
A Practical Guide to Family Therapy

Structured Guidelines and Key Skills

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Chapter 14

The Final Session

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The Final Session

Roxanne Garven and Paul Rhodes

Introduction

“If therapy is to end properly, it must begin properly...”

(Haley, 1976)

This quote, from Jay Haley (1976), encapsulates the preparatory work that contributes to good endings with families. Good endings are continually supported when family therapists, for example, elicit the family’s hopes for the work, reframe problems relationally, find the family’s preferred ways of being with the problem, and listen for and amplify unnoticed behaviours and perspectives that reflect signs of change.

Once arrived at, final sessions in family therapy provide unique opportunities. A good ending can offer long-lasting therapeutic effects, helping families to consolidate and perpetuate changes made in behaviours, belief systems, and relationships. When families take full credit for their own successes, they can plan and prepare for future challenges, celebrate with meaningful rituals, and may choose to share their expertise with future clients. The purpose of this chapter is to present some specific guidelines for conducting the last session and to provide a detailed transcript to demonstrate their use.

How do you know when it’s time to finish?

The first and most obvious reason for initiating a last session is that the presenting problem, and the distress it has brought, is no longer present or has decreased in intensity. At times, however, the completion of therapy might also be indicated by a change in the way the problem is viewed, rather than simply by its amelioration. This can be unique to family therapy, given that the focus of therapy is much wider than the presenting problem. Therapy does not just aim for behaviour modification, but for a more significant and potentially sustainable shift in the rules and relationships that govern behaviour. Systemic family therapists differentiate between first- and second-order change (Watzlawick, Weakland, & Fisch, 1974). In first-order change, the therapist and family focus exclusively on responses to the presenting problem. In second-order change, attention is directed to the family’s attempted solutions, rather than simply to the problem itself. Focussing on the full gamut of family interactions supports the long-term sustainability of change.

Imagine a family, for example, struggling with the disrespectful and oppositional behaviour of a teenage son. The father may attempt to resolve the problem by becoming angry

and setting very severe consequences, leading to constant conflict and distress. The son may regularly turn to his mother for support, who pleads successfully with her husband to be conciliatory in his behaviour. This is a regular pattern. The father's attempt to deal with the son is seen as first-order, being linear and directed at the son's behaviour in isolation. A second-order solution would aim to disrupt and change the triangulation between family members, supporting a strong marital relationship, one that could provide effective boundaries for the son. In this example, the focus of therapy must be temporarily shifted from the presenting problem to attempted solutions. Family members must be supported to question long-standing patterns of interaction before the initial problem can be dealt with. The end of therapy is best initiated only when a degree of second-order change has been achieved.

How to conduct the last session

Six specific tasks to support the therapist conducting the last session are given in Table 14.1. These tasks are not necessarily intended to be employed rigidly or in this order. Some are appropriate for most last sessions, and others, such as the use of rituals or asking families to consult with others, may be used less frequently. It is also important to note that it can be useful to gradually fade the frequency of sessions prior to the last. Weekly sessions might be moved fortnightly, monthly, or even quarterly to foster the families' self-reliance prior to the last session.

1. Plot progress to date and emphasise the agency of the family

The most important principle when reviewing progress is to explore how family members have contributed to change. Without this, families may view progress as fragile, inexplicable, and disconnected from their own motivations and efforts or place undue credit on the efforts of the therapist.

It should be noted that the questions below are derived from solution-focussed therapy (De Shazer, 1991; De Shazer & Berg, 1992), given its emphasis on reinforcing the efficacy and strength of the family. There is also a degree of overlap between the questions below and those employed in Chapter 3 on deviation amplifying for the second session of therapy. In the session two, these questions are employed to amplify small gains to create momentum for change. In the last session, they are employed to consolidate more significant changes and support their sustainability into the future.

Table 14.1 Six potential tasks for the final session

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- 1 Plot progress to date and emphasise the agency of the family
 - 2 Predict and plan for future "hiccups"
 - 3 Prepare for the wider systems response to progress
 - 4 Design a ritual to mark transitions
 - 5 Circulate the expertise of the family
 - 6 Discuss and dissolve the therapeutic relationship
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Ask each family member to describe the changes they have seen over the course of therapy:

On a scale of 1 to 10, with 10 representing the problem having its strongest hold over all of you, and 1, representing no hold at all, where do you think you were when we first met? And today?

This scaling exercise leads to other areas of enquiry, such as:

“How did each of you do this?” “What intentions and hopes underpinned these decisions?” “How did you push through challenges that came your way?”

What do you think have been your most important achievements over the past x months?

What achievements are you most proud of seeing in others?

Which do you think have been the most significant or hard-won achievements?

Develop the connection between these changes and the direct intentions and efforts of the family:

What did you do to contribute towards these changes?

How did you decide to do that?

What advice were you giving yourself at the time?

What were your intentions behind these efforts?

Identify the individual and family resources responsible:

How did you/other/the family manage to achieve this given all the challenges and stresses involved?

What skills and knowledge did you/others/the family rely on?

What does it say about your/others/the family’s strengths?

What does it say about your/others/the family’s values/priorities?

Ask family members to advise their old selves:

If your old selves were in the waiting room and I asked them to come in, what advice would you give them about how to get to your current position?

What would you have to say to them to give them the confidence that they have what it takes to make this change?

Use the two-video camera questions; “If I was watching an old recording of the time when the problem was in your lives, what I see? What would I see with today’s recording of your family’s life?”

2. Predict and plan for future “Hiccups”

The aim of this step is to sensitise family members to the possibility of a relapse in the presenting problem, or the interactions that maintained it. The term “hiccup” is used to reinforce the stability of their achievements, whilst normalising future incidents.

What would be the earliest signs that might alert you to the possibility of a hiccup in the future?

What are some of the ways of making sense of this behaviour that might best equip you to respond to it effectively?

What have you learned during the past x months that you would employ to manage future hiccups?

If I offered you a million dollars to ensure that the problem returned over the next month, what exactly would each of you have to do?

3. Preparing for the wider systems response to progress

In a final session, it can be helpful to ask families how progress will affect their interactions and relationships with members of the wider system, including relatives, friends, and other professionals. These conversations can mediate against any pressure from others to return to prior behaviours or provide families with access to future support and affirmation. Family members can be asked to decide whether it would be helpful to inform others of these changes, to predict how others might respond if they notice the change and to plan interactions if needed. The therapist can also discuss the nature and purpose of their formal correspondence with other professionals, including the referring agent.

4. Design a ritual to mark transitions

Family rituals can be employed to mark the family’s transition, serving as a powerful symbol of change and of the persistence required to overcome problems (Imber-Black, Roberts, & Whiting, 2003). On some occasions, rituals will not simply correspond with the amelioration of problems but also with developmental transitions in the family, including the onset of adolescence, the constitution of a blended family, or the empty nest. Rituals can also serve as emotional rites of passage, including overcoming the legacy of trauma, coming to terms with an illness, or learning to live with a disability. On most occasions, the family serves as the best resource in the development of rituals, ensuring that they are most meaningful, culturally relevant, and representative of the transformation in the life of the family.

Examples from our own clinical practice include a children’s party held to celebrate a young boy who had suffered from social anxiety, a meal shared by family and professionals for an adolescent recovered from anorexia nervosa, a mother taking her daughter for a piercing on her transition into becoming a young woman, and a school speech about Autism, written by a father for a son dealing with a history of bullying and depression.

5. Circulate the expertise of the family

Another powerful way to mark the completion of therapy is to ask the family if they would like to act as consultants for families facing similar challenges. This practice, derived from narrative therapy (Sparks, 1997), involves asking the family to return for one session in the future, to tell their story to a new family and then be interviewed by them further about their experience. This method serves to support their transition from clients to experts and provides an avenue for them to give back, consolidating their knowledge and providing hope to new families. Lobovits, Maisel, and Freeman (1995) also describe a host of other means to recognise the expertise of families at the end of therapy. Families can be asked to contribute to handbooks designed for particular problems (e.g., *The Temper Tamer's Handbook*, *The Fear Facer's Handbook*, and *How to Cool Off and Be Cool*). Epston (2001) has also published interviews, artworks, and poems of clients on the internet, serving to recognise their “insider knowledge” and provide solidarity to others.

6. Discuss and dissolve the therapeutic relationship

The focus of the five steps so far has been on the consolidation of the efficacy of the family through their recognition of their own achievements and expertise. It is also important, however, to provide the family with an opportunity to reflect on their relationship with the therapist and to facilitate the dissolution of this bond. One method for achieving this is to turn the tables and allow the family to interview you and your experience supporting them (White & Epston, 1990). Some questions in our own practice have included.

What was the most challenging thing you found in helping us?

Do you ever get upset when you hear about people's problems?

Why do you like doing this job?

Where do you get your ideas from?

Did you think we could do it?

It is important for the therapist to respond candidly, discussing their role honestly, including any doubts, confusion, or distress they might have experienced. This serves to further flatten the hierarchy between the family and the therapist and prepares them for a final farewell. An alternative approach is simply to ask the family for feedback on their experience of therapy, including the therapeutic relationship. Like any relationship, this may have gone through its stresses and misunderstandings, each of which can be discussed briefly to allow some resolution. The family may also choose to discuss the significance of this relationship and to express their gratitude and any feelings of loss they may be experiencing as therapy comes to an end.

Case study

Sally is the mother of two children, referred by her General Practitioner because of distressed relationships with her two children, Amy, 14 years, and Luke, 12 years. The children had been disrespectful towards Sally, failing to do their homework or chores. Sally

responded angrily on many occasions, with interactions deteriorating to mutual verbal abuse and tears. Sally is a single parent who has been diagnosed with depression. She has been separated from Adam for four years and the children see their father regularly. The therapist has conducted six sessions and Sally and the therapist have agreed to finish therapy after session seven. Sally, Luke, and Amy attend the last session.

1. Plot progress to date and emphasise the agency of the family

Ask each family member to describe the changes they have seen over the course of therapy.

Therapist: What do you think have been the most important things you have achieved together in the past four months?

Sally: Me learning not to yell, I've just come to the realisation that it doesn't help, that I'm teaching them to be like me and we all end up so upset. I feel like I've got a bit of control back, not just of themselves but that I'm not flying off the handle all the time.

Therapist: Amy? Luke? What about you? What do you think has been achieved?

Amy: I agree with mum, we're all a lot calmer. I can talk to mum about school and stuff and I'm not yelling back and things are better.

Luke: Yeah, but we have to do more now, like jobs and stuff.

Therapist: What about the depression Sally? What effect have these changes had on how down you were feeling?

Sally: I just used to think nothing would ever change, that since the divorce it all went wrong, that it was my fault. Now I'm getting on top of it. I can see what to do and I do feel depressed sometimes but it's not as bad. I'm just glad I still have my kids and that we are getting on and they are still seeing their father.

2. Develop the connection between these changes and the direct intentions and efforts of the family

Therapist: Looking back, can you recall a time, Sally, where it maybe was touch and go, you could have given up on the changes, but you didn't, and took a stand to change things?

Sally: Yes, for me, it was around the time when Amy's teacher rang to tell me she was behind on her work. I was so angry. I wanted to really yell at her, ground her, stop the internet access. I felt like giving up on this, that it was going to be too hard.

Therapist: And what was it about that call, do you think? Looking back on it, what was the worst thing?

Sally: I felt ashamed; I felt the teacher was judging me, that I was a bad parent.

Therapist: So, how did you decide to push through and not give in to those feelings?

Sally: I think I knew that if I yelled at Amy, it would all go back. I didn't want to yell at her anymore. I have realised it makes things worse.

Therapist: So, what did you do? What happened to the sense of being judged and the shame? What sort of influence did they have on you?

Sally: I went for a walk, and I thought about it, that I am not a bad parent, that Amy is responsible for her work. So, I came home and spoke with Amy about it.

- Therapist:* Amy, did you know about this, about your Mum nearly giving in but deciding not to?
- Amy:* No. Just heard this now.
- Therapist:* And, what difference does it make to you, Amy, your Mum not giving in to the yelling and talking to you instead?
- Amy:* Lots! I don't feel so defensive, angry with her, and I don't try to avoid her.
- Therapist:* Do you think your Mum has noticed that, Amy, you avoiding her less? I am curious how she'd respond to you if she had noticed?
- Amy:* I think she has. I think she's less angry with me, when I do something, she doesn't like ... Beforehand, she would have got really angry.
- Therapist:* Amy, what's your guess about what your mother was hoping to achieve by not yelling and thinking about the call from the school, before she spoke to you?
- Amy:* I guess she was trying to make sure we don't go back to how it used to be, to keep the fighting from happening.
- Therapist:* Sally, what are your thoughts about what Amy has just been saying?
- Sally:* Yes, I am trying to get less angry and she's right. I am doing it because the old ways didn't work. If I yelled, she'd yell back. I want us to have a good relationship and I want her to learn to sort problems out without yelling and abuse.
- Therapist:* Luke, and for you, what's that been like?
- Luke:* It's great coming home from school and there's no tension in the air. Amy's not trying to avoid Mum. I feel more relaxed. I don't worry about Mum so much now. I used to really worry that their fights would push Mum into her bedroom again like it used to.

3. Identify the individual and family resources responsible

- Therapist:* What do you think it says about your family, Sally, that together you were able to get through this, to find another way of relating to each other?
- Sally:* Well, I wasn't brought up like this; there was lots of yelling and certainly lots when Adam was around. I guess we are trying to do something new, to make our own little unit, start from scratch.
- Therapist:* What are the values you want this unit to be defined by?
- Sally:* Just respect, not losing it, staying calm, we need to learn how to get on and be more mature about it.

4. Predict and plan for future "Hiccups"

- Therapist:* Just to be a devil's advocate, let's say that bits of the old problem come back, what do you think would be the first sign of this happening?
- Amy:* The yelling, Mum feeling bad about everything, little things blowing up.
- Sally:* Yes, I'd say it would have to be the yelling, Amy and Luke getting out of hand.
- Therapist:* Luke? What do you reckon?
- Luke:* I'd know – Mum spending more time in her room.
- Therapist:* Ok, let's say some of those begin to happen, how would you like to see yourselves respond to them so that they didn't get the upper hand?

- Sally:* I think it would be good if we could all pull each other back, help each other out. I'd like to see myself encouraging everyone to talk first, to start being open about what they are feeling and asking them what they want.
- Therapist:* Amy? Luke? So, if your Mum encouraged you to talk and as well asked you questions about what you were feeling, would that be a good thing or not?
- Amy:* Yes, as long as she didn't go on about it and force me to talk. I might not want to talk then or want to tell her.
- Therapist:* Oh, so then, what would be more useful for you, and how would you let her know?
- Amy:* Well, I'd want to tell her, without shouting, that maybe I wanted to talk later, and for her to be happy with the amount I've told her, to not grill me.
- Therapist:* Why would that be important for you, Amy?
- Amy:* I would feel she trusted me and that she was more relaxed, not so anxious.
- Therapist:* And, Amy, you also said, "without shouting", why would you want to do it that way?
- Amy:* Because shouting does not work, and I want Mum and I to get on.
- Therapist:* OK, Sally, let's say, you do this. How do you think Amy will respond to you?
- Sally:* Well, firstly, I think it's lovely hearing Amy say she wants us to continue getting along. But I think she'd respond to me in a calmer way, if I don't pressure her. She has a point. I can see that.
- Therapist:* And in the past, Sally, your view of Amy wanting to be left alone, during or after a fight, how did you use to feel about that?
- Sally:* I used to think she was wanting to control me, by leaving me out in the cold. Now, I understand that she doesn't want to control me; she wants space to cool off and to be on her own for a while.
- Therapist:* It's quite a different way of looking at it. What did it take to see it like this?
- Sally:* I had to think that it was possible that she wasn't doing it deliberately to hurt me, that also, I had to take it less personally.

5. Preparing for the wider systems response to progress

- Therapist:* Amy, how have these changes affected your Mum's interactions with her Mum, if at all?
- Amy:* They have. Mum used to phone Nan a lot, especially after a fight and she'd be crying, and sometimes Nan would come over and Luke and I would feel nervous, thinking Nan would start to blame us and tell us off. So this doesn't happen anymore. I mean she phones her, but they are normal calls now.
- Therapist:* I guess this is a good thing, but I wonder, in what way do you think it is good, Amy?
- Amy:* Well, it's good because Nan doesn't have to worry so much now, and Mum can be more independent, and we don't have to have all this fuss around us.
- Therapist:* Is there anyone else who you think has noticed these changes or who should know about them?
- Sally:* My doctor, but he already knows, because you have contacted him, haven't you?
- Therapist:* Yes. Anything different between the two of you now, because of these changes?

Sally: I ring him less! But also, we're talking about coming off the antidepressants and he's telling me how well I'm doing, which is always nice to hear.

6. Designing rituals or a ceremony

Therapist: If you were to think of something that was a special way of remembering what you have all done to move away from these problems, what would it be?

Luke: Let's go somewhere and just have fun, not worry about everything, just have a good time, remember you always promised us to go to Jambaroo (Theme Park) mum? We've never gone; you always said we would. Why don't we go there and say we're not going to yell anymore?

Therapist: Sally? Amy?

Sally: Sure, I know I haven't been much fun and the kids have been through a lot, that's a good idea, Luke.

Amy: We'll send you photos.

7. Circulate the expertise of the family

Therapist: I wonder if you would be interested in doing one other thing as well, please feel free to say no if you want, but how willing would you be to come back in the future if I see a family in a similar situation, to tell them your story and what you've achieved; it would be a one hour meeting and I'd just interview you with them listening and they could ask you a few questions?

Sally: Really, we'd love to do that, wouldn't we, kids?

Amy: Maybe just mum. I'd be a bit shy. I'm busy at school too. I'll let you know when it comes up, but mum could do it.

Therapist: Ok, I'll let you know when it comes up.

8. Discuss and dissolve the therapeutic relationship

Therapist: Before we close this final meeting, I wonder if you have any questions you'd like to ask me, we could turn the tables and you can ask me questions? Like what it was like for me? How I work?

Luke: Why do you always ask questions? You have lots of questions and always come up with different ones.

Therapist: Well, we are taught to do it this way, so we try and help a family to figure things out for themselves. If we just gave advice all the time, it might not fit; each family is different and it's better when they make their own minds up.

Sally: What about yourself, have you got your own family? Does it mean you always sort things out?

Therapist: Yeah, I have two kids of my own, aged 6 and 8; sometimes it helps but generally I have all the same things go wrong as everyone else, same arguments, same behaviour, and stuff and I have to learn to work through it too.

- Sometimes when you've been talking, I've thought of my own family, what it was like a couple of years ago when we had our own tough times, but we seem to get through things too and keep coming out the other end.
- Amy:* Really? Ha, I always thought you had like the perfect family and perfect kids and stuff.
- Therapist:* No. Well, it looks like our final hour has come to a close; it's always a bit sad when this happens, how are you all feeling about it?
- Sally:* I just want to thank you for everything you've done; you have helped me so much, to get on my feet, thanks for everything you've done.
- Amy:* We'll send you photos from Jambaroo.

Conclusion

The final session of family therapy can provide a specific and unique opportunity for extending the gains made in therapy and support the families' final graduation from clients to experts. In this chapter, six possible tasks have been presented for this session, tasks which aim to leave the family with a sense of pride in their achievements, plans for future challenges, and lasting memory of their transition. These tasks consolidate the central role the family has made in driving change, whilst providing an opportunity for reflection on the therapy itself and their relationship with the therapist.

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