain learned responses such as grief, anger, depression, hostility, rejection and the like. ". . . separation anxiety is initially a form of primary anxiety, with or without the addition of fright, and that, as the infant develops, anxiety based on learning comes to be added."<sup>91</sup> Helen D. Wallach provides a vivid illustration of this concept. She describes termination of therapy for a young child whose life had been severely dominated by the constant threat of loss of loved ones. In treatment,

. . . this child experienced current losses as a recapitulation of his earlier traumatic experiences. Loss had so distorted his identification, his oedipal conflicts, and particularly both his castration fears and wishes, and expectation of loss had become so much a part of his character. . . .<sup>92</sup>

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<sup>91</sup>John Bowlby, "Separation Anxiety," The International Journal of Psycho-Analysis, Volume XLI (1960), p. 100.

<sup>92</sup>Helen D. Wallach, "Termination of Treatment as a Loss," The Psychoanalytic Study of the Child, Vol. XLI (1961) p. 538.

Edelson describes three major affective themes problematic to the termination phase.

The theme of narcissism and the response to the narcissistic wound, including panic, rage, and a pervasive sense of worthlessness; the theme of mourning, with accompanying feelings of guilt and grief; and the theme of the struggle toward maturity and independence, including feelings of competitiveness, defiance, envy, jealousy, and the anxiety associated with these.<sup>93</sup>

Much of the psychoanalytic and other psychotherapeutic literature deal with problems from the client's point of view. However, the feelings generated by separation are equally relevant for the social worker. For example, the problems of transference for the client becomes a problem of countertransference for the therapist. Dewald states that, "The therapist has a need to feel that his work is important and significant, and at times may have a need to have people significantly dependent on him."<sup>94</sup>

If the therapist is not cognizant of his own needs in treatment, additional problems may materialize during termination. Fox, et al. comment upon the worker's narcissistic reaction to termination of therapy.

When the child does not get well fast enough, when the transference becomes negativistic, or when the family's goals are different from the worker's, the result may be felt as a narcissistic wound and lead to discontin-

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<sup>93</sup>Marshall Edelson, The Termination of Intensive Psychotherapy (Springfield, Illinois: Charles C. Thomas, 1963), cited in "The Termination Process: A Neglected Dimension in Social Work," Social Work Today, Vol. 14 (October, 1969), by Evelyn F. Fox, Marian A. Nelson and William M. Bolman, p. 55.

<sup>94</sup>Dewald, "Reactions to the Forced Termination of Therapy," p. 123.



uance of treatment.<sup>95</sup>

They state further that,

. . . many, if not most, termination processes do not show . . . a statement of the initial denial, its disillusion, and the expression of grief about loss. In fact, it is suspected that because of the pain and discomfort of the grief about termination, many clients and workers remain in the phase of denial and do not even enter the phase of grieving.<sup>96</sup>

Helen Northen expresses concern for the social worker's feelings when terminating a group.

The social worker is not immune from feelings about terminating with members of the group. Facing termination stirs up feelings about both the members and his role in the group. It is natural that a worker will feel pleased about the progress of the group and his part in it. It is natural, too, that he will feel a sense of loss, for it is not easy to separate from persons with whom one has developed a meaningful relationship. Termination also stirs up feelings about the quality of the worker's performance, for example, certain guilt feelings for not having had the time or the skill to have been more helpful to more members. The worker may have doubts about the nature and the permanence of the gains made by the members, leading to a desire to hang onto the group.<sup>97</sup>

Schiff complies with Northen and states that,

The therapist's unwillingness to terminate with a patient he has seen improve, with whom he has gone through the difficult process of engaging, with whom he may now be less restrained, and whose company he enjoys, can be a potent obstacle to a successful termination.<sup>98</sup>

Another problem in termination as related by Clarke is the tendency of the worker to avoid his own feelings. If

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<sup>95</sup>Fox, et al., "The Termination Process: A Neglected Dimension in Social Work," p. 57.

<sup>96</sup>Ibid., p. 59.

<sup>97</sup>Northen, Social Work with Groups, p. 233.

<sup>98</sup>Schiff, "Termination of therapy," p. 82.

the worker is not aware of his own emotions, a number of reactions may be initiated. He might totally avoid discussing termination with the client; he might transfer rather than terminate; he might suppress rather than promote the client's need to be freed from treatment or; he might even delay telling the client that the date for closure is impending.<sup>99</sup>

Pincus and Minahan present problems in termination that the client may experience and which the worker must resolve. These problematic reactions include:

1. Denial that treatment is ending;
2. Regression in which the client returns to previous levels of functioning;
3. Expression of need to retain the therapist's assistance to solve new problems;
4. Recapitulation of earlier experiences;
5. Evaluation of the meaning and worth of the experience as an attempt to prolong treatment and;
6. Flight from confronting separation.<sup>100</sup>

Margaret Schubert cautions interviewers about self-initiated problems that may affect the termination phase. She lists several situations that might arise as a result of the worker's limited self-awareness.

He may fail to recognize or affirm the progress that has been made; he may fail to recognize the client's signals that he is ready to end; he may discover or

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<sup>99</sup>Clarke, "Termination: The Forgotten Phase?" pp. 269-270.

<sup>100</sup>Pincus and Minahan, Social Work Practice: Model and Method, pp. 279-280.

anticipate new problems that require his help; he may fear that the client will see termination as abandonment. These are some of the signs that indicate that the worker has to reflect upon his own behavior and become aware of his own feelings in order to manage them for the client's benefit.<sup>101</sup>

Steiper and Weiner identify an additional problem which may affect the termination phase of treatment. They discuss "maintenance therapy"<sup>102</sup> as a weak rationale for not terminating treatment in certain cases. For example, consider the typical case of a public assistance recipient who undergoes prolonged treatment merely because of his continued financial eligibility.

The resolution of problems in terms of positive or negative effect may depend on the therapeutic quality of the social worker-client relationship. Aaron Rosen makes explicit the importance of the relationship. He alludes to the fact that, "Indeed, many formulations of clinical practice suggest that understanding and skillful manipulation of the treatment relationship is the key to successful outcomes."<sup>103</sup> In opposition, Hugh Mullan and Iris Sangiuliano suggest a termination problem may exist with a positive social worker-client relationship. They indicate that the ". . . therapist may have greater difficulty in relinquishing those patients with

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<sup>101</sup>Schubert, Interviewing in Social Work Practice, p. 70.

<sup>102</sup>Steiper and Weiner, "The Problem of Interminability in Outpatient Psychotherapy," p. 238.

<sup>103</sup>Aaron Rosen, "The Treatment Relationship: A Conceptualization," Journal of Consulting and Clinical Psychology, Volume 38, #3 (June, 1972), p. 329.

whom he is more actively identified."<sup>104</sup> From this, there appears a need for comparative studies to identify the salient factors associated with worker-client relationships in the termination process.

Many of the major problems inherent in the termination phase of social work practice have been delineated and briefly elaborated upon in the foregoing discussion. The arousal of other problems in workers and clients should not be ignored or minimized. Of course, individual idiosyncratic problems may also affect the termination process. Therefore, a certain degree of flexibility must be maintained in the termination phase, yet this phase must be directed to a conclusion in a conscious and confident manner.

Perhaps the greatest problem deterring social workers from effectively dealing with termination has been a dearth of knowledge due to the obvious neglect from an educational and particularly a didactic perspective. Termination discomfort in practice may be a contributing factor to the apparent avoidance of this subject in the educational process. For example, an educator who has had difficulty terminating clients in his own practical experience may be reluctant to teach termination principles with which he is not comfortable. Another interesting speculation might be that termination as class content coincides with class termination as process; a further source of difficulties at the affective level that

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<sup>104</sup>Hugh Mullan and Iris Sangiuliano; The Therapists' Contribution to the Treatment Process (Springfield, Illinois: Charles C. Thomas, 1964), p. 268.

might mitigate against adequate coverage of the subject. Although the termination phase of treatment has been proclaimed to be as important as other phases of treatment, concise teaching literature on termination available to the educator is surprisingly inadequate.

In a study on termination, Susan Harper identified several different areas where attention could be given to provide more adequate educational preparation.

These areas included: more discussion, case material, role-playing in the classroom; experience with good supervision, more published literature and theoretical study; and finally, that more attention be focused on evaluating the goals of the client and the limits of therapy.<sup>105</sup>

Husband and Scheunemann offer a specific method for teaching termination skills to social work students. The utilization of group meetings to deal with a student's feelings regarding termination was found to be an effective educational tool. The teaching schedule of the group always preceded the implementation of direct service to the client. In this way, the student had the opportunity to anticipate the client's reactions to termination, as well as his own. In the teaching process, Husband and Scheunemann identified three stages through which the student passes when learning termination procedures. These included an initial stage of denial, a subsequent stage of grief and finally a working-through

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<sup>105</sup> Harper, "An Exploratory Study of the Termination Process," pp. 34-35.

and resolution of the problem.<sup>106</sup> Understandably, it is not coincidental, that several authors have identified these same stages as being experienced also by clients in actual terminations.

The field instructor also plays an important role in teaching termination skills. According to Gerald K. Rubin, in supervision sessions the field educator should teach the student,

. . . to anticipate the client's reaction to the student's impending departure . . . [to review] . . . what he knows about the client's previous reaction to separation . . . [and to re-evaluate] . . . the nature of his relationship to the client. . . .<sup>107</sup>

Rubin also emphasizes that,

For many students, learning in field work occurs most dramatically and significantly . . . during the termination of casework which, depending upon the setting and the nature of the cases carried, usually begins anywhere from two to six weeks before the final appointment.<sup>108</sup>

If this is the case, the termination phase must be exploited by educators to impart as much relevant data and information as is conceivably possible.

Evaluation of the social work student's practical ability should not be measured by success with clients. As Pumpian-Mindlin has stated,

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<sup>106</sup>Husband and Scheunemann, "The Use of Group Process in Teaching Termination," pp. 508-512.

<sup>107</sup>Gerald K. Rubin, "Termination of Casework: The Student, Client and Field Instructor," Journal of Education for Social Work, Volume 4 (Spring, 1968), p. 67.

<sup>108</sup>Ibid., p. 66.

Emphasis should be placed on the fact that evaluation is not based on therapeutic success but judged rather in terms of the student's ability to grasp what is going on in the therapeutic situation, to deal with the emotional problems arising in the patient, to understand his own blind spots, etc.<sup>109</sup>

If therapeutic success is the major criterion for evaluation, the student's anxiety about terminating may be increased, and lead to avoidance of the subject entirely. He also implies that it is the field instructor's responsibility to see that the social work student leaves his placement with a feeling of practical competence and confidence. If not, a strong possibility exists that the student may experience future difficulty in terminating therapeutic relationships.<sup>110</sup> One is awakened to the fact that field instruction for social work students can be a powerful educational tool.

Pincus and Minahan also discuss the significance of evaluation applied as an educational experience. They state that,

. . . an explicit review and assessment of failures and accomplishments can be a valuable learning experience for those involved in the planned change effort, including the worker.<sup>111</sup>

As relates to child psychiatry, Fox, et al. comment upon the minimal use of supervision sessions in teaching termination skills.

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<sup>109</sup>Pumpian-Mindlin, "Comments on Techniques of Termination and Transfer in a Clinic Setting," p. 456.

<sup>110</sup>Ibid., p. 457.

<sup>111</sup>Pincus and Minahan, Social Work Practice: Model and Method, p. 273.

In child psychiatry, the process of termination is taught as a part of case supervision, but this is less apt to happen in social work. This deficiency in the social worker's training is heightened by the fact that social workers will encounter many people whose problems include disturbed human relationships and consequently there is likely to be trouble in ending the relationship.<sup>112</sup>

In reference to supervision in social work, Dorothy E. Pettes believes that termination procedures must be taught to students, by supervisors, at least one month before the end of placement. However, she admits that, "Recognition that the time has come for preparing the student seems to arrive suddenly and a bit too late for all but the most experienced supervisors."<sup>113</sup>

Pettes identifies the supervisor's role as helping the student, ". . . to assess the client's reaction as realistically as possible, to recognize his own feelings, and to concentrate on what will be most helpful to the client under the circumstances."<sup>114</sup> However, Wasserman implies that carrying out such a role might be no easy task. In a study he found that,

The majority of these young workers perceived the supervisory position to be primarily a bureaucratic control device; thus the way the supervisors functioned had little or nothing to do with social work values, knowledge, and skills.<sup>115</sup>

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<sup>112</sup>Fox, et al., "The Termination Process: A Neglected Dimension in Social Work," p. 63.

<sup>113</sup>Dorothy E. Pettes, Supervision in Social Work (London: George Allen and Unwin Ltd., 1967), pp. 134-135.

<sup>114</sup>Ibid., p. 136.

<sup>115</sup>Harry Wasserman, "The Professional Social Worker in a Bureaucracy," p. 90.



If, in fact, supervision sessions impart little knowledge or skill to the worker concerning the termination phase of treatment; if, in fact, termination is neglected in the formal social work education process; and if, in fact, a paucity of literature is available on the termination phase, the social worker has few alternatives at his disposal, excluding that of personal trial and error, to enhance his knowledge and skill in terminating.

To facilitate the teaching of termination in the formal educational setting, social work researchers must make a concerted effort to provide educators with valid and reliable resource material on the topic of termination.

Articles such as "Termination: The Forgotten Phase?"<sup>116</sup> and "The Termination Process: A Neglected Dimension in Social Work"<sup>117</sup> aptly summarize the state of affairs regarding the termination process in social work. No single author has attempted to collate the totality of implications and complications relevant to termination in social work practice.

In this review, the writers have attempted to exhaust the available literature in an effort to present a comprehensive and thorough overview of the termination phase. In the writers' opinion the termination phase is affected by six main concepts. These are: (1) goals of termination; (2) criteria for termination; (3) circumstances of termin-

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<sup>116</sup>Clarke, "Termination: The Forgotten Phase?" pp. 265-271.

<sup>117</sup>Fox, et al., "The Termination Process: A Neglected Dimension in Social Work," pp. 53-63.

ation; (4) methodology of termination; (5) problems inherent in termination; and (6) educational aspects relevant to termination. These concepts have received extensive consideration in a sequential fashion throughout this review.

Allen Pincus and Anne Minahan have captured the essence of the termination phase in social work practice. They conclude that,

In comparison to the great deal of attention which has been paid to the area of beginnings in the social work literature, termination has been a relatively neglected topic. There has been a tendency to view termination as the point which is reached when progress is no longer being made. We believe termination should be viewed as an integral part of the whole planned change effort. The social worker carefully prepares for termination and helps bring it about. The way the change effort process is brought to an end affects both the success of his effort and his future relationships with those involved.<sup>118</sup>

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<sup>118</sup>Pincus and Minahan, Social Work Practice: Model and Method, p. 285.

### CHAPTER III METHODOLOGY

A great deal of time and money has been wasted on therapeutic counselling which has been overextended or prematurely discontinued because of a lack of understanding and consideration of the termination process. With this in mind, the general objective was to study the termination phase of the treatment process. More specifically, we explored the concept of termination in terms of goals, criteria, circumstances, methodology, inherent problems for the social worker and relevant educational aspects.

#### Design

The research design employed was of the exploratory-descriptive study type.

Combined exploratory-descriptive studies are those exploratory studies which seek to thoroughly describe a particular phenomenon. . . . The purpose of these studies is to develop ideas and theoretical generalizations. Descriptions are in both quantitative and qualitative form, and the accumulation of detailed information by such means as participant observation may be found. Sampling procedures are flexible, and little concern is usually given to systematic representativeness.<sup>119</sup>

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<sup>119</sup>Tony Tripodi, Phillip Fellin and Henry J. Meyer, The Assessment of Social Research (Itasca, Illinois: F. E. Peacock Publishers, Inc., 1969), p. 49.

Claire Seltiz et al., describe exploratory studies as having "the purpose of formulating a problem for more precise investigation or of developing hypotheses."<sup>120</sup> Other functions of exploratory studies may be to increase clarity of existing concepts and to provide a census of problems regarded as urgent by people working within a given field of social relations. In the case of problems about which little knowledge is available, an exploratory study is usually most appropriate.

The researchers held a strong personal concern over the neglect afforded the termination phase. This conviction was reinforced by numerous authors who discussed the neglect of the subject. The lack of a solid knowledge base for the termination phase in social work practice and the minimal amount of defined concepts pertinent to this phase created a sense of urgency to elaborate upon the existing concepts and to identify problems that required further research.

The particular descriptive elements of our study were our professional social work population, the problems related to termination and the possible relationships between certain variables.

In concise terms, the focus of this thesis was the termination process as perceived by professional social workers employed in social service agencies in the Windsor community.

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<sup>120</sup>Claire Seltiz, Marie Jahoda, Morton Deutsch and Stuart W. Cook, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1951), p. 51.

### Assumptions

Norman A. Polansky's definition of an assumption was utilized to identify and develop the three main assumptions germane to our study. He stated that,

An assumption is a proposition that is taken as given in the particular investigation. Three major types of assumptions which have different implications in relation to problem formulation are . . . those concerning values, those concerning variables of a general nature not particular to the specific investigation, and those concerning variables germane to the subject matter of the particular investigation.<sup>121</sup>

The assumptions germane to our study were that:

(1) termination is a neglected phase of the treatment process. "The literature abounds in material on the importance and handling of the beginning phase of treatment but says remarkably little about the cessation of this service."<sup>122</sup>

Specific research in this area has also been neglected. As Fox has stated, "Termination . . . has been virtually ignored in the social work literature."<sup>123</sup>

(2) termination is an important and inevitable phase for every treatment modality. Regardless of the particular modality employed by the social worker, for every beginning phase a termination phase must follow.

(3) there are similarities in treatment modalities in terms of termination. From our review of the literature, it

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<sup>121</sup>Norman A. Polansky (ed.), Social Work Research (Chicago: University of Chicago Press, 1960), p. 35.

<sup>122</sup>Clarke, "Termination: The Forgotten Phase?" p. 265.

<sup>123</sup>Evelyn F. Fox, Marian A. Nelson and William M. Bolman, "The Termination Process: A Neglected Dimension in Social Work," p. 53.

became quite clear that concepts such as separation anxiety, a need for sufficient timing, a shift in emphasis of the treatment focus and the like, were similar for all treatment modalities.

### Definitions of Concepts

In order to discuss the termination phase in a coherent manner, the basic concepts were operationally defined. Goals of termination referred to what the desired outcomes were for the termination phase in treatment. Theoretically, "The goals of termination broadly stated, are to maximize the positive potential inherent in termination and to minimize the negative potential of the experience."<sup>124</sup>

The concept of criteria for termination was defined as what reasons indicated and influenced termination.

In reference to circumstances of termination, the definition utilized was what variables or factors affected the timing and appropriateness of termination.

Methodology of termination was referred to as what were the procedures or steps during the termination phase; the strategies and techniques employed by the social worker.

Educational aspects relevant to the termination phase referred to the learning methods for termination with particular emphasis on the didactic element.

Although termination was defined on two previous occasions, it was included at this point, as a final point

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<sup>124</sup>Clarke, "Termination: The Forgotten Phase?" p. 266.

of clarification. Termination is the,

. . . cessation of service, or the disruption and severance of a particular worker-client relationship, regardless of how this break occurs, or who initiates it. The point is that a particular professional therapeutic relationship is ended.<sup>125</sup>

### Questions for Exploration

There were many unanswered questions pertaining to the termination phase which became apparent while reviewing the termination literature. The decision was made to incorporate these inquiries into our study in the form of questions for explorations, rather than in the form of hypotheses.

The general questions that were formulated for testing included the following:

(1) How do professional social workers in the Windsor community deal with the termination phase?

(2) What are the goals of termination? Are these goals important? Do these goals have any effect on treatment outcomes?

(3) What are the reasons for termination? Which of these criteria influence the termination phase?

(4) When is the best time for the greatest enhancement of the termination phase?

(5) What tools or methods are utilized by social workers in dealing with the termination phase?

(6) Are there problems for professional social workers when terminating clients? What are these problems?

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<sup>125</sup>Clarke, "Termination: The Forgotten Phase?" p. 266.

(7) Is termination dealt with adequately in the educational setting. What are other alternatives for learning termination skills?

(8) What is the general description of the professional social work population in Windsor?

#### An Ideal Model for Termination

The review of the termination literature further assisted the researchers in developing an ideal model to serve as a guide in comparing the responses of the above questions to the generally unsubstantiated literature.

Our ideal model included such variables as:

- (1) the worker dealing with his own feelings about termination,
- (2) a review of the treatment goals,
- (3) final clarification and agreement on the decision to terminate
- (4) setting a date to mobilize the client's motivation
- (5) allowance of sufficient time for the client to work through his problems
- (6) stressing of the client's strengths
- (7) consolidating gains
- (8) minimizing weaknesses
- (9) avoiding discussion of new problem areas which may disrupt the termination process
- (10) setting an atmosphere that enables a client to feel comfortable should it be necessary for him to return in the future for additional help.



### Study Population and Sampling Procedure

The universe for this research project included all practicing professional social workers in the Windsor community. Professionalism was defined as those social workers holding a Bachelor of Social Work degree, a Master of Social Work degree, a Doctor of Social Work degree or an equivalent status acceptable by the Ontario Association of Professional Social Workers. Although membership in this association was not a prerequisite, actual membership for those not holding a professional degree was used as the criterion to determine equivalent status. Local social service agency administrators were approached for assistance in compiling an up to date list of professional social workers in their respective agencies (see Appendix I). From the twenty-three Windsor social service agencies employing professional social workers, the population was established at 129 eligible participants. However, the final population was reduced to 127 since the two professional social workers serving on our thesis committee were eliminated to avoid bias.

As our research design was of an exploratory-descriptive nature, restrictions on the type of sample were minimal and allowed for flexibility.

For our study, nonprobability sampling seemed most appropriate. Since the total population of the study might have included virtually all professional social workers in North America, a sample of convenience was chosen. As Selltitz states:

. . . it is rarely necessary to study all the people in the group in order to provide an accurate and reliable description of the attitude and behavior of its members. More often than not, a sample of the population to be studied is sufficient.<sup>126</sup>

From the preceding rationale it appeared sufficient to sample sections of the social work community.

Although simple random sampling procedures could have been utilized to draw a representative sample from the Windsor professional social work population, the researchers felt that the inclusion of the total population was desirable. The feeling was that, as responsible members of the social work profession, each social worker in this community had potential for input into this neglected area of treatment. Exclusions might have limited valuable information from surfacing. The researchers also felt that the entire professional population provided an easily accessible sample of convenience.

#### Data Collection Procedure

To facilitate data collection a questionnaire was developed and adopted as the most appropriate instrument to collect the required information and to provide relevant insight concerning the questions which were previously delineated (see Appendix III). In refining the questionnaire, a pretest was carried out on eight professional social workers employed with the North York Branch of the Children's Aid Society in Toronto. The pretest respondents suggested

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<sup>126</sup>Selltiz et al., Research Methods in Social Relations, p. 71.

several revisions which were incorporated into the final questionnaire. In terms of efficiency, especially the time factor, a mailed questionnaire was deemed the most feasible method of reaching our population. A structured interview schedule had been considered, but it was felt that this would necessitate spontaneous responses without allowing the respondent sufficient time to give due consideration to the questions.

In a structured interview schedule, problems of inconsistency between interviewers could have arisen.

Equivalence is always desired.

Inadequate and nonuniform methods of administering a measuring instrument may contribute to variations in scores. Interviewers may add questions, change wording, revise the order, omit questions, etcetera, in such a way as to make one interview noncomparable with another.<sup>127</sup>

Responses perceived as amenable to the interviewers and other resistances particular to the structured interview schedule were also avoided through use of the mailed questionnaire.

To ensure confidentiality and anonymity a prepaid response card and a prepaid return envelope were enclosed with the mailed questionnaire. The response card enabled the researchers to determine who had returned the questionnaire, facilitating follow-up with those who had been tardy with their replies. In addition, the researchers felt that this added convenience aided in motivating a respondent to return his completed questionnaire.

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<sup>127</sup>Selltiz et al., Research Methods in Social Relations, p. 152.

In addition, a covering letter was enclosed explaining the purpose of the study, petitioning for participant cooperation, and telling how the researchers might be contacted if they had any other questions (see Appendix II).

### Validity and Reliability

In collecting our data much consideration was given to safeguard for validity and reliability. Seltiz has remarked that,

The validity of a measuring instrument may be defined as the extent to which differences in scores on it reflect true differences among individuals, groups, or situations in the characteristic which it seeks to measure, or true differences in the same individual, group, or situation from one occasion to another, rather than constant or random errors.<sup>128</sup>

Even with safeguards, certain limitations for validity complicated this study. The following is a list of these limitations:

(1) Pressure on professionals to respond knowledgeably. The Professional may have felt his competence was being questioned and may have felt the need to respond favorably.

(2) Construct validation had to be used rather than a combination of construct validation and pragmatic validation. Since we could not make definite predictions it became more difficult to ensure validity.

Construct validity cannot be adequately tested by any single procedure. Evidence from a number of sources is relevant: correlation with other tests and with other behavior, internal consistency of items, stability over time, etcetera. How evidence from each of these

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<sup>128</sup>Seltiz et al., Research Methods in Social Relations, p. 155.

sources bears an estimation of the validity of the test depends on the relationship predicted in the theoretical network in which the construct is embodied. The more different relationships tested and confirmed, the greater the support both for the measuring instrument and for the underlying theory.<sup>129</sup>

(3) Lack of time and money to study termination from a client's point of view. Any responses from social workers in respect to clients might have been biased because of possible attempts to appear successful.

(4) Segments of the questionnaire might have been too theoretical for comprehension by all social workers due to the neglect of termination in the literature and social work education practices.

Theoretically,

The evaluation of the reliability of any measurement procedure consists in determining how much of the variation in scores among individuals is due to inconsistencies in measurement. When independent but comparable measures of the same thing are obtained, they will yield the same results to the extent that the measurements are free from random or variable errors.<sup>130</sup>

If the researchers had been certain of the validity of the measuring tool, there would have been no need to test for reliability. As this was not the case, the following were limitations for reliability that had to be considered:

- (1) a lack of previous studies concerned with the termination phase.
- (2) in terms of stability of the testing instrument,

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<sup>129</sup>Selltiz et al., Research Methods in Social Relations, p. 163.

<sup>130</sup>Ibid., p. 166.

repeated measurements of the population were not feasible because of time limitations. It was also unrealistic to expect professional social workers to expend valuable time repeating variations of the same test.

(3) Although the entire population of professional social workers in the community of Windsor was utilized, 127 was still a relatively small population. In securing one measure it would have been desirable to improve reliability by increasing the size of the population.

(4) To ensure co-operation, the researchers avoided the use of similar, repeated or analogous questions as a check for internal consistency.

#### Data Analysis

In preparation for analyzing the data, the questionnaire was coded. Care was taken to meet certain formal requisites. Each set of categories was based on a single classificatory principle; the categories were mutually exclusive and; the categories were exhaustive.<sup>131</sup> The use of fixed alternative questions, with a minimal use of open-ended questions, facilitated the coding process. Each returned questionnaire was perused for completeness, legibility, comprehensibility, consistency, uniformity and inappropriate responses. The coded responses were prepared for use with the computer at the University of Windsor.

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<sup>131</sup>Hubert M. Blalock Jr., Social Statistics (New York: McGraw-Hill Book Company, 1972), p. 404.

For statistical computation, use was made of the Statistical Package for the Social Sciences computer program. In describing the data, measures of central tendency were utilized to characterize what was typical of respondents. Measures of variability were used to indicate how widely individuals varied in their responses. Distribution tables showed other aspects of how the individuals were distributed with respect to the particular variable being measured. Finally, measures of association, including chi square were employed to show the relation of the different variables in the data to one another.

## CHAPTER IV

### STATISTICAL DESCRIPTION OF THE SAMPLE

Of the 127 questionnaires sent to practicing professional social workers in the Windsor community, 63 were returned and utilized at the time of data compilation. Due to time limitations, a cut-off date established for June 18, 1974 prohibited the researchers from utilizing all responses received after this date. Although these questionnaires were not included for tabulation procedures, subjective comments from late respondents were incorporated for purposes of describing portions of the data.

The 63 returned questionnaires represented 49.6 per cent of the total population. The 63 respondents included 33 (53.2 per cent) females and 29 (46.8 per cent) males. Thirty-eight (61.3 per cent) respondents were under 35 years of age, while 25 (38.7 per cent) respondents were between the ages of 36 years and 60 years. There were no practicing social workers 61 years of age or older.

In terms of professional education, our sample included 19 (30.2 per cent) persons holding a Bachelor of Social Work degree; 41 (65.1 per cent) persons holding a Master of Social Work degree and; 3 (4.8 per cent) persons at the doctoral level (see Table I).



TABLE I

## LEVELS OF FORMAL EDUCATION

<u>Degree</u>	<u>#</u>	<u>%</u>
B.S.W.	19	30.2
M.S.W.	41*	65.1
Doctoral	<u>3</u>	<u>4.7</u>
Totals	63	100.0

\*Mode

Forty-seven respondents were Ontario educated social workers; 12 were American educated social workers and; the remaining 4 were educated in other Canadian provinces.

Twenty-four (38.1 per cent) respondents were University of Windsor, School of Social Work graduates.

Of 63 valid observations, 33 (52.4 per cent) respondents had less than 1 year of practical social work experience prior to completing their professional education; 23 (36.5 per cent) respondents had 1 to 4 years of social work experience before returning for professional education and; the remaining 7 (11.1 per cent) persons had more than 4 years in practice before completing their initial professional degree.

Of 62 valid observations, 14 (22.6 per cent) respondents had less than 1 year of work experience after receiving their formal social work education; 23 (37.1 per cent) respondents had 1 to 4 years and; the remaining 25 (40.3 per cent) respondents had more than 5 years of practical experience after receiving their formal education (see Table II).

TABLE II  
YEARS IN PRACTICE AFTER  
RECEIVING PROFESSIONAL DEGREE

<u>Years in Practice</u>	<u>#</u>	<u>%</u>
Less than 1	14	22.6
1 - 4	23*	37.1
5 - 9	9	14.5
10 - 14	6	9.7
15 - 19	6	9.7
20 or more	<u>4</u>	<u>6.4</u>
Totals	62	100.0

\*Mode

Of the 63 returned questionnaires, 58 persons responded in terms of their present work positions. Twenty-eight (48.3 per cent) respondents held casework positions, with a vast majority having less than 4 years of practical work experience. Only 3 (5.2 per cent) respondents reported that they held group work positions. A total of 10 (17.1 per cent) educators and 10 (17.1 per cent) supervisors responded to the questionnaire. Responses from administrators totalled 7 (12.1 per cent). Although our questionnaire included categories for social work researchers and community organization workers, no persons reported their positions as such. Perhaps this is due to the relatively small number of social workers involved with such activities in the Windsor community. Other than this small void, a fairly representative cross-

section of community social work positions was obtained.

Except for caseworkers, respondents were evenly distributed in terms of years in practice after receiving their professional degree (see Table III).

TABLE III

COMPARISON OF YEARS IN PRACTICE AFTER RECEIVING PROFESSIONAL

DEGREE WITH POSITION HELD WITHIN AGENCY

Position Within Agency	Years in Practice After Professional Degree						Total of Responses
	Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 or more	
	#	#	#	#	#	#	
Caseworker	11	13*	2	1	1	0	28
Educator	0	3*	1	2	3*	1	10
Administrator	1	1	1	2*	1	1	7
Supervisor	1	4*	3	0	0	0	3
							58

\*Mode for each position

The 60 valid observations indicating classification of social services were evenly distributed. It appears, however, that professional social workers are minimally involved with tertiary prevention and concern themselves more frequently in primary and secondary preventative services (see Table IV).

TABLE IV  
TYPES OF SOCIAL WORK SERVICES

<u>Service</u>	<u>#</u>	<u>%</u>
Services for Secondary Prevention	17*	28.3
Services for Primary and Secondary Prevention	14	23.3
Services for Primary Prevention	11	18.3
Social Work Education	10	16.7
Services for Secondary and Tertiary Prevention	7	11.7
Services for Tertiary Prevention	<u>1</u>	<u>1.7</u>
Totals	60	100.0

\*Mode

Professional social workers in the Windsor community are inclined to identify themselves as eclectic-oriented practitioners. Of 58 valid observations, 28 (48.3 per cent) responded in this manner. Considering that 24 respondents graduated from the self-professed eclectic-oriented School of Social Work at the University of Windsor, this figure seems relatively consistent. Other major schools of thought indicated by respondents included 10 (17.0 per cent) operating from a problem-solving model and 8 (13.5 per cent) utilizing

reality therapy. The remaining respondents reported a variety of other techniques (see Table V).

TABLE V  
SCHOOLS OF THOUGHT OR TECHNIQUE EMPLOYED  
BY PRACTICING PROFESSIONAL SOCIAL WORKERS

<u>School of Thought</u>	<u>#</u>	<u>%</u>
Eclectic	28*	48.3
Problem-Solving	10	17.0
Reality-Therapy	8	13.5
Psychosocial	3	5.2
Humanistic	2	3.4
Ego-Psychology	2	3.4
Functional	1	1.7
Social Goals Model	1	1.7
Crisis-Intervention	1	1.7
Psychoanalytic	1	1.7
Behaviour-Modification	<u>1</u>	<u>1.7</u>
Totals	58	100.0

\*Mode

Obviously, our sample represents a good cross-section of the total population of practicing professional social workers in the Windsor community. The researchers felt that such a representative sample was necessary for the provision of a valid description and for fundamental clarification of the termination phase of social work treatment. From our assumptions, this broadly based representative

sample seemed desirable in identifying the salient concepts related to the termination phase. In addition, the exploratory-descriptive nature of our study facilitated a flexible approach in covering this topic.

## CHAPTER V

### PRESENTATION OF THE DATA

From a review of the available literature, six major goals of the termination phase were identified. Respondents were asked to report how important these goals were to their practice. The 60 valid observations received, indicated that all 6 goals were generally important for the termination phase. The goals were also ranked in order of importance for social work practice (see Table VI).



TABLE VI

THE IMPORTANCE OF GOALS OF TERMINATION

Goals	Very Important		Of Some Importance		Of Little Importance		Rank of Importance
	#	%	#	%	#	%	
To ensure the transferability of gains made in therapy, enabling clients to cope with problems outside the treatment situation.	55*	91.7	4	6.7	1	1.7	1
To secure and maintain as much as possible the gains made during treatment.	50*	83.3	9	15.0	1	1.7	2
To help the client achieve as much independence and assertiveness as possible.	46*	76.7	12	20.0	2	3.3	3
To develop a realization in the client that he can return to the agency for further help if necessary and this does not indicate failure.	37*	61.7	20	33.3	3	5.0	4
To emphasize the short-term gains made in the treatment phase.	24	40.0	28*	46.7	8	13.3	5
To reduce, deal with, and solve the problems experienced by worker and client in ending treatment and parting.	32*	54.2	17	28.8	10	16.9	6

\*Mode for each goal

The ranking of termination goals appeared extremely consistent with the respondents' feelings of importance for each goal. This pattern deviated only slightly for rankings 5 and 6 in terms of the "very important" category for practice.

In addition to the information requested on the 6 specific goals outlined by the researchers, comments were solicited on any further goals that respondents deemed important. One respondent found it impossible to rank the goals of termination since he felt they were all very important. Many respondents suggested goals that were little more than slight variations of the 6 specified goals. Some goals, however, appeared to be mutually exclusive and are mentioned for that reason. They are:

- (1) to develop insight;
- (2) To look at long-term goals, giving the client an opportunity to strive towards these;
- (3) To involve significant others;
- (4) To make a clear-cut termination without vacillation and;
- (5) To help the client appreciate the value of his relationship with the worker, if it has been positive for his development.

A question was posed to the respondents concerning the effect of the setting of treatment goals on the termination phase. A reply of "always" or "usually" was given by 59 (93.6 per cent) of the 63 respondents (see Table VII).

TABLE VII

THE EFFECT OF SETTING TREATMENT GOALS  
ON THE TERMINATION PHASE

<u>Frequency of Effect</u>	<u>#</u>	<u>%</u>
Always	23	36.5
Usually	36*	57.1
Occasionally	2	3.2
Seldom	2	3.2
Never	<u>0</u>	<u>0.0</u>
Totals	63	100.0

\*Mode

It is interesting to note that all 63 respondents felt that the setting of treatment goals affected the termination phase in some way.

Similarly, professional social workers perceived no difficulty in setting realistic treatment goals (see Table VII).

TABLE VIII

## ABILITY TO SET REALISTIC TREATMENT GOALS

<u>Frequency of Ability</u>	<u>#</u>	<u>%</u>
Always	3	4.8
Usually	52*	82.5
Occasionally	8	12.7
Seldom	0	0.0
Never	<u>0</u>	<u>0.0</u>
Totals.	63	100.0

\*Mode

When asked to comment about how the setting of realistic treatment goals affects the termination phase, respondents frequently suggested that realistic goals were important for successful outcomes. A sense of accomplishment on the client's behalf, increased client self-awareness, and a more positive ending to treatment were other effects. Several respondents suggested that realistic treatment goals promoted a shorter treatment sequence and facilitated in the reaching of the aforementioned goals of termination. One person specifically commented that realistic treatment goals, "give evidence of time limit as well as expectations of client involvement in his problems." Another said that, "termination can be appropriately timed according to the gains experienced by the client, and can be mutually worked towards by both the worker and client," when realistic treatment goals are set.

In response to the effect of unrealistic treatment goals on the termination phase, an equation with failure was mentioned most frequently. Prolonged treatment or premature termination was also linked to unrealistic treatment goals. Many social workers commented upon the increased frustration for both themselves and the client. One person equated unrealistic treatment goals with "no goals" at all. Generally, a negative, problematic, inefficient, termination phase was evident if unattainable, unrealistic treatment goals were established. One person adequately summed up the effect of unrealistic treatment goals on the termination phase by stating that, "they create in clients self-doubt, cloud motivation, and frustrate the need that they do have potential to handle their difficulties; they create in workers a need to ensure client dependency, feelings of futility and termination can be the result of worker's incompetence—a feeling that needs a defense."

However, as Table VIII so clearly indicates, the respondents from this sample were usually able to set realistic goals, negating harmful effects on the termination phase.

Respondents generally felt that administrative constraints only "moderately" to "slightly" affected the termination phase (see Table IX).

TABLE IX

EXTENT TO WHICH ADMINISTRATIVE CONSTRAINTS AFFECT  
THE TERMINATION PHASE

<u>Extent of Effect</u>	<u>#</u>	<u>%</u>
Extremely	3	4.8
A great deal	12	19.4
Moderately	23*	37.1
Slightly	18	29.0
Not at all	5	8.1
Do not know	<u>1</u>	<u>1.6</u>
Totals	62	100.0

\*Mode

When asked to respond to specific administrative constraints that might influence the termination phase, respondents provided further evidence of the minimal effects of administrative constraints on the termination phase (see Table X).

TABLE X  
EFFECT OF SPECIFIC ADMINISTRATIVE CONSTRAINTS  
ON THE TERMINATION PHASE

<u>Administrative Constraints</u>	<u>Of Great Influence</u>		<u>Of Some Influence</u>		<u>Of Little Influence</u>	
	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>
Caseload Size	17	28.8	20	33.9	22*	37.3
Lack of Funds	7	11.1	10	15.9	42*	66.7
Agency Function	23*	37.7	21	34.4	17	27.9
Internal mobility of workers	8	14.3	24*	42.9	24*	42.9
Lack of Manpower	17	28.8	19	32.2	23*	39.0
Fragmentation of services	11	18.6	20	33.9	28*	47.5
Geographic Location	4	6.9	17	29.3	37*	63.8
Physical setting	3	5.4	12	21.4	41*	73.2
Departmentalization	6	10.7	19	33.9	31*	55.4
Lack of secondary resources	5	9.4	26*	49.1	22	41.5

\*Mode for each category

Of 58 valid observations, 60.4 per cent identified agency function as the greatest administrative constraint. Fifty per cent thought that caseload size was important in this respect and 41.5 per cent of the respondents identified lack of manpower as an influential administrative constraint.

In reference to the three least influential administrative constraints, 63.4 per cent suggested physical setting, 46.4 per cent suggested lack of funds and 42.8 per cent suggested geographic location. Although budgetary complaints are often manifested in local community agencies,

it is interesting to note that lack of funds was not considered a deterrent for the termination process.

Our data collection instrument included a question on various criteria that might be used in determining the appropriateness of termination. From 59 valid observations, most frequently utilized criteria for terminating included: (1) improvement in social functioning; (2) belief that client can continue to make gains on his own and; (3) identified problem solved (see Table XI).

TABLE XI

## MOST FREQUENTLY UTILIZED CRITERIA FOR TERMINATING

<u>Criteria Utilized Most Frequently</u>	<u>#</u>	<u>%</u>
Improvement in social functioning	36	61.0
Belief that client can continue to make gains on his own	32	55.9
Identified problem solved	22	37.1

From 58 valid observations, the least frequently utilized criteria for terminating included: (1) improved sexual performance; (2) resourcefulness in the use of free time; (3) missed sessions and; (4) resolution of transference (see Table XII).



TABLE XII

## LEAST FREQUENTLY UTILIZED CRITERIA FOR TERMINATING

<u>Criteria Utilized</u> <u>Least Frequently</u>	<u>#</u>	<u>%</u>
Improved sexual performance	35	60.4
Resourcefulness in the use of free time	23	39.6
Missed Sessions	23	39.6
Resolution of transference	23	39.6

For a more inclusive description of the frequency with which various criteria are used in the termination phase by local social workers refer to Table XIII.

TABLE XIII

## FREQUENCY OF USE OF CRITERIA FOR TERMINATING

Frequency of Criteria	Always		Usually		Occasionally		Seldom		Never	
	#	%	#	%	#	%	#	%	#	%
Improvement in social functioning	16	27.1	36*	61.0	5	8.5	1	1.7	1	1.7
Greater move towards independence	9	15.0	40*	66.7	9	15.0	1	1.7	1	1.7
Belief that client can continue to make gains on his own	14	23.3	41*	68.3	4	6.7	0	0.0	1	1.7
Growth in stability	10	16.9	39*	66.1	9	15.3	0	0.0	1	1.7
Stronger sense of reality	8	13.6	39*	66.1	11	18.6	0	0.0	1	1.7
Identified problem solved	15	25.4	30*	50.8	10	16.9	2	3.4	2	3.4
Lack of capacity for client to make further gains	3	5.0	17	28.3	24*	40.0	11	18.3	5	8.3
Missed sessions	0	0.0	9	15.0	30*	50.0	13	21.7	8	13.3
Client request to terminate	2	3.4	15	25.9	25*	43.1	12	20.7	4	6.9
Disappearance of anxieties and inhibitions	3	5.2	18	31.0	26*	44.8	7	12.1	4	6.9
Resolution of transference	4	7.1	12	21.4	17	30.4	18*	32.1	5	8.9
Higher degree of client self-awareness	6	10.3	24*	41.4	21	36.2	6	10.3	1	1.7
Client ability to restrict extremes of unacceptable behaviour	5	8.5	35*	59.3	12	20.3	6	10.2	1	1.7
Improvement in intrapsychic functioning	3	5.3	23	40.4	26*	45.6	4	7.0	1	1.8

Frequency of Criteria	Always		Usually		Occasionally		Seldom		Never	
	#	%	#	%	#	%	#	%	#	%
Diminished tendency toward depression	3	5.4	23	41.1	26*	46.4	3	5.4	1	1.8
A sense of greater freedom	4	7.3	21*	38.2	20	36.4	8	14.5	2	3.6
Improved sexual performance	0	0.0	9	17.3	22*	42.3	14	26.9	7	13.5
Increased satisfaction in work performance	0	0.0	14	25.0	31*	55.4	9	16.1	2	3.6
Resourcefulness in use of free time	1	1.8	18	32.7	27*	49.1	7	12.7	2	3.6
Greater self-esteem	9	16.1	30*	53.6	16	28.6	0	0.0	1	1.8

\*The mode for each individual criteria is denoted by an asterisk

The researchers felt that the type of contract, employed by a professional social worker might have some effect on the outcome of treatment. With this in mind, data was gathered on the type of contract utilized to enhance the termination process. Of 58 valid observations, 42 (72.4 per cent) respondents preferred a verbal contract; both a written contract and no form of contract were indicated by 8 (13.8 per cent) respondents respectively (see Table XIV).

TABLE XIV  
TYPE OF CONTRACT USED TO ENHANCE THE  
TERMINATION PROCESS

<u>Type of Contract</u>	<u>#</u>	<u>%</u>
Written contract	8	13.8
Verbal contract	42	72.4
No contract	8	13.8
Totals	58	100.0

Another important issue that has received considerable attention in the available literature dealing with termination relates to the method of initiating termination. Respondents were asked which method of initiating termination occurred most frequently in their practices. Of 60 valid observations, 34 (56.7 per cent) respondents reported that a mutual decision between the social worker and the client was the most desirable method of initiating termination. Twenty-four (40.0 per cent) respondents replied that the worker was the initiator of termination most frequently in their practice, while, only

2 (3.3 per cent) respondents replied that termination in their practice was client initiated (see Table XV).

TABLE XV

## MOST FREQUENT METHOD OF INITIATING TERMINATION

<u>Method of Initiating Termination</u>	<u>#</u>	<u>%</u>
Initiated by worker	24	40.0
Initiated by client	2	3.3
Mutual decision to terminate	34	56.7
Totals	60	100.0

Although circumstances of termination were considered rather important throughout our review of the available literature, professional social workers in Windsor who responded to our questionnaire generally reported only "occasional" or "seldom" frequency of occurrence of specified circumstances in their practice. However, respondents were able to identify the three circumstances of termination which occurred most often. These included: (1) Felt that goals had been reached; (2) Felt that no more could be gained and; (3) Expiration of contract (see Table XVI).

TABLE XVI

## THREE MOST FREQUENT CIRCUMSTANCES OF TERMINATION

<u>Circumstances of Termination</u>	<u>#</u>	<u>%</u>
Felt that goals had been reached	46	76.7
Felt that no more could be gained	30	50.0
Expiration of contract	18	30.0

On the other hand, respondents felt that, (1) vacation of workers; (2) vacation of clients and; (3) administrative constraints were the least frequent circumstances of termination (see Table XVII).

TABLE XVII

## THREE LEAST FREQUENT CIRCUMSTANCES OF TERMINATION

<u>Circumstances of Termination</u>	<u>#</u>	<u>%</u>
Vacation of workers	37	64.4
Vacation of clients	34	57.6
Administrative constraints	23	38.9

For a more comprehensive description detailing responses pertaining to the circumstances of termination as perceived by our professional sample, see Table XVIII.

TABLE XVIII

## FREQUENCY FOR SPECIFIC CIRCUMSTANCES OF TERMINATION

Circumstances of Termination	Very Often		Often		Occasionally		Seldom		Never	
	#	%	#	%	#	%	#	%	#	%
Departure of worker from practice setting	8	12.9	11	17.7	17*	27.4	16	25.8	10	16.1
Vacation of worker	0	0.0	1	1.6	18	29.0	19	30.6	24*	38.7
Vacation of client	1	1.6	0	0.0	14	23.0	20	32.8	26*	42.6
Expiration of contract	11	18.3	12	20.0	18*	30.0	8	13.3	11	18.3
Administrative constraints	3	4.8	4	6.5	22*	35.5	21	33.9	12	19.4
Inappropriate client expectations	3	4.9	7	11.5	30*	49.2	17	27.9	4	6.6
Felt that goals had been reached	13	21.7	35*	58.3	8	13.3	3	5.0	1	1.7
Personal conflict between worker and client	1	1.7	1	1.7	21	35.6	26*	44.1	10	16.9
A logical break in the continuity of the client's life	5	8.3	11	18.3	29*	48.3	13	21.7	2	3.3
Client move from agency jurisdiction	6	9.7	9	14.5	30*	48.4	14	22.6	3	4.8
Felt that no more could be gained	7	11.7	20	33.3	24*	40.0	7	11.7	2	3.3
Refusal of client to continue past intake	2	3.3	8	13.1	33*	54.1	13	21.3	5	8.2
Expiration of mandatory service	7	12.3	6	10.5	15*	26.3	15*	26.3	14	24.6

Mode for each individual circumstance is indicated by an \*

In response to a question asking whether a final termination date should be included in the plans for treatment, most social workers stressed the need for flexibility. Of 62 valid observations, 36 respondents thought that "sometimes" was the most appropriate reply. Only 18 respondents replied a definite "yes," and even a smaller number of 7, replied "no." One person was not sure. Several respondents commented upon the need for flexibility for change as treatment and diagnosis changes. Others stated that the date should be tentative and negotiable. Qualifying statements relating to dependency on the agency function, short-term or long term goals, doctor's assessment, restricted application to groups and priority for client's needs over formal contracts subjectively allowed the respondents their point of view concerning the setting of a termination date. One person commented that in situations where structuring the length of contract would be therapeutically helpful to clients, indication of a termination date can itself be a treatment technique and used as an intervention. It should be flexible and at the therapist's discretion.

A follow-up question was asked regarding the most appropriate time for establishing a final termination date. The expectation was that this question would be answered only by those who felt the necessity to make the termination date explicit. Of 43 valid observations, 28 (65.1 per cent) respondents felt that a decision on when to terminate should be made at the beginning of treatment, 10 (23.3 per



cent) respondents felt that the middle phase of treatment was most appropriate and; 5 (11.6 per cent) respondents considered the ending phase of treatment to be the optimal time for establishing the termination date.

In relation to the rigidity of a final termination date being set, a question requesting respondents to consider the appropriateness of client-initiated extensions of service was posed. Respondents agreed almost unanimously that clients should not be restricted from extensions. Of 60 valid observations, 24 (40.0 per cent) respondents replied a definite yes to the granting of extensions of service. The establishment of new goals in conjunction with the renegotiation of the contract received some emphasis by those who felt that extensions were always appropriate. One person commented that an extension of service was valid regardless of the client's motive. He was concerned that there was more work to be done in treatment, perhaps on the termination phase itself. Thirty-five (58.3 per cent) respondents indicated that extensions of service were sometimes appropriate. These respondents stressed the need to assess each client's situation on an individual basis. Respondents frequently commented that referral or transfer to another worker or agency was sometimes necessary. Numerous respondents also felt that the extension must clearly be of benefit. For example, one person based his criterion for an extension on whether the presenting problem had been resolved. Other respondents felt that extensions were some-

times appropriate, but could also create difficulties. Those difficulties suggested more dependency on the worker or the agency and a general unwillingness of the client to let go. Only 1 (1.7 per cent) respondent believed that extensions were not appropriate.

Many theorists have written about the number of sessions to terminate services. When asked about this, the majority of Windsor social workers felt that 1 to 4 sessions were necessary to deal effectively with termination. Very few felt that it would take longer than 4 sessions to terminate service (see Table XIX).

TABLE XIX  
NUMBER OF SESSIONS NECESSARY TO  
TERMINATE SERVICE EFFECTIVELY

<u>Number of Sessions</u>	<u>#</u>	<u>%</u>
1-2	17	36.2
3-4	22*	46.8
5-6	5	10.6
7-8	1	2.1
9 or more	<u>2</u>	<u>4.3</u>
Totals	47	100.0

\*Mode

Of 45 valid responses, 15 (33.3 per cent) respondents felt that 2 weeks was the optimal period of time in which specified sessions allotted for termination should take place. Varying periods of time were suggested by the

remaining respondents (see Table XX).

TABLE XX

PERIOD OF TIME NECESSARY TO  
TERMINATE SERVICE EFFECTIVELY

<u>Period of time</u>	<u>#</u>	<u>%</u>
1 week	5	11.1
2 weeks	15*	33.3
3 weeks	6	13.3
1 month	6	13.3
1-2 months	9	20.0
2-3 months	2	4.4
3 months or more	<u>2</u>	<u>4.4</u>
Totals	45	100.0

\*Mode

Many persons did not respond to the questions pertaining to the number of sessions and period of time for termination, commenting on the need for flexibility and individualization for each client.

From the available literature an ideal model for termination was developed and presented to the respondents. The purpose was to determine the importance of these methods and the frequency with which they were utilized in practice. The 3 most important methods as perceived by our professional sample were: (1) a review of treatment goals; (2) stressing of client strengths and; (3) final clarification and agreement on the decision to terminate. However, most respondents

felt that all the specified methods for termination were of some importance. Only 1 method, that of avoiding discussion of new problem areas, was frequently considered of little importance and also infrequently utilized in practice. For a more detailed description of the responses to the methodology of termination, refer to Table XXI.

TABLE XXI

THE FREQUENCY OF UTILIZATION OF VARIOUS METHODS FOR THE TERMINATION PHASE

Rank	Methods for Terminating	Always		Usually		Occasionally		Seldom		Never	
		#	%	#	%	#	%	#	%	#	%
1	Review of treatment goals	38*	62.3	20	32.8	3	4.9	0	0.0	0	0.0
2	Stressing of client strengths	35*	58.3	19	31.7	6	10.0	0	0.0	0	0.0
3	Final clarification and agreement on the decision to terminate	33*	55.0	21	35.0	5	8.3	0	0.0	1	1.7
4	Allowance of sufficient time for client to work through his problems	23	38.3	31*	51.7	5	8.3	0	0.0	1	1.7
5	Setting an atmosphere that enables a client to feel comfortable should it be necessary for him to return	36*	59.0	19	31.1	6	9.8	0	0.0	0	0.0
6	Consolidating gains	31*	52.5	24	40.7	3	5.1	1	1.7	0	0.0
7	Worker should deal with his own feelings on termination before informing client	26*	43.3	20	33.3	10	16.7	2	3.3	2	3.3
8	Setting a date to mobilize client's motivation	8	13.3	25*	41.7	20	33.3	3	5.0	4	6.7
9	Minimizing weaknesses	11	19.0	23*	39.7	13	22.4	6	10.3	5	8.6
10	Avoiding discussion of frequency and importance of each method	1	1.8	15	26.3	18*	31.6	15	26.3	8	14.0

\*Mode

There has been an immense amount of literature written concerning the beginning and middle phases of social work treatment. The dearth of termination literature for social work practice and the effect that this might have on methods employed by practitioners prompted the researchers to attempt to determine how important the termination phase was in relation to other phases of treatment. The majority of respondents definitely felt that the termination phase was as important as other phases (see Table XXII).

TABLE XXII  
COMPARISON OF THE IMPORTANCE OF THE TERMINATION PHASE  
TO OTHER PHASES OF TREATMENT

<u>Importance</u>	<u>#</u>	<u>%</u>
More important	6	9.8
As important	50*	82.0
Less important	4	6.6
Not sure	<u>1</u>	<u>1.6</u>
Totals	61	100.0

\*Mode

The lack of available literature on the termination phase also seemed to have some effect on knowledge of termination procedures. Of 62 valid observations, 44 (71.0 per cent) respondents felt that there was limited knowledge of termination, while only 7 (11.3 per cent) respondents felt that there was no lack of termination knowledge (see Table XXIII).

TABLE XXIII

## LIMITED KNOWLEDGE OF EFFECTIVE TERMINATION PROCEDURES

<u>Limited Knowledge</u>	<u>#</u>	<u>%</u>
Yes	44*	71.0
No	7	11.3
Not sure	<u>11</u>	<u>17.7</u>
Totals	62	100.0

\*Mode

When asked whether limited knowledge affected the development of their personal terminating skills, 20 of 46 respondents indicated only a moderate effect. However, 14 respondents felt a great effect (see Table XXIV).

TABLE XXIV

EFFECT OF LIMITED KNOWLEDGE ON DEVELOPMENT  
OF PERSONAL TERMINATING SKILLS

<u>Effect</u>	<u>#</u>	<u>%</u>
Extreme	1	2.2
Great	14	30.4
Moderate	20*	43.5
Slight	8	17.4
No affect	<u>3</u>	<u>6.5</u>
Totals	46	100.0

\*Mode

One additional concept that might enhance the termination phase is the quality of follow-up contact as agreed

upon in the termination phase. An interesting result of a question to determine agency policy on follow-up contacts was that 17 (39.5 per cent) of 43 respondents indicated that their particular agencies had no official policy for follow-up.

Personal visits and telephone communications were the two most common procedures for follow-up with each receiving 11 (25.6 per cent) responses. Four (9.3 per cent) persons learned of their client's progress through indirect means. No social workers utilized letters for follow-up. A number of respondents commented that although their agency had no official policy for follow-up, they felt personally committed to contact clients after termination of service.

As in every other phase of social work treatment, problems also occur in the termination phase. Respondents were asked a general question concerning their level of discomfort in dealing with the termination phase. Of 62 valid observations, 58 (93.6 per cent) respondents reported moderate to no discomfort during termination. Only 4 (6.4 per cent) respondents felt a greater degree of discomfort (see Table XXV).



-TABLE XXV

LEVEL OF DISCOMFORT IN DEALING  
WITH THE TERMINATION PHASE

<u>Level of Discomfort</u>	<u>#</u>	<u>%</u>
Extreme	2	3.2
Great	2	3.2
Moderate	20 <sup>u</sup>	32.3
Slight	25*	40.3
No Discomfort	<u>13</u>	<u>21.0</u>
Totals	62	100.0

\*Mode

The general lack of feelings of discomfort were fairly consistent with specific reactions of practioners generated during the termination phase. The three most frequent reactions as espoused by Windsor social workers were: (1) increased insight; (2) frustration and; (3) relief that treatment was ending. The three least frequent reactions to termination were: (1) a desire to discontinue employment; (2) unscheduled vacations and; (3) unscheduled absences. For a more detailed description of responses to reactions of local practioners during termination, refer to Table XXVI.

TABLE XXVI

FREQUENCY OF REACTIONS GENERATED DURING THE TERMINATION PHASE

Reactions	Always		Often		Occasionally		Seldom		Never	
	#	%	#	%	#	%	#	%	#	%
Avoidance	0	0.0	2	3.4	19	32.8	25*	43.1	12	20.7
Denial	1	1.7	1	1.7	8	13.6	31*	52.5	18	30.5
Rejection	1	1.7	1	1.7	6	10.2	30*	50.8	21	35.6
Anger	0	0.0	1	1.7	8	13.8	27*	46.6	22	37.9
Depression	0	0.0	0	0.0	19	32.8	18	31.0	21*	36.2
Guilt	0	0.0	1	1.8	22*	38.6	19	33.3	15	26.3
Opening up of new problem areas	0	0.0	2	3.9	17	33.3	22*	43.1	10	19.6
Grief over impending loss	1	1.7	2	3.4	13	22.4	22*	37.9	20	34.5
Repression of feelings	1	1.8	3	5.3	21	36.8	22*	38.6	10	17.5
Desire to transfer client	0	0.0	0	0.0	19	33.9	20*	35.7	17	30.4
Desire to discontinue employment	0	0.0	1	1.7	4	6.9	15	25.9	38*	65.5
Unscheduled vacation	0	0.0	0	0.0	3	5.2	7	12.1	48*	82.8
Hostility	0	0.0	0	0.0	6	10.5	28*	49.1	23	40.4
Countertransference	0	0.0	1	1.8	12	21.8	27*	49.1	15	27.3
Relief that treatment is ending	1	1.7	8	13.8	37*	63.8	9	15.5	3	5.2
Increased insight	0	0.0	28*	49.1	19	33.3	9	15.8	1	1.8
Prolonged treatment	0	0.0	1	1.9	22*	42.3	18	34.6	11	21.2
Change in relationship from professional to social	0	0.0	1	1.8	16	29.1	13	23.6	25*	45.5
Unscheduled absence	1	1.7	0	0.0	1	1.7	15	25.9	41*	70.7
Frustration	2	3.4	5	8.5	28*	47.5	17	28.8	7	11.9

\*Mode for each individual reaction

Two additional termination reactions of a more positive nature that were often mentioned included satisfaction concerning the outcome of the treatment and increased confidence regarding the counsellor's skills.

Some of the social work literature has discussed problems for both the social worker and the client in departing if the professional relationship is more positive. However, this is not to imply that one would desire a negative relationship. Generally, respondents to our questionnaire did not find this to be the case. Of 60 valid observations, 34 (56.7 per cent) respondents felt that a positive professional relationship did not make the termination process more difficult. Subjective comments seemed to indicate that one of the goals of treatment should be client independence and the positive professional relationship facilitated the achievement of this goal. Sixteen (26.7 per cent) respondents reflected a more tentative pattern of thought. They suggested that separation could become more difficult, but would normally be outweighed by the client's growth. Of the 8 (13.3 per cent) respondents who felt that a positive professional relationship did complicate the termination process, most identified increased difficulty in parting as an obstacle to successful termination due to the positive experience.

The researchers had questions as to whether the termination aspect of social work practice was dealt with adequately in the formal educational process. With this in

mind, a question related to satisfaction with the theoretical aspects of the termination phase was posed. Of 61 valid observations, 37 (60.6 per cent) respondents were satisfied with their exposure to theory of termination in their formal education. The remaining 24 (39.4 per cent) respondents felt varying degrees of dissatisfaction (see Table XXVII).

TABLE XXVII

SATISFACTION WITH THE THEORETICAL ASPECTS  
OF THE TERMINATION PHASE IN FORMAL EDUCATION

<u>Satisfaction in formal education</u>	<u>#</u>	<u>%</u>
Very satisfied	6	9.8
Satisfied	31*	50.8
Dissatisfied	19	31.1
Very dissatisfied	4	6.6
No satisfaction	<u>1</u>	<u>1.6</u>
Totals	61	100.0

\*Mode.

For those respondents who perceived some degree of dissatisfaction in their formal education regarding termination concepts, a question was asked to determine other sources of termination knowledge. Practical experiences, available termination literature and supervision sessions were frequent responses. Workshops, in-service training and discussions with colleagues were seldom mentioned as being important assets for learning termination skills.

In addition all respondents were given 5 methods for developing their personal technique for terminating and were asked to rank these in order of importance (see Table XXVIII).

TABLE XXVIII  
RANK ORDER OF SOURCES FOR  
DEVELOPMENT OF PERSONAL TECHNIQUE FOR TERMINATION

<u>Source for development of skills</u>	<u>Rank</u>
Practical work experiences	1
Formal education	2
Supervisory sessions	3
Informal education	4
Life experiences	5

When respondents were asked how they felt social workers could gain more expertise concerning the termination phase of treatment, there was little deviation from previous responses pertaining to formal education, supervision and practical experiences. However, several persons indicated a need for termination workshops. Fewer persons specifically mentioned role-playing sessions, journal articles, continued development of social work values, recordings and constant review of the available termination literature as other sources for learning more about termination. Two persons emphasized the need for more research on termination to develop a stronger social work knowledge base in this area.

Finally, our professional social work sample was

asked to relate literature that they would utilize for reference if delegated responsibility for teaching the termination process. Of 63 valid responses, 37 (58.7 per cent) respondents were not aware of any specific termination references. Any sources that were mentioned, coincided with the researchers' selected bibliography for this study. Such noted authors as Vinter, Perlman, Hamilton, Hollis and Glasser received mention by the respondents, with the group work authors appearing most frequently.

## CHAPTER VI

### ANALYSIS OF CROSS-TABULATED VARIABLES

Once the collected data was tabulated, presented and partially analyzed, the researchers were prompted to review the responses in more depth and with additional statistical computations. The purpose was to clarify concepts further and to identify variables that might be associated. A total of 75 two-variable cross-tabulations were made. Of these, 11 cross-tabulations merited further explication.

The type of contract utilized by our sample, whether written, verbal or in fact, no contract at all, seemed to be important for the termination phase.

The type of contract utilized most frequently was correlated with the social worker's method of initiating termination. This was found to be significant to the .001 level. Of the respondents utilizing written and verbal contracts there appeared to be little significant difference in the selected method of initiating termination. Both types of contracts represented a dichotomy between worker-initiated terminations and termination by mutual agreement. No one utilizing these types of contracts relied on the client to initiate termination. Of those respondents who did not use contracts, the worker appeared to play a predominantly



active role in ending treatment. Of the 8 valid observations for no contract, only 1 respondent commonly ended treatment by mutual agreement with the client. Two of the 8 respondents felt that the client usually terminated service in the case of no contract. There definitely appears to be a significant relationship between the type of contract utilized and the method of initiating termination (see Table XXIX).

TABLE XXIX  
TYPE OF CONTRACT BY METHOD OF INITIATING TERMINATION

<u>Type of Contract</u>	<u>Method of Initiating Termination</u>			<u>Raw Totals</u>
	<u>Worker Initiated</u>	<u>Client Initiated</u>	<u>Mutual Decision</u>	
Written contract	4	0	4	8
Verbal contract	13	0	28	41
No contract	<u>5</u>	<u>2</u>	<u>1</u>	<u>8</u>
Column Totals	22	2	33	57

$\chi^2 = 17.902$   
Degrees of freedom = 4  
Significance : .001

A significant relationship was again found when the type of contract was correlated with whether a final termination date should be included in the plans for treatment. Significance at the .05 level was established. There is a definite decline in the percentage of respondents who feel that a final termination date is necessary when one moves from written contract through to no contract. No apparent trend developed for people who did not use contracts. For



those respondents who utilized verbal contracts, a somewhat indecisive approach was also taken. Of 41 respondents for this category, 26 respondents reported that the need for a final termination date varied with the particular situation. However, those practitioners utilizing a written contract responded in a more affirmative manner and were more definite in their termination plans (see Table XXX).

TABLE XXX

TYPE OF CONTRACT BY NEED FOR FINAL TERMINATION DATE  
IN PLANS FOR TREATMENT

<u>Type of Contract</u>	<u>Need for Final Termination Date</u>				<u>Raw Totals</u>
	<u>Yes</u>	<u>No</u>	<u>Sometimes</u>	<u>Not Sure</u>	
Written Contract	4	2	2	0	8
Verbal Contract	12	3	26	0	41
No Contract	<u>2</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>8</u>
Column Totals	18	7	31	1	57

$\chi^2 = 12.398$   
Degrees of Freedom = 6  
Significance : .05

Type of contract was also cross-tabulated with expiration of contract as a circumstance for termination. As one might expect, a high degree of relationship was found with a significance level of .01. Naturally, respondents who did not frequently utilize a contract in practice almost never used it as a circumstance for termination. This reflects a high level of internal consistency for the respondents of our questionnaire. For persons utilizing a

written contract, 5 (62.5 per cent) of 8 respondents felt that expiration of contract was frequently a circumstance for termination. Without suggesting a cause-effect relationship, the researchers felt that the high affirmative reply for whether extensions of service were appropriate could, in part, explain the relatively high percentage (37.5 per cent) of respondents utilizing a written contract but never using this as a circumstance for termination. Also, 40 respondents using a verbal contract, 33 (82.5 per cent) respondents felt that expiration of contract was frequently a circumstance for termination (see Table XXXI).

TABLE XXXI  
TYPE OF CONTRACT BY EXPIRATION OF CONTRACT  
AS A CIRCUMSTANCE FOR TERMINATION

<u>Type of Contract</u>	<u>Expiration of Contract</u>					<u>Raw Total</u>
	<u>Very Often</u>	<u>Often</u>	<u>Occasion-ally</u>	<u>Seldom</u>	<u>Never</u>	
Written contract	2	1	2	0	3	8
Verbal contract	9	10	14	4	3	40
No contract	<u>0</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>5</u>	<u>8</u>
Column Totals	11	11	17	6	11	56

$\chi^2 = 19.599$   
Degrees of freedom = 8  
Significance : .01

The working position of social workers was cross-tabulated with feelings on the importance of the termination phase as compared to other phases of treatment. Regardless

of the position held, the majority of respondents considered the termination phase to be as important as other phases of treatment. However, it was interesting to note that of the 6 respondents who indicated that the termination phase was more important, 2 were administrators and 2 were in supervisory positions. Of the 33 caseworkers and group workers involved in direct service to clients, only 1 caseworker felt that the termination phase was more important. Social work educators did not vary significantly in their responses from administrators and supervisors (see Table XXXII).

TABLE XXXII  
POSITION WITHIN AGENCY BY IMPORTANCE  
OF THE TERMINATION PHASE

Position Within Agency	<u>Importance of the Termination Phase</u>				
	<u>More Important</u>	<u>As Important</u>	<u>Less Important</u>	<u>Not Sure</u>	
Caseworkers	1	27	2	0	30
Group workers	0	3	0	0	3
Community Organization Worker	0	0	0	0	0
Researcher	0	0	0	0	0
Administrator	2	4	1	0	7
Supervisor	2	7	0	1	10
Social Work Educator	<u>1</u>	<u>6</u>	<u>1</u>	<u>0</u>	<u>8</u>
	6	47	4	1	58

$\chi^2 = 36.943$   
Degrees of Freedom = 18  
Significance : .01

Other than these 4 relationships, additional correlated variables showed no significant degree of association. However, several relationships were worthy of mention.

The level of social workers' education was of little significant difference in dealing with the termination process. Goals, criteria, circumstances, methods and problems of termination received similar attention by all social workers, regardless of their educational status.

Even when the present level of formal education was correlated by perceived feelings of limited termination knowledge, the level of education played no significant role. Individuals with a Master of Social Work degree were just as likely to indicate limited knowledge of termination procedures as persons holding a Bachelor of Social Work degree (see Table XXXIII).

TABLE XXXIII  
LEVEL OF FORMAL EDUCATION BY FEELINGS ON LIMITED  
KNOWLEDGE OF TERMINATION PROCEDURES

<u>Level of Education</u>	<u>Feelings on Limited Knowledge of Termination</u>			<u>Raw Totals</u>
	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>	
B.S.W.	14	2	3	19
M.S.W.	28	4	8	40
Doctoral	<u>2</u>	<u>1</u>	<u>0</u>	<u>3</u>
Column Totals	44	7	11	62

Present level of education was also cross-tabulated with the social workers' satisfaction with the theoretical

aspects of termination in their formal education. Although this cross-tabulation was not significant, 66.7 per cent of Bachelor of Social Work practitioners were dissatisfied with their formal education relevant to the termination phase of treatment. However, only 33.3 per cent of Master of Social Work practitioners indicated dissatisfaction.

When the variable regarding limited knowledge of termination procedures was correlated with satisfaction with termination aspects of formal education, no significance was evident. However, an interesting finding was that of 43 (70.5 per cent) respondents who indicated that there was definitely limited knowledge of termination procedures, 23 (53.5 per cent) respondents were satisfied with their academic training on termination procedures.

Level of education was also correlated with discomfort in dealing with the termination phase and with perceived importance of the termination phase. Neither of these relationships proved to be of significance.

Although discomfort in termination was not significant when cross-tabulated with the social workers' satisfaction with termination concepts in formal education, generally the more discomfort a respondent felt, the less satisfied he was with his academic training.

Although there was some concern about the inclusion of educators and administrators in our population for study, no significant differences were apparent when position of the social worker was cross-tabulated with numerous other

variables affecting the termination phase. Responses from administrators and educators did not deviate significantly from those responses of other sample members.

## CHAPTER VII

### FINDINGS

The researchers found the analyzed data to yield fairly consistent results when compared to the available literature pertaining to the termination phase of social work treatment.

The majority of professional social workers who participated in our study utilized an eclectic approach to treatment. The importance of this statement relates to two of the researchers' precluded assumptions: that termination is an important and inevitable phase for every treatment modality and that there are similarities in treatment modalities in terms of termination. The varied and flexible nature of our sample's approach to treatment lends credence to the findings.

Findings confirmed that our cross-section of professional social workers considered the termination phase to be as important as other phases of the total treatment sequence.

Regardless of the approach to treatment, professional experience, or working position, social workers found goals for termination to be of importance and consistent with goals specified in the available literature.

Social workers generally felt the need to consider

what goals would be realistic for treatment and to set these goals in a way that would support a more effective and efficient termination. They felt that they were usually capable of accomplishing this task.

Although the available literature deals with the negative effect that administrative constraints can have on the termination phase, social workers from the Windsor community felt that this was not the case. Perhaps this was due to their expressed ability to plan for treatment in a realistic way. However, such a hypothesis was not a thrust of this particular study.

The criteria utilized most frequently in bringing about termination of service were highly related to social functioning and goal attainment. Concepts which related more specifically to the psychoanalytic school of thought were less important.

In a similar manner, circumstances for the termination of treatment that occurred most frequently were goal-oriented. Most of the respondents did not end treatment until the goals had been reached or until they thought no more could be gained. Unexpected events such as the vacations of clients or workers, personal conflict between the social worker and the client and administrative constraints, had minimal effect as circumstances for termination. One additional circumstance for termination that received considerable attention was the expiration of contract.

Contractual agreements have increased in popularity



in recent social work literature. The influence of this concept on practice is evident in our study. Obviously, the achievement of goals is the most desirable outcome of treatment and the majority of respondents utilized some form of contractual agreement to help achieve this end. A mutual decision for initiating termination has also been stressed, in the literature, as the most effective way of promoting a successful termination. This was most popular with our respondents who utilized contractual agreements. However, the question of when to initiate discussions of termination seemed to be a matter of personal preference. Termination was discussed during the beginning, middle and ending phases of the treatment sequence and the variance from situation to situation was evident, regardless of treatment arrangements. Those respondents utilizing a verbal or written contract were able to incorporate a final date for termination more frequently in the treatment plans, thus allowing the social worker and the client to conceptualize the progressions in treatment in relation to the final date and enabling the worker and client to prepare for the cessation of services. This could definitely assist in explicating the eventual conclusion of treatment. Extensions of service were considered very appropriate for social work practice and this explication could also assist in determining the necessity of such a decision.

Generally, our sample felt little discomfort with the termination phase. It seems understandable that social

workers who utilize contractual procedures should only feel moderate or slight discomfort during the termination phase. However, one might speculate about the lack of discomfort indicated by those respondents who did not use any form of contract. Could this be an attempt to avoid issues relevant to termination? Could this be an attempt by the social worker to remain in complete control of the treatment sequence at all times? The implications for the use of contracts in the delivery of social services could have far-reaching effects on the termination phase. However, the exploratory-descriptive nature of this study restricted the formulation of conclusive results pertaining to the use of contracts. Further research must be undertaken to clarify and consolidate the validity of this issue.

In a previously completed study, Susan Harper found that the actual termination phase encompassed 5 to 6 sessions over an average period of 2.2 months.<sup>132</sup> This was not the case for our study. Windsor social workers felt that termination could generally be completed within 3 to 4 sessions over a 2-week period. This shorter period of time might be a result of their apparent goal-oriented approach to treatment.

Respondents differed slightly in their methodological approach to termination when comparison was made with an ideal model for terminating developed from the literature.

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<sup>132</sup>Harper, An Exploratory Study of the Termination Process, p. 24.

Again, the goal-oriented method of delivering service was predominant. Respondents felt that a review of the treatment goals was the most important technique for terminating treatment. The need to emphasize continually the client's strengths and to agree mutually on the decision to terminate were also very important. It is surprising to note that respondents felt that dealing with their own feelings on termination before discussing this with the client was not of major importance, even though social work authors have stressed this as a valuable tool for effective termination. Perhaps one explanation for the low priority of this method is the fact that Windsor social workers apparently felt little discomfort in dealing with the termination phase.

The only method that differed extremely from the ideal model was in relation to bringing up new problem areas during the termination phase. Numerous authors have recommended a change in the emphasis of treatment during the termination phase. They suggest a shift from working on problem areas with the client to a plan for reviewing and consolidating the gains made during the beginning and middle phases of treatment. New problem areas during the termination phase could be adopted by the client or worker as a ploy to prolong treatment. Discussion of new problems could also create further anxiety and frustration, with the resulting effect being an undoing of gains made during treatment. However, Windsor social workers felt that discussion of new problems was appropriate during the termination phase.

Since extensions were also considered appropriate, it seems feasible that they could use this opportunity to renegotiate some new form of contract, indicating how long the extension would be and what new goals should be emphasized. Naturally, a subsequent termination phase would follow for this new treatment sequence.

Perhaps the whole area relating to the avoidance of discussing new problem areas could have been misinterpreted by our respondents because of the wording. A number of respondents did indicate some question concerning the meaning of this item.

Once termination has been completed, follow-up contacts were generally not considered as an official policy of most agencies to determine the effectiveness of the prior treatment sequence of which termination is an integral part. However, several social workers made personal effort to follow-up with clients through telephone conversation or arranged visit. This indicated to the researchers that more client involvement is necessary to evaluate the complete effect of the termination phase. This can only be accomplished through further research from a client's point of view.

Respondents experienced few negative reactions during the termination phase, substantiating their frequent response of minimal discomfort in terminating the social service. Positive reactions regarding increased insight, and satisfaction with the termination experience were frequently

reported. One must be aware that reactions were only studied from the social worker's point of view and no evidence was obtained to determine what reactions the client might experience during the termination phase.

Social work authors writing on the termination phase in social work practice have stressed the fact that termination has been a neglected and even forgotten phase from a theoretical and research standpoint. Respondents to our study agreed, almost unanimously, that indeed, there was limited knowledge of termination within the profession. This was substantiated by their inability to draw on specific social work references pertaining to this phase. An interesting finding was that this limited knowledge had little effect on the development of their terminating skills. One might speculate that this was because the majority of respondents reported that they had derived a sufficient degree of satisfaction from their formal academic training concerning the termination phase and gained additional expertise from practical experience. However, the researchers felt somewhat concerned about the lack of significant relationship between the expressed limited knowledge of termination and the high degree of comfort and satisfaction with this phase. Better supervision, workshops and in-service training programs, concentrating on skill development for termination, were frequently suggested as means for gaining more expertise concerning the termination phase of treatment.

## CHAPTER VIII

### SUMMARY AND CONCLUSIONS

Our specific purpose in completing this research project was to study the concept of termination in terms of goals, criteria, circumstances, methodology, inherent problems for the social worker and educational aspects relevant to the termination phase.

The research design employed was of an exploratory-descriptive study type with a purposefully established broad focus in order to answer specific questions, formulate problems for more precise investigation and to develop hypotheses for future study.

Our study population included 127 professional social workers employed in the city of Windsor. At the time of data compilation, 63 social workers had returned the mailed questionnaire which had been utilized as the data collection instrument. The responses were tabulated and statistically analyzed.

The researchers found that Windsor social workers were generally quite comfortable in dealing with the termination phase; that a limited knowledge base of the termination process was evident; that administrative constraints and circumstances of termination which were not goal-oriented

had little effect on the successful outcome of treatment; that social workers perceived positive reactions to termination as being more predominant than negative reactions; that a mutual decision to terminate was most desirable; that specified goals, methods and criteria for termination were important; that the termination phase was as important as other phases of treatment and; that the establishment of contractual agreements had a significant effect on the termination phase of treatment.

In view of the significance of these findings, the researchers propose the following hypotheses for specific testing:

- (1) That contracts have a positive influence on the termination phase of social work treatment;
- (2) That a realistic goal-oriented approach to treatment enhances the successful completion of the termination phase and;
- (3) That regardless of the limited theoretical knowledge of termination processes, social workers can adequately deal with termination in practice.

To clarify and verify the findings of this study, comparative research from the client's point of view must also be undertaken. The researchers cannot over-emphasize the need for this type of research. Perhaps, clients may not perceive the termination phase in the same manner as professional social workers.

A further recommendation of the researchers is that local social service agencies should strive to develop meaningful in-service training programs to expand upon existing termination skills. Educational institutions and professional

associations, in conjunction with social service agencies, should be encouraged to promote workshops dealing with the termination phase to ensure continued development of professional skills. Professional social workers should take a more active role in expanding the present knowledge base of the available literature for termination through independent research and publications.

Since termination is a vital issue for all professional social workers, the researchers felt that educators, administrators and supervisors should be included in this study. These persons would have prior practical experience and would often be responsible for imparting termination knowledge to social work students and those practitioners with limited experience. We considered input from these sources to be of great value in clarifying and elaborating upon the concepts relevant to the termination phase of treatment.

Although the researchers hesitate to generalize their findings beyond the Windsor community, the study sample is probably fairly characteristic of professional social workers in other urban communities of similar size.

The researchers derived considerable benefit and new personal knowledge while completing this project and sincerely hope that the social work profession can also utilize portions of this study for similar benefit.



APPENDICES

APPENDIX I

270 Patricia Road  
Apt. #47  
Windsor, Ontario  
N9B 3B9

May, 1974

Dear :

We, the undersigned M.S.W. candidates from the School of Social Work, University of Windsor, are in the process of completing a master's thesis dealing with the termination process in social work practice.

In order to have a relevant and valid sample for our study, we feel the necessity to survey the total professional social work population in the Windsor-Essex community.

With this in mind, our hope is to engage your support in compiling a list of local professional social workers. More specifically, we request the names and addresses of all professional social workers within your particular agency. Confidentiality will be maintained by ensuring that these names and addresses will only be utilized for our study.

We thank you for your kind co-operation in helping to make this study a success.

Sincerely,

Rodger W. Mitchell

Michael H. Lanigan

/t

cc: Prof. Robert Chandler

## APPENDIX II

May 29, 1974

Dear Respondent:

We, the undersigned M.S.W. candidates from the School of Social Work, University of Windsor, are in the process of completing a study on the termination phase of social work practice.

To secure valid and reliable information for our study, we are soliciting the expertise of all professional social workers in the Windsor community. We realize that your time is valuable and recognize the considerable effort necessary to complete a questionnaire of this nature. However, the termination process has been severely neglected by social work researchers and there is little literature available on this subject. We feel that you, as a responsible member of the social work profession, can contribute a great deal to this area and earnestly request your assistance.

For our study we have defined termination as, "the cessation of service or the disruption and severance of a particular worker-client relationship, regardless of how this break occurs, or who initiates it."

To ensure confidentiality and anonymity, we have enclosed a prepaid response card and a prepaid return envelope. Once you have completed the questionnaire, we ask that you return the enclosed response card. As the questionnaire will be returned anonymously, the response card will enable us to determine who has returned the questionnaire. If necessary, this will allow us to follow-up with those who have been unable to return the questionnaire.

Eventually, we hope that the results will be of practical benefit to the local social work community in dealing with the termination process.

Due to limited time, we would appreciate having the questionnaire returned by Wednesday, June 12, 1974.

We truly thank you for your knowledge and kind cooperation in helping to make our study a success. We welcome your comments or any discussion and invite you to contact us at the School of Social Work, University of Windsor.

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With great appreciation,

Rodger W. Mitchell

Michael H. Lanigan

/t

cc: Prof. Robert Chandler

APPENDIX III

QUESTIONNAIRE ON THE TERMINATION  
PHASE IN SOCIAL WORK PRACTICE

QUESTIONNAIRE ON THE TERMINATION

PHASE IN SOCIAL WORK PRACTICE

I GOALS OF TERMINATION

1. (A) The goals of termination, broadly stated, are to maximize the positive potential inherent in termination and to minimize the negative potential of the experience. Please check the following goals of termination in terms of importance for your practice.

	<u>Very Important</u>	<u>Of Some Importance</u>	<u>Of Little Importance</u>
1) To secure and maintain as much as possible the gains made during treatment	_____	_____	_____
2) To help the client achieve as much independence and assertiveness as possible	_____	_____	_____
3) To develop a realization in the client that he can return to the agency for further help if necessary and this does not indicate failure	_____	_____	_____
4) To emphasize the short-term gains made in the treatment phase	_____	_____	_____
5) To reduce, deal with, and solve the problems experienced by worker and client in ending treatment and parting	_____	_____	_____
6) To ensure the transferability of gains made in therapy, enabling clients to cope with problems outside the treatment situation	_____	_____	_____

(B) Please rank the above goals in order of importance for your practice. (indicate by number)

\_\_\_\_\_

(C) Please state other goals of the termination phase of social work treatment that you consider important.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

II CRITERIA FOR TERMINATION

1. Does the setting of treatment goals affect the termination phase?

- 1) Always \_\_\_\_\_
- 2) Usually \_\_\_\_\_
- 3) Occasionally \_\_\_\_\_
- 4) Seldom \_\_\_\_\_
- 5) Never \_\_\_\_\_
- 6) Not Sure \_\_\_\_\_

2. (A) Do you feel that you are able to set realistic treatment goals?

- 1) Always \_\_\_\_\_
- 2) Usually \_\_\_\_\_
- 3) Occasionally \_\_\_\_\_
- 4) Seldom \_\_\_\_\_
- 5) Never \_\_\_\_\_
- 6) Not sure \_\_\_\_\_

(B) How do realistic treatment goals affect the termination phase?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(C) How do unrealistic treatment goals affect the termination phase?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. (A) The following administrative constraints may affect the termination phase. Please check each category as to its influence on the termination phase in your practice.

	<u>Of great influence</u>	<u>Of some influence</u>	<u>Of little influence</u>
1) Caseload size	_____	_____	_____
2) Lack of funds	_____	_____	_____
3) Agency function	_____	_____	_____
4) Internal mobility of workers	_____	_____	_____
5) Lack of manpower	_____	_____	_____
6) Fragmentation of services	_____	_____	_____
7) Geographic location	_____	_____	_____
8) Physical setting	_____	_____	_____
9) Departmentalization	_____	_____	_____
10) Lack of secondary sources	_____	_____	_____
Other (please specify)	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____

(B) Which three of the above administrative constraints has the greatest influence on the termination phase in your practice? Please circle

1 2 3 4 5 6 7 8 9 10 11 12

(C) Which three of the above administrative constraints has the least influence on the termination phase in your practice? Please circle

1 2 3 4 5 6 7 8 9 10 11 12

4. To what extent do administrative constraints affect the termination phase?

- 1) Extremely \_\_\_\_\_
- 2) A great deal \_\_\_\_\_
- 3) Moderately \_\_\_\_\_
- 4) Slightly \_\_\_\_\_
- 5) Not at all \_\_\_\_\_
- 6) Do not know \_\_\_\_\_

5. (A) The following are criteria that may be utilized in determining the appropriateness of termination. Please indicate the frequency of utilization of these criteria in your practice.

Occasion-  
Always Usually ally Seldom Never

1) Improvement in social functioning \_\_\_\_\_



	<u>Always</u>	<u>Usually</u>	<u>Occasion- ally</u>	<u>Seldom</u>	<u>Never</u>
2) Greater move towards independence	_____	_____	_____	_____	_____
3) Belief that client can continue to make gains on his own	_____	_____	_____	_____	_____
4) Growth in stability	_____	_____	_____	_____	_____
5) Stronger sense of reality	_____	_____	_____	_____	_____
6) Identified problem solved	_____	_____	_____	_____	_____
7) Lack of capacity for client to make further gains	_____	_____	_____	_____	_____
8) Missed sessions	_____	_____	_____	_____	_____
9) Client request to terminate	_____	_____	_____	_____	_____
10) Disappearance of anxieties and inhibitions	_____	_____	_____	_____	_____
11) Resolution of transference	_____	_____	_____	_____	_____
12) High degree of client self-awareness	_____	_____	_____	_____	_____
13) Client ability to restrict extremes of unacceptable behaviour	_____	_____	_____	_____	_____
14) Improvement in intrapsychic functioning	_____	_____	_____	_____	_____
15) Diminished tendency towards depression	_____	_____	_____	_____	_____
16) A sense of greater freedom	_____	_____	_____	_____	_____
17) Improved sexual performance	_____	_____	_____	_____	_____
18) Increased satisfaction in work performance	_____	_____	_____	_____	_____
19) Resourcefulness in the use of free time	_____	_____	_____	_____	_____
20) Greater self-esteem	_____	_____	_____	_____	_____
Other (please specify)	_____	_____	_____	_____	_____
21)	_____	_____	_____	_____	_____
22)	_____	_____	_____	_____	_____
23)	_____	_____	_____	_____	_____

(B) Which three of the above criteria are utilized for termination with most frequency in your practice? (please circle)

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 17 18 19 20 21 22 23

(C) Which three of the above criteria for termination are utilized with least frequency in your practice? (please circle)

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 17 18 19 20 21 22 23

III CIRCUMSTANCES OF TERMINATION

1. Which one of the following plans for treatment do you utilize most frequently to enhance the termination process?

- 1) Written contract \_\_\_\_\_
- 2) Verbal contract \_\_\_\_\_
- 3) No contract \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 4) \_\_\_\_\_

2. Please check the method of initiating termination which occurs most frequently in your practice.

- 1) Termination initiated by worker \_\_\_\_\_
- 2) Termination initiated by client \_\_\_\_\_
- 3) Mutual decision between worker and client \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 4) \_\_\_\_\_

3. (A) The following is a list of circumstances for termination of treatment. Relating to your experience, please check each category as to the frequency of occurrence in practice.

	Very Often	Often	Occasion-ally	Seldom	Never
1) Departure of worker from practice setting	_____	_____	_____	_____	_____
2) Vacation of worker	_____	_____	_____	_____	_____
3) Vacation of client	_____	_____	_____	_____	_____
4) Expiration of contract	_____	_____	_____	_____	_____
5) Administrative constraints	_____	_____	_____	_____	_____
6) Inappropriate client expectations	_____	_____	_____	_____	_____
7) Felt that goals had been reached	_____	_____	_____	_____	_____
8) Personal conflict between worker and client	_____	_____	_____	_____	_____
9) A logical break in the continuity of the client's life (ie. school recess, release from hospital, etc.)	_____	_____	_____	_____	_____

	<u>Very Often</u>	<u>Often</u>	<u>Occasion-ally</u>	<u>Seldom</u>	<u>Never</u>
10) Client move from agency jurisdiction	_____	_____	_____	_____	_____
11) Felt that no more could be gained	_____	_____	_____	_____	_____
12) Refusal of client to continue past intake	_____	_____	_____	_____	_____
13) Expiration of mandatory service	_____	_____	_____	_____	_____
Other (please specify)	_____	_____	_____	_____	_____
14) _____	_____	_____	_____	_____	_____
15) _____	_____	_____	_____	_____	_____

(B) Which three of the above circumstances for termination occur with most frequency in your practice? (please circle)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

(C) Which three of the above circumstances for termination occur with least frequency in your practice? (please circle)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

4. (A) Should a final termination date be included in the plans for treatment:

- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 3) Sometimes \_\_\_\_\_
- 4) Not sure \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

(B) If yes, when should this date be decided?

- 1) At the beginning of treatment \_\_\_\_\_
- 2) During the middle phase of treatment \_\_\_\_\_
- 3) During the ending phase of treatment \_\_\_\_\_

(C) If service is requested by clients after the final termination date, is an extension appropriate?

- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 3) Sometimes \_\_\_\_\_
- 4) Not sure \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

5. (A) How many sessions are necessary to terminate service effectively?

- 1) 1-2 \_\_\_\_\_
- 2) 3-4 \_\_\_\_\_
- 3) 5-6 \_\_\_\_\_
- 4) 7-8 \_\_\_\_\_
- 5) 9 or more \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 6) \_\_\_\_\_

(B) Over what period of time should these sessions take place?

- 1) 1 week \_\_\_\_\_
- 2) 2 weeks \_\_\_\_\_
- 3) 3 weeks \_\_\_\_\_
- 4) 1 month \_\_\_\_\_
- 5) 1-2 months \_\_\_\_\_
- 6) 2-3 months \_\_\_\_\_
- 7) 3 months or more \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 8) \_\_\_\_\_

#### IV METHODOLOGY OF TERMINATION

1. Do you feel that the termination phase is as important as other phases of treatment?

- 1) More important \_\_\_\_\_
- 2) As important \_\_\_\_\_
- 3) Less important \_\_\_\_\_
- 4) Not sure \_\_\_\_\_

2. (A) Do you feel that there is a limited knowledge of effective termination procedures among professional social workers?

- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 3) Not sure \_\_\_\_\_

(B) If so, has this affected the development of your terminating skills?

- 1) Extremely \_\_\_\_\_
- 2) A great deal \_\_\_\_\_
- 3) Moderately \_\_\_\_\_
- 4) Slightly \_\_\_\_\_
- 5) Not at all \_\_\_\_\_
- 6) Do not know \_\_\_\_\_

3. (A) The following are methods which may be employed to bring about termination. Please check the frequency of use of each method in your practice.

	Occasion-				
	<u>Always</u>	<u>Usually</u>	<u>ally</u>	<u>Seldom</u>	<u>Never</u>
1) Worker should deal with his own feelings on termination before informing client	_____	_____	_____	_____	_____
2) A review of the treatment goals	_____	_____	_____	_____	_____
3) Final clarification and agreement on the decision to terminate	_____	_____	_____	_____	_____
4) Setting a date to mobilize the client's motivation	_____	_____	_____	_____	_____
5) Allowance of sufficient time for client to work through his problems	_____	_____	_____	_____	_____
6) Stressing of client's strengths	_____	_____	_____	_____	_____
7) Consolidating gains	_____	_____	_____	_____	_____
8) Minimizing weaknesses	_____	_____	_____	_____	_____
9) Avoiding discussion of new problem areas	_____	_____	_____	_____	_____
10) Setting an atmosphere that enables a client to feel comfortable . should it be necessary for him to return	_____	_____	_____	_____	_____
Other (please specify)	_____	_____	_____	_____	_____
11) _____	_____	_____	_____	_____	_____

(B) What is your opinion on the importance of each of the following methods?

	<u>Very Important</u>	<u>Of Some Importance</u>	<u>Of Little Importance</u>
1) Worker should deal with his own feelings on termination before informing client	_____	_____	_____
2) A review of the treatment goals	_____	_____	_____
3) Final clarification and agreement on the decision to terminate	_____	_____	_____
4) Setting a date to mobilize the client's motivation	_____	_____	_____
5) Allowance of sufficient time for client to work through his problems	_____	_____	_____

	<u>Very Important</u>	<u>Of Some Importance</u>	<u>Of Little Importance</u>
6) Stressing of client's strengths	_____	_____	_____
7) Consolidating gains	_____	_____	_____
8) Minimizing weaknesses	_____	_____	_____
9) Avoiding discussion of new problem areas	_____	_____	_____
10) Setting an atmosphere that enables a client to feel comfortable should it be necessary for him to return	_____	_____	_____
Other (please specify)	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____

(C) Which three of the above methods are of most importance for your practice? Please circle

1 2 3 4 5 6 7 8 9 10 11 12 13

(D) Which three of the above methods are of least importance for your practice? Please circle

1 2 3 4 5 6 7 8 9 10 11 12 13

4. Once termination is completed, what is the official policy of your agency in terms of follow-up contact?

- 1) By visit \_\_\_\_\_
- 2) By telephone \_\_\_\_\_
- 3) By letter \_\_\_\_\_
- 4) Through the grapevine \_\_\_\_\_
- 5) No follow-up \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_

V PROBLEMS OF TERMINATION

1. Do you feel discomfort in dealing with the termination phase?

- 1) Extreme \_\_\_\_\_
- 2) A great deal \_\_\_\_\_
- 3) Moderate \_\_\_\_\_
- 4) Slight \_\_\_\_\_
- 5) Not at all \_\_\_\_\_

2.(A) In workers the following reactions may be generated during the termination phase. Relating these feelings to your own practice, please check each category as to the frequency of occurrence.

	<u>Always</u>	<u>Often</u>	<u>Occasion- ally</u>	<u>Seldom</u>	<u>Never</u>
1) Avoidance	_____	_____	_____	_____	_____
2) Denial	_____	_____	_____	_____	_____
3) Rejection	_____	_____	_____	_____	_____
4) Anger	_____	_____	_____	_____	_____
5) Depression	_____	_____	_____	_____	_____
6) Guilt	_____	_____	_____	_____	_____
7) Opening up of new problem areas	_____	_____	_____	_____	_____
8) Grief over impending loss	_____	_____	_____	_____	_____
9) Repression of feelings	_____	_____	_____	_____	_____
10) Desire to transfer client	_____	_____	_____	_____	_____
11) Desire to discontinue employment	_____	_____	_____	_____	_____
12) Unscheduled vacation	_____	_____	_____	_____	_____
13) Hostility	_____	_____	_____	_____	_____
14) Countertransference	_____	_____	_____	_____	_____
15) Relief that treatment is ending	_____	_____	_____	_____	_____
16) Increased insight	_____	_____	_____	_____	_____
17) Prolonged treatment	_____	_____	_____	_____	_____
18) Change in relationship from professional to social	_____	_____	_____	_____	_____
19) Unscheduled absence	_____	_____	_____	_____	_____
20) Frustration	_____	_____	_____	_____	_____
Other (please specify)	_____	_____	_____	_____	_____
21) _____	_____	_____	_____	_____	_____
22) _____	_____	_____	_____	_____	_____

(B) From the above list, select the three reactions that occur with most frequency in your practice. Please circle

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
17 18 19 20 21 22

(C) From the above list, select the three reactions that occur with least frequency in your practice. Please circle

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
17 18 19 20 21 22

3. (A) Do you feel that the more positive the professional relationship established between worker and client(s) the more difficult the termination process becomes?

- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 3) Depends \_\_\_\_\_
- 4) Not sure \_\_\_\_\_

(B) Please explain why \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VI TERMINATION AND EDUCATION

1. (A) In your formal social work education, were the theoretical aspects of the termination phase of treatment dealt with to your satisfaction?

- 1) Very satisfactorily \_\_\_\_\_
- 2) Satisfactorily \_\_\_\_\_
- 3) Unsatisfactorily \_\_\_\_\_
- 4) Very unsatisfactorily \_\_\_\_\_
- 5) Not at all \_\_\_\_\_

(B) If not, where did you learn about termination?

- 1) From the available literature \_\_\_\_\_
- 2) From practical experiences \_\_\_\_\_
- 3) From supervision sessions \_\_\_\_\_
- 4) From colleagues \_\_\_\_\_
- 5) From workshops \_\_\_\_\_
- 6) From in-service training \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_

2. Please rank the following in order of most importance in developing your personal technique for terminating. Use the scale 1, 2, 3, 4, 5, and 1 being the most important.

- 1) Formal education \_\_\_\_\_
- 2) Supervisory sessions \_\_\_\_\_
- 3) Practical work experience \_\_\_\_\_
- 4) Informal education (i.e. personal reading, workshops, etcetera) \_\_\_\_\_
- 5) Life experiences \_\_\_\_\_



3. How do you feel social workers could gain more expertise concerning the termination phase of treatment?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

4. If you were delegated responsibility for teaching the termination process, what literature would you utilize for reference?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

VII GENERAL INFORMATION

1. Sex:

- 1) Female \_\_\_\_\_
- 2) Male \_\_\_\_\_

2. Specify age

- 1) 25 years and under \_\_\_\_\_
- 2) 26-30 years \_\_\_\_\_
- 3) 31-35 years \_\_\_\_\_
- 4) 36-40 years \_\_\_\_\_
- 5) 41-50 years \_\_\_\_\_
- 6) 51-60 years \_\_\_\_\_
- 7) 61 years and over \_\_\_\_\_

3. Please indicate your present level of formal education.

- 1) B.S.W. \_\_\_\_\_
- 2) M.S.W. \_\_\_\_\_
- 3) D.S.W. \_\_\_\_\_
- 4) Other (please specify) \_\_\_\_\_

4. From which university did you receive this education?

\_\_\_\_\_

## 5.(A) Years in practice before completing professional education

- 1) Less than 1 year \_\_\_\_\_
- 2) 1-4 years \_\_\_\_\_
- 3) 5-9 years \_\_\_\_\_
- 4) 10-14 years \_\_\_\_\_
- 5) 15-19 years \_\_\_\_\_
- 6) 20 or more years \_\_\_\_\_

## (B) Years in practice after completing last professional degree

- 1) Less than 1 year \_\_\_\_\_
- 2) 1-4 years \_\_\_\_\_
- 3) 5-9 years \_\_\_\_\_
- 4) 10-14 years \_\_\_\_\_
- 5) 15-19 years \_\_\_\_\_
- 6) 20 or more years \_\_\_\_\_

## (C) Year of graduation (if applicable) \_\_\_\_\_

6. Below is one of the classifications of social services. What type(s) of service(s) does your agency primarily offer? (Please check one only)

- 1) Services for primary prevention (services that enhance the general well-being of a population, e.g. social and recreational services) \_\_\_\_\_
- 2) Services for secondary prevention (e.g. case-finding, diagnosis and short treatment that reduce symptoms and minimize contagion). \_\_\_\_\_
- 3) Service for tertiary prevention (concerned with chronic and irreversible illness). \_\_\_\_\_
- 4) Services for primary and secondary prevention \_\_\_\_\_
- 5) Services for primary and tertiary prevention \_\_\_\_\_
- 6) Services for secondary and tertiary prevention \_\_\_\_\_
- 7) Not sure \_\_\_\_\_
- 8) Social work education \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 9) \_\_\_\_\_

## 7. Position within agency which occupies the majority of your time.

- 1) Caseworker \_\_\_\_\_
- 2) Group worker \_\_\_\_\_
- 3) Community organization worker \_\_\_\_\_
- 4) Researcher \_\_\_\_\_
- 5) Administrator \_\_\_\_\_
- 6) Supervisor \_\_\_\_\_
- 7) Social work educator \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- 8) \_\_\_\_\_

8. If known, please specify the particular school of thought or technique which you employ most frequently in practicing social work.

- 1) Problem-solving \_\_\_\_\_
- 2) Behaviour Modification \_\_\_\_\_
- 3) Humanistic \_\_\_\_\_
- 4) Remedial model \_\_\_\_\_
- 5) Reciprocal model \_\_\_\_\_
- 6) Social goals model \_\_\_\_\_
- 7) Psychosocial \_\_\_\_\_
- 8) Eclectic \_\_\_\_\_
- 9) Crisis intervention \_\_\_\_\_
- 10) Psychoanalytic \_\_\_\_\_
- 11) Behaviouristic \_\_\_\_\_
- 12) Psychotherapeutic \_\_\_\_\_
- 13) Ego psychology \_\_\_\_\_
- 14) Functional \_\_\_\_\_
- 15) Reality therapy \_\_\_\_\_
- 16) Other (please specify) \_\_\_\_\_

9. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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SELECTED BIBLIOGRAPHY

Books

- Bellak, Leopold and Small, Leonard. Emergency Psychotherapy and Brief Psychotherapy. New York: Grune and Stratton, 1965.
- Blalock, Hubert M. Jr. Social Statistics. New York: McGraw-Hill Book Company, 1972.
- Edelson, Marshall. The Termination of Intensive Psychotherapy. Springfield, Illinois: Charles C. Thomas, 1963.
- Flesch, Regina. Treatment Considerations in the Reassignment of Clients. Monograph. New York: Family Service Association of America, 1947.
- Hamilton, Gordon. Theory and Practice of Social Case Work. New York: Columbia University Press, 1951.
- Hearn, Gordon. Theory Building in Social Work. Toronto: University of Toronto Press, 1958.
- Kadushin, Alfred. The Social Work Interview. New York: Columbia University Press, 1972.
- Mullan, Hugh and Sangiuliano, Iris. The Therapists Contribution to the Treatment Process: His Person, Transactions and Treatment Methods. Springfield, Illinois: 1964.
- Northen, Helen. Social Work with Groups. New York: Columbia University Press, 1969.
- Perlman, Helen Harris. Social Casework: A Problem-Solving Process. Chicago: University of Chicago Press, 1963.
- Pettes, Dorothy E. Supervision in Social Work. London: George Allen and Unwin, Ltd., 1967.
- Pincus, Allen and Minahan, Anne. Social Work Practice: Model and Method. Itasca, Illinois: F. E. Peacock Publishers, Inc., 1973.
- Polansky, Norman A. (ed.). Social Work Research. Chicago: University of Chicago Press, 1960.

Reid, William J. and Epstein, Laura. Task-Centered Casework.  
New York: Columbia University Press, 1972.

\_\_\_\_\_ and Shyne, Ann W. Brief and Extended Casework.  
New York: Columbia University Press, 1969.

Roberts, Robert W. and Nee, Robert H. (eds.). Theories of Social Casework. Chicago: The University of Chicago Press, 1970.

Satir, Virginia. Conjoint Family Therapy. Palo Alto, California: Science and Behavior Books, Inc., 1967.

Schubert, Margaret. Interviewing in Social Work Practice: An Introduction. New York: Council on Social Work Education, 1971.

Selltiz, Claire; Jahoda, Maria; Deutsch, Morton and Cook, Stuart W. Research Methods in Social Relations. New York: Holt, Rinehart and Winston, 1951.

Smalley, Ruth Elizabeth. Theory for Social Work Practice. New York: Columbia University Press, 1967.

Steiper, Donald R. and Wiener, Daniel N. Dimensions of Psychotherapy. Chicago: Aldine Publishing Company, 1965.

Tripodi, Tony; Fellin, Phillip and Meyer, Henry J. The Assessment of Social Research. Itasca, Illinois: F. E. Peacock Publishers, Inc., 1969.

Vinter, Robert D. (ed.). Readings in Group Work Practice. Ann Arbor, Michigan: University of Michigan Press, 1967.

Wolberg, Lewis R. Short-Term Psychotherapy. New York: Grune and Stratton, 1965.

\_\_\_\_\_. The Technique of Psychotherapy. 2nd ed. New York: Grune and Stratton, 1967.

### Articles

Allen, Frederick. "The Ending Phase of Therapy." Child Psychotherapy, edited by Mary R. Harworth. New York: Basic Books, 1964.

Balint, Michael. "On the Termination of Analysis," The International Journal of Psycho-Analysis, XXXI, Part 3 (1950), pp. 196-99.

Bolen, Jane. "Easing the Pain of Termination for Adolescents."

- Social Casework, 53 No. 9 (November, 1972), pp. 519-27.
- Bowlby, John. "Separation Anxiety." The International Journal of Psycho-Analysis, XLI, Parts 2-3 (1960), pp. 89-113.
- \_\_\_\_\_. "Separation Anxiety: A Critical Review of the Literature." Journal of Child Psychology and Psychiatry and Allied Disciplines, I (February, 1961), pp. 251-69.
- Bridger, H. "Criteria for the Termination of Analysis." The International Journal of Psycho-Analysis, XXXI, Part 3 (1950), pp. 184-90.
- Buxbaum, Edith. "Technique of Terminating Analysis." The International Journal of Psycho-Analysis, XXXI, Part 3 (1950), pp. 184-90.
- Chrzanowski, Gerald. "Termination in Psychoanalysis: Goals and Principles Evolving from Sullivanian Conceptions." American Journal of Psychotherapy, XIV (January, 1960), pp. 48-62.
- Clarke, F. G. "Termination: The Forgotten Phase?" The Social Worker, 35, No. 4 (November, 1967), pp. 265-72.
- Dewald, Paul A. "Reactions to the Forced Termination of Therapy," Psychiatric Quarterly, XXXIX (March, 1965), pp. 102-126.
- Ferenczi, Sandor. "The Ending of the Analysis." The Psychoanalytic Review, XV (January, 1928), pp. 85-107.
- \_\_\_\_\_. "The Problem of the Termination of the Analysis." Final Contributions to the Problems and Methods of Psycho-Analysis, edited by Michael Balint. Translated by Eric Mosbacher et al. New York: Basic Books, 1955, pp. 77-86.
- Fox, Evelyn F.; Nelson, Marian A.; and Bolman, William M. "The Termination Process: A Neglected Dimension in Social Work." Social Work, XIV (October, 1969), pp. 53-63.
- Freud, Sigmund. "Analysis Terminable and Interminable." Collected Papers, V. London: Hogarth Press, 1950, pp. 316-57.
- Gottlieb, Werner and Stanley, Joe H. "Mutual Goals and Goal-Setting in Casework." Social Casework, XLVIII, No. 8 (October 1967), pp. 471-77.
- Green, Rose. "Terminating the Relationship in Social Casework: A Working Paper." Paper Read before the Annual

Institute on Corrections, University of Southern California, April, 1962.

- Hartman, Ann. "The Use of the Worker's Vacation in Casework Treatment." Social Casework, XLI, No. 6 (June, 1960), pp. 310-13.
- Hiatt, Harold. "The Problem of Termination of Psychotherapy." American Journal of Psychotherapy, XIX (October, 1965), 607-15.
- Hoffer, W. "Three Psychological Criteria for the Termination of Treatment." International Journal of Psycho-Analysis, XXXI, Part 3 (1950), 194-95.
- Hornstra, Robijn K. and Wilkinson, Charles B. "Responses of Patients to Termination of Treatment in an After-Care Clinic." Archives of General Psychiatry, XIV (June, 1966), 644-50.
- Husband, Diane and Schœunemann, Henry R. "The Use of Group Process in Teaching Termination." Child Welfare, 51, No. 8 (October, 1972), 505-14.
- Klein, Melanie. "On the Criteria for the Termination of an Analysis." The International Journal of Psycho-Analysis, XXXI, Part 3 (1950), 204.
- \_\_\_\_\_ . "On the Criteria for the Termination of a Psycho-Analysis." International Journal of Psycho-Analysis, XXXI, Part 3 (1950), 78-80.
- Krebs, Richard L. "Client-Centered Therapy - When and How Should It End." Psychotherapy: Theory, Research and Practice, 9, No. 4 (Winter, 1972), 359-61.
- Levinger, George. "Continuance in Casework and Other Helping Relationships: A Review of Current Research." Social Work, V, No. 7 (July, 1960), 40-50.
- Mager, John E. and Rosenblatt, Aaron. "The Client's Social Context: Its Effect on Continuance in Treatment." Social Casework, XLV, No. 9 (November, 1964), 511-18.
- Mendelsohn, Gerald A. and Geller, Marvin H. "Similarity, Missed Sessions, and Early Termination." Journal of Counselling Psychology, 14, No. 3 (1967), 210-15.
- Milner, Marion. "A Note on the Ending of an Analysis." The International Journal of Psycho-Analysis, XXXI, Part 3, (1950), 191-93.
- Moss, Sidney Z. and Moss, Miriam. "When a Caseworker Leaves an Agency: The Impact on Worker and Client."

- Social Casework, XLVIII (January, 1967), 433-37.
- Nacht, S. "Criteria and Techniques for the Termination of Analysis." The International Journal of Psycho-Analysis, XLVI, Part 1 (January, 1965), 107-15.
- Orens, Martin H. "Setting a Termination Date - An Impetus to Analysis." Journal of the American Psychoanalytic Association, III (January, 1955), 651-55.
- Payne, Sylvia. "Short Communication on Criteria for Terminating Analysis." International Journal of Psycho-Analysis, XXXI, Part 3 (1950), 205.
- Pumpian-Mindlan, Eugene. "Comments on Techniques of Termination and Transfer in a Clinic Setting." American Journal of Psychotherapy, XIV (1958), 455-64.
- Reich, Annie. "On the Termination of Analysis." The International Journal of Psycho-Analysis, XXXI, Part 3 (1950), 179-83.
- Rickman, John. "On the Criteria for the Termination of an Analysis." The International Journal of Psycho-Analysis, XXXI, Part 3 (1950), 200-01.
- Ripple, Lillian. "Factors Associated with Continuance in Casework Service." Social Work, II (January, 1957), 87-94.
- Rosen, Aaron. "The Treatment Relationship: A Conceptualization." Journal of Consulting and Clinical Psychology, 38, No. 3, (June, 1972), 329-37.
- Ross, Alan. "Interruptions and Termination of Treatment." Child Psychotherapy, Edited by Mary R. Haworth. New York: Basic Books, 1964.
- Rubin, Gerald K. "Termination of Casework: The Student, Client and Field Instructor." Journal of Education for Social Work, IV (Spring, 1968), 65-69.
- Schiff, Sheldon K. "Termination of Therapy: Problems in a Community Psychiatric Out-Patient Clinic." Archives of General Psychiatry, VI (January, 1962), 77-82.
- Schneidermann, Leonard. "Social Class, Diagnosis and Treatment." American Journal of Orthopsychiatry, 35, No. 1 (1965), 99-105.
- Shain, Martin. "A Self-Monitoring Process for Counsellors." Monograph. A Paper Presented to the Alcohol and Drug Addiction Research Foundation of Ontario (July, 1972).



- Shaw, Robert; Blumenfeld, Harry; and Senf, Rita. "A Short-Term Treatment Program in a Child Guidance Clinic." Social Work, XIII, No. 3 (July, 1968), 81-90.
- Stieper, Donald R. and Wiener, Daniel N. "The Problem of Interminability in Outpatient Psychotherapy." Journal of Consulting Psychology, XXIII, No. 3 (1959), 237-42.
- Van Der Veen, Ferdinand and Stoler, Norton. "Therapist Judgments, Interview Behavior and Case Outcome." Psychotherapy: Theory, Research and Practice, 2, No. 4 (December, 1965), 158-63.
- Wallach, Helen D. "Terminating Treatment as a Loss." The Psychoanalytic Study of the Child, XVI (1961), 538-48.
- Wasserman, Harry. "The Professional Social Worker in a Bureaucracy," Social Work, 16, No. 1 (January, 1971), 89-95.
- Weigert, Edith. "Contribution to the Problems of Terminating Psychoanalysis." The Psychoanalytic Quarterly, XXI (October, 1952), 465-80.

#### Unpublished Material

- Harper, Susan. "An Exploratory Study of the Termination Process." Smith College Studies in Social Work, 42 (November 1971).
- Morton, Donald. "The Role of the Social Worker in the Termination of Services to Groups," Unpublished M.S.W. Thesis, School of Social Work, University of Southern California, 1964.
- Valle, Juan Ramon. "The Role of the Social Group Worker Within the Process of Planned Termination." Unpublished M.S.W. Thesis, School of Social Work, University of Southern California, 1964.
- Villalba, Chester F. "Time Related Terminations and Re-assigned Transfer Decisions." Smith College Studies in Social Work, 39 (November, 1968).

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