

## Overview

This standard shows how systemic therapists prepare themselves and the client for endings and how to respond to unplanned endings. Therapists work to maintain an open and positive ethos, in which ending and the ways in which it is co-constructed can be experienced as an important part of the work together, and the beginning of a new phase of change. Therapists also recognise that difficult emotions such as loss of dependence between the client and themselves can be difficult to negotiate. There are different kinds of endings, including those which are subject to economic and service limitations and those where the door is kept open for the client to return to therapeutic work.

This standard describes therapeutic practice that has been shown to benefit families and other clients engaged in family and systemic therapy (see reference in the additional information section on page 5). To apply this standard, practitioners also need to take account of the multiple problems and complex co-morbidities that clients may bring to therapy. Family and systemic therapy should be offered as part of an explicit and structured approach agreed within the treatment team and with the client and the system.

Users of this standard will need to ensure that practice reflects up to date information and policies. This standard should be understood in the context of the Digest of National Occupational Standards for Psychological Therapies.

## SFHPT36

### Manage the ending of family and systemic therapy

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#### Performance criteria

*You must be able to:*

- P1 develop the client's autonomy throughout therapy in preparation for ending
- P2 recognise when therapy has reached the limits of its usefulness without judging either the client or you
- P3 negotiate with the client the ending of therapeutic work in a way that:
  - P3.1 is likely to feel enabling to the client
  - P3.2 celebrates achievements and development
  - P3.3 helps the client incorporate their capacity for change into thoughts of the future
  - P3.4 fits any planned duration of the contract
  - P3.5 leaves open the possibility of further therapeutic work with the same or different members of the client system
  - P3.6 draws on cultural and social meanings of ending
- P4 where the ending is unplanned or abrupt, communicate to the client ways in which they could reconnect with you or others
- P5 review with the client and colleagues the changes that occurred during the therapy in a way that is likely to enable:
  - P5.1 the maintenance of positive change
  - P5.2 the development of relapse prevention strategies
  - P5.3 the use of community based work
- P6 help the client discuss their thoughts and feelings about the process of therapy, its ending and the need for follow up or further support and resources
- P7 agree with the client how the outcomes of the therapy will be communicated with the wider system in ways that:
  - P7.1 inform other people's and agencies' actions
  - P7.2 is likely to be understood by family members or others with access to notes who have not been present
  - P7.3 is respectful to the client, their significant system and your team
- P8 identify in a self-reflexive way:
  - P8.1 the possible impact of the ending on yourself as therapist and how it might affect the therapeutic work
  - P8.2 how your personal experiences and narratives affect how you work with endings
  - P8.3 your own relationship with endings

# SFHPT36

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### Knowledge and understanding

*You need to know and understand:*

#### Ending of therapy

- K1 the phenomena associated with endings of systemic therapy and their meaning
- K2 evidence of effective approaches to managing endings
- K3 common narratives and accounts of endings from the client and therapist perspective

#### Risk

*You need to know and understand:*

- K4 the assessment of risks to individuals and the risks they pose to others in a range of settings
- K5 current legislation and local guidelines and procedures about child and vulnerable adult safeguarding
- K6 the relevant professional systems of health care, social care, local authority and education applicable to safeguarding
- K7 how to balance the risk or safety and opportunity in therapeutic interventions
- K8 ethical issues of valid consent for all members of a system

#### Systemic principles that inform the therapeutic approach

*You need to know and understand:*

- K9 the range of contexts in which the client needs to be viewed
- K10 how the contexts manifest and constitute the system of significance
- K11 the personal, family and cultural factors and interactions between those factors that shape the individual
- K12 ways in which people understand themselves and the world around them
- K13 the influence of power relationships and different socio-cultural contexts on the development of meaning, relationships and behaviour for the client and the therapist
- K14 the influence of varied individual accounts of the same event on relationships and understanding in the system

#### Basic principles and rationale of systemic approaches

*You need to know and understand:*

- K15 the various systemic models and other related concepts and their limitations
- K16 theories of systemic change and clients' theories of change
- K17 the assumptions contained in the various systemic models
- K18 how to develop an account of patterns in relationships in families and wider systems
- K19 family based attachment theories across the life cycle from a systemic perspective

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#### Additional Information

##### External links

This standard is derived from research reported in Roth, A., Pilling, S. and Stratton, P (2009) *The competences required to deliver effective Systemic Therapies* Centre for Outcomes Research & Effectiveness (CORE) University College London.

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

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Planned Review Date: 2014

## SFHPT36

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**Suite** Psychological Therapies

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