**TERMINATION SESSION QUESTIONS AND GUIDELINES**

**Note to therapist:**

This form is designed to be used as a guide during the last session, to end the therapy in the most constructive way possible.

Research indicates that most clients have positive feelings during the termination session, which can include a sense of accomplishment, independence, calmness, and personal insight. The same research indicates that many therapists expect a more negative response from their clients. Naturally, therapists should be aware of their own issues resolving relationship endings, and work toward ensuring that the last session is a continuation of the client’s progress.

The final session is a good time to think about what the client has learned and how it can apply to his/her future growth. It’s also a good time for the client to consider any future problems that might arise and how he/she plans to handle them.

Some clients who have experienced a significant loss in their lives may find the last session to be particularly difficult, even though the termination of therapy may have been a subject of your sessions for some time. For these clients, the termination session can be a corrective experience.

It is recommended that you consider whether you want to invite a client to return if needed. The literature suggests that about two-thirds of therapists invite their clients to return if necessary, regardless of their theoretical orientation. However, you should take into account the practical considerations of seeing the client again, as well as if they might see that as a vote of “no confidence” in their ability to solve their problems by themselves.

We recommend you take notes on your client’s responses and keep this form in the case file for documentation purposes.
QUESTIONS FOR THE TERMINATION SESSION

Client Name: ____________________________________________________________

D.O.B./Identifying Number: ______________________________

Session Date: ____________________________

Do you have any questions since the last time we met?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

We started working together about ______ (weeks/months/years) ago, and some things have changed since our first meeting. What do you see as some of the most important changes?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What has been the biggest impact on your life as a result of these changes?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Some of the changes that I have noticed include: [provide feedback on major positive changes in the client, such as behavioral change, improvement in mood, ability to cope, etc.]
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Copyright 2020 Between Sessions Resources
Now that therapy is coming to an end, I wonder what your thoughts are about not coming to see me any longer. What were you thinking just before coming to today’s session?

_____________________________________________
_____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you have any concerns now that you won’t be in therapy any longer?

_____________________________________________
_____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How do you see yourself handling problems as they come up?

_____________________________________________
_____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are there other goals that you see for yourself in addition to the ones we discussed?

_____________________________________________
_____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Some people experience the end of therapy as a “loss.” Does ending therapy feel like a loss to you? If so, how will you handle it?

_____________________________________________
_____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
If you feel like you need to see me again, here is my policy [write your policy below, considering the needs of the individual client, and print policy for client]:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Therapist’s comments on session:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________