Module 14: Ending Treatment and Maintaining Changes

Objectives

• To understand the process for preparing the patient for ending treatment
• To learn techniques for preventing relapse

What is ending treatment, and why is it important to plan for it?

End-of-treatment planning is the collaborative process of preparing the patient and assessing his/her readiness for ending treatment and moving beyond reliance on the therapist to apply skills. Planning allows the patient to prepare for the end of treatment, to review skills learned in treatment, and to vocalize and problem-solve concerns about functioning outside treatment. All these factors reduce anxiety and allay fears a patient might have about ending a therapeutic relationship.

When? (Indications/Contraindications)

End-of-treatment planning begins at the first session when you give the patient some indication of the frequency and duration of treatment. End-of-treatment planning is an ongoing process, culminating in the final sessions with a review of treatment and introduction of relapse-prevention skills.

Patients with personality disorders or disorders of attachment may be particularly sensitive to feeling abandoned or upset as a result of ending the therapeutic relationship. For these patients, it is important to discuss treatment termination in an empowering and thoughtful way—recognizing and normalizing their fears, assuring them safeguards are in place (e.g., emergency resources, booster sessions), and encouraging them via reminders that the purpose of CBT is self-management of symptoms.

How? (Instructions/Handouts)

Reviewing What Was Learned

The last session of Brief CBT should be spent reviewing and recording the different cognitive and behavioral skills the patient has learned. Use Socratic questioning to elicit this list (“What have you learned as a result of our time together? Is there anything that was particularly meaningful to you about your time in therapy?”), as patients may generate skills or benefits of therapy not known to you. Patients should have a list of these skills they can take with them. They should also be encouraged to keep the other handouts (e.g., thought records) completed during treatment as a reminder of their skills.

Relapse Prevention

Many patients are concerned that they will not be able to manage future psychological problems or psychosocial stressors without the aid of therapy. In planning for the end of treatment, you and the patient anticipate potential stressors and symptoms and plan: 1) What tools the patient has learned in therapy that he or she could use for particular stressors/symptoms, and 2) when he/she might need to contact a mental health professional for additional assistance (e.g., suicidal ideation). Preparing for inevitable difficulties is empowering and encouraging for patients. A functional assessment may be used to identify future problematic situations (see Module 4).
Troubleshooting End of Treatment

Give Yourself Adequate Time to End Treatment.

Plan on an entire session devoted to ending treatment, wrapping up, and maintaining changes. It is highly recommended that you not introduce new concepts during the final session, as new issues may arise; and ending treatment during the session may become impossible.

Give the Patient Credit.

Depressed or anxious patients often attribute positive change to external entities and negative change to themselves. Therefore, at the end of treatment, discuss the patient’s progress (using objective data, such as symptom-rating scales, when available), praise the patient, and emphasize his or her role in positive changes.

Respond to Concerns.

Checking in with the patient regularly about questions or concerns about ending treatment helps maintain the therapeutic relationship and offset negative emotions about treatment that could result in negative outcomes, such as feeling abandoned. If the patient seems particularly concerned about ending treatment, he or she could use a thought record to identify and challenge dysfunctional thoughts associated with leaving therapy.

Plan Self-Management Time

Patients may be interested in planning self-management time when preparing for the end of treatment. Self-management times are a few minutes each week that the patient sets aside, once therapy is complete, to check mood and use of skills and problem solve situations or feelings that may be negatively affecting their mood. These times last approximately 10-15 minutes and follow a structure similar to therapy. Self-management time is beneficial because it is free, can be conducted at and when and where it is convenient for the patient, and helps prevent relapse. A self-management worksheet (see p. 82) may be used during these times.

Booster Sessions

Booster sessions can be scheduled approximately 1 month following the end of treatment and then as needed thereafter. During a booster session, you:

- Check in with the patient about his/her self-management of symptoms and stressors.
- Refresh skills learned in therapy.

### Relapse-Prevention Questions

1. When I feel (symptom), I will (tool learned in therapy).
2. If _(stressor)__ , I will (tool learned in therapy).

**Example:**

When I feel sad for 2 days, I will go for a walk and call a friend to have lunch.

When I feel depressed for a month, I will schedule an appointment with my primary care physician/mental health provider.

If my boyfriend breaks up with me, I will do a thought record to evaluate any dysfunctional thoughts.
• Discuss questions or concerns the patient might have about the transition.
• Review treatment goals and maintenance of treatment gains.

Supplemental Readings

Self-Management Time Guide

I. Mood Check
   a. List five emotions you are feeling right now, and rate their intensity from 0-100%.

   b. List three emotions you have felt this past week, and rate their intensity from 0-100%.

II. Review the Previous Week
   a. Did I use any tools I learned in therapy this week?
      i. If I did not, what problem did I have this week that could have been helped through the use of these skills?

   b. What good things happened this week?
      i. How did I make those good things happen?

III. Current and Future Problematic Situations
   a. What are my current problems?
      i. How can I think about these problems in a different way?
      ii. What can I do to change the feelings associated with these problems?

   b. What problems can occur before my next self-management time?
      i. What skills can I use to deal with these problems?