
Preface

One spring afternoon several years ago a graduate student named Bethany raised an issue in my Clinical Practice class. Bethany was completing her field placement in the adolescent services program of a community mental health center. She was upset about a recent development with one of her clients, a high school student with a severe emotional disturbance. “The last time we met I told her that we had to end our work in four more weeks because we were both graduating,” Bethany said. “It disrupted everything! She hadn’t looked ahead that far. She got upset and said she didn’t see the point of continuing if we had to end soon. I’m not sure what to do either. For the rest of that session we just looked at each other.”

I was motivated to write this book as I watched my students, supervisees, and colleagues (not to mention myself) struggle at times with the ending stage of clinical intervention. Many students and other practitioners who have a firm grasp of practice theory and intervention techniques seem to feel less assured when it is time for them to end their work with clients. They receive little instruction in this area within their agencies or from their course texts. I believe this book will be of interest, then, to graduate and undergraduate students in human service fields and to practicing professionals, most of whom experience challenges with clinical endings and have little source material to guide them.

In contrast to Bethany’s concerns, a faculty colleague once questioned the appropriateness of my focusing so much attention on clinical endings in my Practice classes. He said, “When I was working in social services, I’d draw up some sort of contract with my client, and when we were finished with the work we just shook hands and parted. It was never a big deal.” Many clinical endings do proceed this smoothly, but in my own experience there are at least as many exceptions. The nature of the ending process is quite different depending on the agency setting, the client’s problems and service needs, and the practitioner’s intervention philosophy.

Why is it so important to carefully attend to the ending stage of a clinical intervention? I have written this book in an effort to answer that question. I provide some beginning reflections on the question here.

There have been significant changes in human service delivery practices during the past fifteen years corresponding with the establishment of managed health care. Accountability to third-party payers and clients has become a driving force in the social services field. All practitioners must provide their services in a manner that more clearly reflects structure, a short-term focus, and attention to measurable short- and long-term outcomes. This trend has had tremendous impact on clinical practice methods. Students must be taught more

efficient ways of conducting assessments and interventions. There is a greater emphasis on specificity of behavioral goals and the generation of evidence that clients' positive changes will endure. Among the implications of these changes is that the issue of endings, or establishing positive closure to interventions, must be addressed earlier and more systematically by practitioners. Positive closure helps to ensure that clients will maintain their service gains.

A major challenge for Clinical Practice instructors is that students are interested in, and have concurrent field placements in, such diverse practice settings that it is difficult to organize educational topics that are relevant to them all. Inevitably some students complete their course work feeling that issues relevant to their areas of interest have not received sufficient emphasis. In this book I attempt to address this challenge by providing diverse examples of the clinical management of endings. Their variety should facilitate relevant classroom instruction as well as provide the working practitioner with new ideas for approaching clinical endings.

I believe that in the years to come, economic forces will continue to demand that helping professionals demonstrate effectiveness, efficiency, and practicality in their interventions. Skills in recording will assume greater importance as clear documentation becomes more highly valued by agency administrators. Professionals will likely use formal instruments for assessment and outcome measurement more so than in the past. Their performance evaluations will depend on their ability to demonstrate positive outcomes for clients. The process of clinical intervention may become somewhat more mechanized. Instructors will be challenged to enforce these trends while maintaining the humanitarian value base that attracts students into the helping professions. There will be an ongoing need for text materials that contribute to lively classroom and agency discussions about the knowledge, skills, and values required for competent clinical practice. This book is designed specifically to address both the human and technical aspects of the final phase of intervention.

Endings in Clinical Practice is comprehensive and can serve as a useful supplement to texts that emphasize other areas of clinical practice. One of the most appealing features of this book, in my view, is its inclusion of dozens of case illustrations about ending processes from a variety of practice settings. These include examples from my own practice and case material contributed by my current and former students and by many of the excellent working professionals I have known throughout my practice career. Another of the book's features is a consideration of the process of endings from ten widely used theoretical perspectives for clinical practice.

The book's eleven chapters are divided into three parts. Part 1, "An Overview of the Endings Process," presents material on the types of endings in clinical practice, both planned and unplanned; the importance of closure; and common ending tasks across fields of practice. Part 2, "Theoretical Perspectives on Endings," outlines ten theoretical perspectives including ego psychological, object relations, existential, cognitive, behavioral, family systems, structural family, narrative, solution-focused, and group approaches. Part 3, "Endings across Service Settings,"

considers endings in more detail and in the context of agency influences. The chapters focus on client and practitioner reactions to endings, the many factors that influence their reactions, and termination rituals. In every chapter illustrations from a wide range of service settings are used as illustrations.

The practice settings that are represented in the book include public schools, substance abuse programs (for adolescents and adults), medical hospitals, a residential school for adolescents with severe emotional disturbances, community mental health centers, a physical rehabilitation hospital, hospice agencies, a university counseling center, a residential home for older adults, community-based service agencies for persons with serious mental illness, psychiatric hospitals, agencies that serve children with behavioral problems, a university child development clinic, a pastoral counseling agency, a prison, county social services departments, a community corrections program, a Catholic charities agency, therapeutic foster care agencies, a community services center, a psychiatric rehabilitation service, family services agencies, a juvenile corrections center, a center for perinatal addiction, housing agencies, a Head Start program, activity centers for older adults, a Meals on Wheels program, a veteran's administration center, a Travelers Aid agency, an Urban League agency, a domestic violence treatment agency, a wilderness challenge program, and private practice agencies for mental health counseling.

This book is both conceptual and practical in design. The comprehensive coverage of the subject makes it relevant to both beginning and advanced students and to working clinical practitioners. Part of my goal has been to include a broad assortment of strategies for ending that will enhance the practice repertoires of all clinical professionals. Readers can focus their attention on the book's content in several ways. Advanced practitioners may study the theoretical material in part 2 more extensively, while beginning students may prefer the overview of the ending process and the common tasks that must be addressed in all settings. Depending on their experiences and interests, readers may be drawn to different chapters and case illustrations. I believe that all readers will enjoy most of the case illustrations. I have presented them in a manner that is intended to enhance their generalizability.

Each chapter of the book includes text and case illustrations to support the major themes of the chapter. The cases are written in the first person so that all readers, even when not practicing in a particular setting, can enjoy reading about the challenges faced by the worker and be able to generalize some of the worker's decision-making processes to their own practices. Each illustration is organized with the following format:

1. The setting
2. The client
3. The challenge
4. How the challenge was resolved
5. Whether the process was successful (examples of both successful and unsuccessful outcomes are included)

6. What the worker learned about the endings process as a result of the experience

Classroom instructors should have no difficulty crafting a variety of assignments based on the text material. These can involve the application of concepts and practice tasks from the text to students' clinical setting.

In summary, the purpose of this book is to provide students and professionals with detailed instruction in the knowledge and skills required to ensure positive closure in clinical practice with individuals, families, and groups. I hope that readers will find this book to be the most comprehensive resource about its topic they have yet encountered. I hope they also find it to be entertaining!

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