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PROFESSIONAL ISSUES

Challenging Endings: First Year MSW Interns' Experiences with Forced Termination and Discussion Points for Supervisory Guidance

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Abstract Every year, students prematurely end their work with some clients due to the completion of their internship, rather than the client's achievement of goals and thus a more natural endpoint of treatment. It is important to understand students' experiences with forced termination to provide them with the necessary knowledge, skills, and support to optimally manage this complex phenomenon. This paper reviews the social work literature on forced termination arising from the ending of students' internships and presents, in their own words, the experiences of four first-year MSW interns with forced termination. Finally, based on the literature and as borne out by these students' experiences, some areas for discussion and reflection between interns and their supervisors in handling forced termination are offered.

Keywords Forced termination · Social work interns

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Introduction

Every year, social work interns are forced to prematurely end their work with some clients due to the completion of their placement, rather than the client's achievement of goals, and thus a more natural endpoint of treatment. The ending of a helping relationship is complicated under any circumstance, but particularly so under such conditions. First, the termination is determined by the intern's academic calendar, which does not necessarily coincide with the client's needs. Second, interns are still learning how to handle the technical and relational aspects of this stage. Third, unlike many terminations, where the client often has the opportunity to return to the worker if needed, the intern is leaving the agency and this is not a possibility. Finally, the intern is ending relationships with multiple clients, the agency, and his or her field instructor, potentially further compounding the intern's sense of loss.

Despite the annual occurrence of this complex phenomenon, relatively little is written on this subject, particularly from the students' perspective. It is important for field instructors, supervisors, and senior colleagues to understand interns' experiences with forced termination in order to provide them with the necessary knowledge, skills and support to manage this stage in an optimal way. This

paper reviews the social work literature on forced termination arising from the ending of the student's internship. We then present, in first-person narrative, the experiences of four first-year MSW interns in handling forced termination with a range of clients in multiple settings and under varying degrees of supervisory guidance. Each intern presents the client (disguised for purposes of confidentiality), an overview of the treatment, when and how termination was introduced, the client's and the intern's reactions, and the role of supervision in guiding the process. Finally, based on the literature and these interns' experiences, we present some areas for discussion and reflection between students and their field instructors in optimally managing these premature terminations.

Literature Review

Premature Terminations

Social work textbooks unfailingly discuss termination as an important phase of any intervention, and often devote entire chapters to it. Rarely discussed, however, are the special difficulties arising from terminating treatment because of the completion of the internship (Walsh, 2003). Furthermore, over the past 35 years there have been relatively few articles on termination in social work journals, and these have decried the paucity of attention to this stage of treatment in the literature (Fox, Nelson, & Bolman, 1969; Gould, 1978; Levinson, 1977; McRoy, Freeman, & Logan, 1986; Siebold, 1991, 1992; Shapiro, 1980).

Of these existing articles, only some address premature terminations, and an even smaller number discuss the endings specifically experienced by students and their clients at the completion of internships. Several of these latter articles are written by professors or field instructors who note both the importance and challenge of termination for their students and often include brief case examples and recommendations for handling this stage (Fox et al., 1969; Levinson, 1977; Rubin, 1968; Walsh, 2002). Their recommendations will be further discussed and incorporated into suggestions for interns and supervisors offered in this paper.

There are two case discussions in the literature focusing on interns ending their work with clients due to the completion of placement. Barton and Marshall (1986), a supervisor and intern, describe a child who discloses sexual abuse in the face of the impending end of treatment with Ms. Marshall, a first year social work student. The discussion centers on the need to shift therapeutic focus, rather than on the intern's experience with and reaction to the ending of the treatment. Coker (1996) describes her use, as an intern, of psychoanalytic theories to facilitate her termination with a man diagnosed with chronic paranoid schizophrenia. While she briefly mentions feeling guilty and wanting to rescue the client, the account focuses on the client's responses, and the potential for even premature endings to be meaningful and promote growth if they are well managed. To this end, Coker recommends the use of contemporary psychodynamic approaches to provide a holding environment, understand the client's strengths and needs, and make ''full use of the relationship'' between worker and client (p. 355).

There are two studies interviewing or surveying MSW students regarding their management of forced terminations (Baum, 2006; Gould, 1978). Both sets of students reported feeling anxious, depressed, moody, angry, and sad during termination. They worried about whether they had actually helped their clients, and expressed guilt about leaving. Gould's (1978) respondents report that field instructors played a significant role in guiding termination, advising interns if and when to tell clients they were students, if and when to tell clients they would be leaving on a specified date, and how much time to devote to termination. Baum (2006) suggests that field and classroom instructors take an active role in helping interns manage what they report perceiving as a very challenging phase of treatment.

Field Instruction and Premature Terminations

As this research indicates and the experiences of interns presented in this paper will underscore, field instructors play a crucial role in how interns manage termination, both technically and emotionally. There is a large body of literature and research on supervision and field instruction (Bogo, 2006). The term supervision is increasingly being used to describe only the oversight of social workers in agency settings, while the term field instruction refers to the professional education of social work students in the field practicum (Bogo & McKnight, 2006). Throughout this paper we employ the terms field instruction as well as supervision, which we define as the educational and supportive aspects of training students for clinical social work practice occurring within the broader context of field instruction.

While there are no published empirical studies specifically on the role of field instructors in the management of termination, findings in broader field instruction-related research support the centrality of this relationship both in providing information regarding termination and in modeling how termination can be properly accomplished. For example, multiple studies have established that students' satisfaction in placement is largely determined by satisfaction with the quality and quantity of supervision (Cimino, Cimino, Nuehring, Raybin, & Wisler-Waldock, 1982; Fortune & Abramson, 1993; Fortune et al., 1985; Knight, 1996). Specifically, students report that field

instructors who provided information and helped them apply theoretical knowledge to field practice most enhanced their learning (Choy, Leung, Tam, & Chu, 1998; Fortune, McCarthy, & Abramson, 2001; Knight, 1996, 2001). Students also view their field instructor as a model and tend to imitate his or her style (Itzhaky & Eliahou, 1999). Thus, interns will likely feel most supported by field instructors who provide conceptual frameworks and information on technical aspects of termination, invite exploration, and share their own experiences with loss and feelings regarding previous terminations with clients and supervisees.

This stance fits well with contemporary relational approaches applied to clinical supervision, which further underscore the centrality of the field instructor–intern relationship in the learning process (Frawley-O'Dea & Sarnat, 2001; Ganzer & Ornstein, 1999, 2004; Ringel, 2001; Williams, 1997). In contrast to the traditional conceptualization of a hierarchical, didactic relationship where the field instructor is all-knowing and the intern is the novice receiver of information, a relational approach posits a triadic matrix with multiple, reciprocal relationships between field instructor, intern and client (Ganzer & Ornstein, 1999). Through on-going dialog, both field instructor and intern contribute knowledge, understanding and expertise; learning occurs mutually and in the context of this relationship. Such a model seems particularly suited to helping interns manage termination, with its challenging themes of endings, separation, and loss reverberating for clients, interns, and their instructors. Ganzer and Ornstein (1999) offer an example of how a relational model, by providing the space for both field instructor and intern to discuss feelings generated by previous losses and the impending endings with clients and each other, facilitated learning and the termination process for intern, instructor, and clients alike.

This review of the social work literature underscores a paucity of writing and research on premature termination experienced by students, especially from their perspective. Existing articles agree that field instructors play a significant role in how interns manage termination and that further work is needed for improved training and support of students (and, ultimately, their clients). The following four case studies detail MSW interns' experiences with forced termination during their first field placement under varying degrees of supervisory guidance. Based on the literature and these students' experiences, areas for discussion and reflection between intern and supervisor in optimally managing this phase are offered.

Example 1

Patricia Cole is a 58-year-old White married woman returning to school after a career as a video editor and producer. Her internship was at an outpatient clinic of a state psychiatric hospital. Her experience illustrates the complications that can arise in termination if the field instructor fails to provide sufficient guidance, support, and modeling, the strong reactions both clients and students can experience, and also the possibility of constructive endings if termination is handled thoughtfully.

Background on Client

Polly Harris is a 48-year-old, African–American single mother of an adult son with a diagnosis of Bipolar Affective Disorder I, Depressed, who has been a client of the clinic for 12 years. Polly's abusive mother died when she was twenty-five; her protective father died 10 years later. After her mother's death Polly was institutionalized for attempting to kill her brother with a knife. After her father's death Polly tried to commit suicide and was hospitalized.

Work with Client

Polly was transferred to me (Patricia) as a client by my supervisor, Ann, who had been her psychotherapist for the past 2 years. This seemed to be a win/win situation for Polly, who would benefit from more frequent contact than Ann could currently provide; would continue with Ann in group therapy; would have her case supervised by Ann; and would ultimately return to individual therapy with Ann when I ended my internship. The fact that Polly might experience this change as a termination was never addressed. Polly readily agreed to the transfer and we quickly formed a therapeutic alliance. At the time I believed that this was because I took a strengths-based approach and helped Polly recognize the many successes in her life, such as completing 2 years of community college and staying in treatment. In hindsight, it may also have been a response to Polly's feelings about Ann's termination with her.

From our first session Polly brought up a history of maternal abuse, which she had never revealed before. She also began splitting between Ann and me, casting Ann as the feared abusive mother and me as her father/protector, petitioning me to intercede with Ann on matters related to their group sessions. At this point I too was beginning to have problems with Ann. For example, Ann asked her colleagues not to speak to me about any clinical issues. This disturbed her colleagues since it eliminated any opportunity for me to experience a team approach to dealing with a patient's complex problems. This had been done without my knowledge, so when several team members brought it to my attention I questioned Ann about it. She said that she felt it was necessary because alternative approaches would confuse me. When I disagreed, she

refused to reconsider. In terms of parallel process, Polly and I were both experiencing a negative transference to Ann, who resembled an overbearing authority figure to each of us. Transferentially I felt that Polly and I were siblings dealing with an abusive parent.

This odd therapeutic triad—with its convoluted transferential, counter-transferential, and real relationships—complicated both the client work and supervision. For example, I was reluctant to accept guidance from Ann because I felt that I had a better, more productive, relationship with Polly. Even though I had intellectually recognized Polly's splitting of Ann and me into abusive parent versus protective parent, emotionally I found myself identifying with and enacting the role of protector. I did not have enough trust or experience with supervision to explore these issues, and Ann did not invite their exploration.

Termination and Supervisory Support

Ultimately Ann and I were unable to resolve our problems and I was to be transferred to a different setting, resulting in a forced termination for my clients. My field advisor treated this strictly as an administrative issue, and not an opportunity to attend to some of the emotional responses I might have. As a first year intern with no prior experience of a good supervisory relationship, and no sense of norms or boundaries in this type of relationship, I felt like a failure for not being able to survive. In addition I felt sad and guilty about leaving my clients, and apprehensive that my leaving might cause them harm.

Ironically, once the decision to separate was made Ann and I collaborated closely to deal with the terminations in a way that would most benefit the clients. I would have one session prior to Christmas vacation and a final session when I returned to terminate with my clients. We worked out a ''script'' in which I would introduce the termination as an ''unexpected event,'' probe for the client's emotional responses, allowing them to vent, and collaborate with them in a way that would give them a sense of control and support. Polly would be transferred to Ann for individual therapy and Ann would join us in the final session to discuss the therapeutic issues that Polly wanted to deal with. While this structure was valuable and provided some support, it stayed on the concrete level, rather than providing any preparation for the intensely emotional termination responses by the clients or intern. Also, because of my tension with Ann, I was unable to process my feelings and concerns in supervision.

Client's Reactions to Termination

Polly had a range of responses to the termination, beginning with the report of a dream about existential issues around the meaninglessness of life and our lack of connection to one another. I linked our termination to the dream by discussing the ways in which we continue to live on in each other even after separation, citing as an example her continuing relationship with her deceased mother and father. Also, in the past Polly's dreams were like flashbacks of abuse by her mother. The report of this symbolically rich dream may have been an unconscious attempt to get me to remain by becoming the ''ideal'' client.

Over the Christmas holidays Polly left several voice mail messages for Ann demanding that the decision to transfer me be rescinded. Ann felt this signified a loss of control on Polly's part. I saw this as an attempt by Polly to regain control, and I was concerned that my acquiescence to the transfer might look like passivity or indifference to her. However, I stifled the desire to tell her that I too had looked for alternatives to the transfer.

The timing of the termination could not have been worse. Polly's father had died during the holiday season, and every year at this time she entered a depression. Much of our work had dealt with these issues, and as a result Polly had decided that instead of ignoring the holiday, this year she would celebrate with her family. During the Christmas dinner she and her husband had a disagreement that would have ended in violence had her son not interceded. This regression to her symptoms came close to reenacting the violent event that marked the beginning of her psychiatric history. Unfortunately, at the time I was unaware that regression is a common response to termination, and I felt guilty for causing harm to a client.

For the rest of the session, Polly and I discussed the meaning of this pivotal event, the possible consequences should it be repeated, and alternative ways of dealing with her rage. Since I would be working on the same campus, we also discussed the probability of seeing each other. While the relationship would change, we could continue to stay in touch with each other. Ann and I had discussed this continued contact in supervision, and we both agreed that it would be inevitable, and that I would have to establish boundaries on the topics of conversation.

At the end of the session I gave Polly a thank-you note that included what I had learned from her and the ways in which she had influenced my life. The goal was to let her know that I had internalized her and would carry her with me always. Subsequently she told me that she refers to this note when she is feeling unappreciated or insecure about herself.

Student's Reactions to Termination

My own responses to termination seemed chaotic. I was shocked at the intensity of both Polly's and my emotions. I was uncomfortable that our relationship had become so

important to her, and felt relieved that it would be ending. Simultaneously, I felt sad and feared I might never have such a feeling of efficacy as a social worker again. I felt despair at Polly's transfer to Ann who, I believed, could never establish the relationship that Polly and I had. But most of all I felt guilt because I believed that I could have precipitated a major setback for Polly.

Reflections

As a first year intern, I encountered two experiences that I had never had before: forced termination with a client, and a relationship with a supervisor. Knowing more about forced termination would have helped anticipate and normalize many of Polly's and my own responses and feelings. The information covered in supervision tended to be concrete; a mutual exploration of parallel process, transference, and countertransference in the supervisory relationship would have facilitated termination and perhaps even obviated my transfer to a different unit. On the positive side, having experienced this turbulent termination helped me prepare for subsequent terminations with my new clients. This was due to a real appreciation of the importance of the termination process and the therapeutic gains that can be achieved, as well as an understanding of my own issues of loss that were triggered by separation from the client, the supervisor, and the placement.

Example 2

Background on Student

Daniel Wagner is a 33-year-old White man pursuing an MSW after 10 years in the music industry. His internship was at a hospital's outpatient clinic, treating pediatric oncology patients, where termination issues are complicated by the underlying specter of death and loss. His experience illustrates issues of self-disclosure, the importance of taking the clients' context into account in understanding potential reactions to termination, the usefulness of natural breaks such as holidays in previewing termination, and the centrality of strong supervision in guiding the student through this process.

Background on Client

The Gerrard family, father, mother, and Thomas, presented at the pediatric oncology outpatient clinic at the start of the semester. Two weeks earlier, during Thomas' 1-year visit, his pediatrician had found a malignant mass on his kidney, which was removed. Thomas was now beginning a 7-month chemotherapy protocol. In their mid-thirties, father, an executive, and mother, staying at home to care for Thomas, presented with severe anxiety and fatigue.

Work with Client

Working with catastrophically ill people had a tremendous psychological impact on me. My own anxiety and my tendency toward somatization often left me feeling sick, overwhelmed, and frightened. I met this family early in my internship. These first-time parents struggled with the fundamental changes in their life and daily routines, their child's illness-related regression, his physical changes stemming from chemotherapy, and the loss of control inherent in experiencing a serious illness. Our work centered on psycho-education and empowerment to strengthen their parenting when they were feeling so ineffective. Both began to look forward to the weekly visits, where they would tell me the difficulties they were experiencing, but also what they had accomplished.

Termination and Supervisory Support

My supervisory relationship was excellent—supportive, professional, with good boundaries, clear communication and appropriate definition of roles and responsibilities. In early December, my supervisor suggested I discuss the upcoming break with my clients. When I met with the family, I stated, ''As you I told you when we first met, I am a student. I'll be finishing the first semester and going on break for 3 weeks.'' They congratulated me and we talked about the clinician who would be available should any concerns arise. We moved on to discussing their child. As the session came to a close I repeated the dates of my absence. They asked me if I would be going anywhere. I said, ''Yes, to Israel.''

I realized, instantly, that I had said something troubling to them. The disclosure regarding my trip to Israel (and all its inherent danger, both real and imagined) touched many aspects of anxiety that they struggled with on a daily basis, including separation, loss, and even potential death. It became another potential loss. I assured the parents that I was staying with family and would be safe. We managed to come to an understanding regarding my trip, but at a cost: mother and father looked more exhausted and anxious than when I had entered the room.

Later, after processing the session with my supervisor, I realized how nervous I was about going to Israel, and that I had brought this fear into the session. He suggested that my own difficulties with separation and separating from this family may have contributed to my self-disclosure and that it might be helpful for me to explore this in my own therapy. We discussed how the self-disclosure itself may have impacted the family in terms of their presenting issues. My

supervisor explained that for oncology patients/families, clinicians breaks, even short ones, can be experienced as additional losses (with the potential of exacerbating the already traumatic experience). The interaction also allowed me to experience some of the parents' difficulties with separation, loss and abandonment, and enabled me to interact with them more empathically. It also led me to commence end of year termination 2 months before the last day of my placement, earlier than I might have initially intended.

During termination the parents and I reviewed their process of recovery. Thomas' prognosis was excellent, and he was getting back on a typical developmental path. We discussed all the family had accomplished and how they had changed over the past 6 months. They wanted to become a resource for parents with children with Thomas' type of tumor and left their information for such parents to contact them. I interpreted this as their desire to give meaning to the illness.

The final session offered a chance for us to achieve closure. The Gerrards wanted to give me their phone number and email address, despite knowing I would not contact them. My supervisor had explained that as a method of integrating the treatment, the clinician should become more ''real'' to the patient. I discussed what I had learned from them: how to be a couple caring for one's child in a crisis, how to accept assistance from others, and how connection can affect psychological growth. Lastly, I disclosed that I would be getting married. At the time, I believed that by telling them this, my intervention around what I had learned from them would be all the more effective. It was a very emotionally charged moment: I was very moved (although outwardly composed), they were both crying.

Reflections

The first self-disclosure was inadvertent; the second had an intentional component to it, but again was driven by my countertransference. I admired these parents' dedication, love, and sacrifice for their son, and in some way wanted to feel their love, pride, and joy directed at me. My supervisor felt that neither self-disclosure had negatively affected the treatment, but we did discuss the potential negative impact of some self-disclosure. In retrospect, my self-disclosures were aspects of my difficulties with separation and my struggle with losing and missing these people that had become important to me.

Example 3

Elizabeth Slate, a 25-year-old White woman, worked in case management and advocacy before beginning her MSW. Her internship was at a dysfunctional hospital-based outpatient mental health clinic that is no longer used as a placement. Her experience illustrates the potential for termination to be an opportunity for growth even under the most challenging circumstances, and the importance of establishing follow-up plans.

Background on Client

Calvin Ross, a 23-year-old African–American man diagnosed with schizophrenia, mild mental retardation, and a substance abuse history, was newly admitted when he was assigned to me (Elizabeth). He was unable to read and had experienced several immediate familial losses including that of his father and oldest sister. Calvin's expressive, emotional, and interpersonal capacities were greatly affected by his chronic mental illness and cognitive impairment.

Calvin had been institutionalized many times since age 13 without receiving appropriate treatment or discharge planning, resulting in his return to his mother's home without the necessary resources to insure his or her safety and stability. Because I felt that it was not that Calvin could not be reached, but, rather, no one had yet found a way to reach Calvin, I sought a new means of communication with him. Playing checkers became our means of connection, permitting discussions of loss, a theme which transcended every aspect of Calvin's life, from the deaths of his father and sister to the years spent in hospitals and prison.

Termination and Supervisory Support

During our first session, I told Calvin about our impending termination. In February, I reminded him of the termination date and continued to occasionally refer to my departure in the weeks leading up to our final session. The ending phase underscored the dysfunctional system in which Calvin received treatment. In the last 2 months of our treatment together, Calvin was discharged from his residential setting against clinical advice to his mother's home without a home visit and only a tenuous plan to continue treatment at the clinic. I attempted to tie up the loose ends of Calvin's treatment in the hopes of leaving him with a network of care that would insure his safety, health, and stability after my departure.

I arranged a home visit with Calvin and his mother. I was working to access permanent case management services for Calvin and in March brokered an interview for him to be considered for employment at the clinic. Mother seemed responsive to these updates but was frustrated as I was unable to access services that would address his numerous psychosocial needs. Furthermore, because the clinic was so poorly organized, I was not able to provide

Calvin with the name of his new clinician until the second to last session. I could not decide which would have been more disconcerting, not knowing the name, or knowing that the assigned clinician was notorious for a lack of affect or quality clinical treatment, acting more as a warden than a therapist. I experienced immense guilt about leaving Calvin without the assurance that he would receive the treatment to which he is entitled and which he so desperately needs. This response was representative of a larger issue; I felt that I had inherited the burden to provide the remedy for over two decades' worth of systemic neglect.

The sense of burden was further exacerbated by the lack of consistent and meaningful supervision. I felt isolated and unsupported in my work with Calvin. I had been assigned five different supervisors over the course of the year and the final supervisory relationship was superficial at best. This supervisor was in the midst of leaving the clinic and had emotionally departed several years ago. She pathologized my own feelings regarding termination, making me doubt the validity of my responses and silencing my efforts to seek support and instruction.

Client's Reactions to Termination

Initially, Calvin had no reaction to ending except to say, ''If you gotta go, you gotta go.'' I wondered if he was so accustomed to people departing that it did not really matter. I decided not to force the issue, but rather found ways to try to incorporate the information into our work. For example, in discussing future housing plans, I would remind Calvin that his new clinician would have to follow up on the state housing application. As the ending drew closer, I asked specific questions regarding how Calvin felt about my leaving and what he thought about having a new therapist. Calvin said that sometimes it was hard to have people go because ''You might miss them.'' Calvin also concretely stated, ''It's a little bit sad. We can't play checkers anymore.'' He wondered aloud whether or not his new therapist would play checkers and we discussed the possibility that Calvin could ask his new clinician to play the game. These discussions, while seemingly superficial, demonstrated Calvin's capacity to experience termination and provided us opportunities to plan together Calvin's transition.

Intern's Reactions to Termination

I subsequently became very conscious of my eagerness for a release from a setting where idealism and the phrase ''in service of the client'' are scorned. My anticipation of my own ''freedom'' juxtaposed with my meaningful connection with Calvin produced an internal struggle inflamed by guilt, sadness, and fear. I needed assistance from a supervisor in developing a more clinical understanding of the parallel process of my termination from the clinic and my termination with Calvin. In addition, the lack of a well-defined plan for transferring clients from students to staff precluded me from reassuring Calvin of his continued care. The lack of supervision around these two issues resulted in an extremely difficult termination process with Calvin. As I reflect on my work with him, I am touched by his struggles and find that his progress serves as a reminder that even minute interactions can be meaningful. I also developed as a clinician in that I was once uncomfortable and unsure that I would ever be able to engage him, but later became familiar to Calvin, as well as a source of assistance and positive validation.

Reflections

During one of our final checkers games together, Calvin had the opportunity to jump my last piece and did not do so. A few moves later, the opportunity presented itself again. This time Calvin moved his piece around my piece, finishing the game. When I asked him why he did not try to win the first time, he responded, ''I thought you needed a second chance.'' I think Calvin may have felt that our time together gave him a second chance to reconnect and I find this hopeful. I believe our relationship and termination will facilitate his engagement with other providers. There is a sensitive person wishing and needing to connect with others.

Example 4

Julia Miles, a White woman, made a career change from financial services to social work in her early thirties. Her first field placement was with a legal service agency assisting families of children in the foster care system. Her example underscores how having proper supervisory support and setting clear boundaries with clients from the beginning helps the student manage termination's complex feelings, including guilt, and thus facilitates the process.

Background on Client

A new client, a 14-year-old African–American girl named Laura Edwards who suffered from depression and had suicidal ideation, was assigned to me (Julia) for individual therapy at the beginning of my internship. She had been removed at birth from her biological parents, both drug abusers. She was raised, with her three younger siblings, by her paternal grandfather's second wife, Barbara Edwards, who had separated from him and succeeded in becoming the younger children's legal guardian and in adopting Laura.

During the previous summer Laura had swallowed some pills, but Mrs. Edwards had not sought treatment. The case was brought to our agency because ACS was considering removal of the children due to Laura and her sister's refusal to go to school and reluctance to leave their house. Laura was also overweight, and had health problems and poor social skills.

Work with Client

At first I visited Laura at home and, although she would not go to school, she eventually agreed to meet with me at the agency. The key to treatment was to create a strong bond and trusting relationship with Laura that eventually correlated with her improvement. After 9 months of therapy, Laura began summer school and was eager to return to school full-time in September. She was socializing, had been without any suicidal ideation for 7 months, and had lost 20 pounds.

Termination and Supervisory Support

Despite all our progress, there remained one hurdle in our work. As the end of our time approached, Laura mentioned several times that she did not want me to go. My supervisor recommended broaching the subject no sooner than 4 weeks prior to my leave due to Laura's difficulties with separation. What I did not realize at that time was that precisely because of her fears and history of abandonment I needed to allow additional time for Laura to discuss and experience termination. I also needed to identify and work through my own reluctance to end. I felt no one would be able to connect with Laura as I had and follow up on her treatment. The month I was ending my work, Laura's siblings were removed from Mrs. Edwards' care because one sibling was still refusing to go to school. My agency closed the case. I arranged to transfer Laura to a social worker from an outside agency.

Client's Reactions to Termination

Laura refused to see the new worker and a few weeks after my departure she started acting out again, including fighting with her friends. In light of the difficult situation Laura faced, my supervisor and I agreed that I should stay in touch with her via telephone to help her through this transition of unrest until she developed a relationship with a new clinician.

Intern's Reactions to Termination

On one hand, I felt relieved to have the opportunity for additional contact with Laura. I had mentioned to her that I was leaving but I had not been specific on the date. I realized that I was attached to this client, and felt that she still needed my help. I was feeling guilty about leaving her. Naively, I thought that I could use a few more weeks to help her with the transition to a new worker. On the other hand, my instinct was telling me that I had failed to set up clear boundaries with this client since I could not let her go. Although my supervisor had approved giving Laura my cellular phone number in order to keep in touch after I left the agency, I realized that I had made a mistake, as I had not established a specific plan, and she was calling me as often as four times a week. Although I wanted to provide the best transition for her, progressively I felt it violating my personal life, especially when she called on my wedding day. I wish my supervisor had assisted me in setting clearer boundaries during this termination.

Reflections

The problem with post-termination contact is determining when to ''draw the line.'' I was finally able to arrange for a social worker to see Laura once a week. I told Laura we would have to terminate within 3 months, and I would be available over the phone once a week, then once a month, and then we would end. She responded well to this gradual plan. By setting clear goals and boundaries I had reassured the client. We talked about her progress. I was happily surprised to see that she was doing better than I expected during this termination process. She was respecting the boundaries I had set up. She was also going to school, maintaining good grades, and developing relationships with peers. However, Laura was still resisting speaking to her new clinician. Only when I finally terminated did Laura begin work with the new worker. This reinforced my feeling that the termination period should have been shorter and more clearly defined in order to allow Laura to begin a new relationship. I can see today that we never addressed in supervision my own resistance to terminating the internship. This, in turn, directly impacted the termination process with my client.

In retrospect, I realize that termination is a loss for both the client and the social worker. I wish my supervisor had assisted me in consolidating the therapeutic experience and mourning its loss. This experience has helped me to face my feelings of guilt and to look at termination as a potential beginning for the client, rather than an ending.

The Cases Revisited

Several conclusions can be drawn from the literature review and the case studies presented. First, the relative dearth of research and writing on forced termination

experienced by social work students completing their internship suggests the need for further exploration of this important topic. Second, because of the inherent challenge to ending well, but also due to insufficient knowledge and skill and lack of preparation for the strong feelings engendered in both worker and client, interns experience these terminations as difficult, and are in need of further guidance. A survey of interns' experience with termination undertaken at the same school of social work attended by the interns presented here found that students felt termination was well-covered in practice classes, less so in supervision, and felt moderately prepared for the process. Nevertheless, asked to assess the ease of termination, students found it significantly harder than their sense of preparation indicated, and more than half of respondents reported that the topic was not covered in class or the field until the end of the semester, concurrently with the actual terminations. Thus, they recommend earlier, more comprehensive training in classroom and field settings to upport them and their clients.

Third, instructors, supervisors, and colleagues can play an important role in how interns manage this phase of treatment. For example, in one of the cases presented, the field instructor helped prepare both intern and client for termination through the preview of a holiday break. Another field instructor failed to help an intern set clear boundaries for ending and did not provide space for exploration as to why this was so difficult for her as well as for the student. Thus, including more content on termination at earlier points and mutual sharing of experiences and feelings about ending in the context of the supervisory relationship would likely be helpful to interns. Particular points to discuss and reflect on, as identified in existing literature or borne out by these interns' experiences, might include the following:

Termination as an Opportunity for Growth

While terminations are difficult for both clients and interns, they can be viewed as potentially positive opportunities to consolidate gains of treatment and have the client experience separation differently than they have in the past, with greater control and mastery (Sanville, 1982; Siebold, 1992; Webb, 1985), and as growth-promoting, rather than merely a loss (Anthony & Pagano, 1998; Levinson, 1977). If handled well, as in the first three cases, and ultimately the final one, in renowned social worker Jessie Taft's words, termination can lead to the ''discovery that an ending willed or accepted by the individual himself is birth no less than death, creation no less than annihilation'' (Robinson, 1962, p. 170). Indeed, research with experienced social workers suggests that both clients and practitioners experience more positive than negative reactions during termination. This includes feelings of pride, self-accomplishment and independence on the part of clients, and pride in the client's success and one's therapeutic skill on the part of clinicians (Fortune, 1987; Fortune, Pearlingi, & Rochelle, 1992). Walsh (2002) promotes termination as inherently positive by defining it as the process of bringing a relationship with a client to a constructive end. Students should recognize that even experienced clinicians may require consultation and support in achieving these types of endings.

Disclosure of Student Status and Length of Internship

Students should identify themselves as interns from the beginning of their work with clients and state specifically when placement will be over (Gould, 1978; Mason, Beckerman, & Auerbach, 2002). There are clinical and ethical reasons for doing so. Clients have a right to know who is treating them and that the work will be discussed with a field instructor. This information allows clients the option of seeking treatment elsewhere, and, significantly for termination, forewarns them about the time-frame for ending (Penn, 1990). The intern can also derive important information regarding how the client is likely to react to the short-term nature of the work and to what will likely be a premature termination. From a clinical perspective, many believe that setting a time limit furthers the work by encouraging active client participation and the setting of realistic goals (see, for example, Mann, 1973).

Students often fear clients will refuse to work with them, and thus are reluctant to disclose their status. However, available research indicates that most clients do not object to working with interns (Feiner & Couch, 1985; Mason, et al., 2002).

Previewing Termination

Natural breaks in the client-intern relationship, such as vacations, can be used as opportunities to discuss and preview terminations (Sanville, 1982; Webb, 1983), as was done in one of the cases presented. These ''petit partings,'' (Sanville, 1982, p. 124), provide a preview of the client's reaction to termination, helping the intern better plan for this phase. They also offer an opportunity to discuss ending at multiple points and well-ahead of its occurrence.

Individualizing Termination Plans

A typical time frame offered in the literature for discussing termination is 4–6 weeks (Siebold, 1991). However, as mentioned, termination is best addressed from the beginning and throughout treatment at relevant times. In addition, how much time to devote to actively implementing termination must be based on a variety of factors, as

illustrated in the vignettes presented. The greater the client's level of engagement, and length and depth of contact, the greater the time needed for processing termination (Levinson, 1977). Discussions are available of the special considerations for ending treatment with specific populations, such as developmentally vulnerable early adolescents who have experienced multiple losses (Bembry & Ericson, 1999; Bolen, 1972), and people with schizophrenia (Walsh & Meyersohn, 2001).

Maximizing Supervision

Given the difficulties of termination and the added feelings of responsibility and guilt that interns may feel, supervision is crucial to guiding and supporting students and enhancing gains for clients, as illustrated in these case vignettes and addressed in the literature (Robb & Cameron, 1998; Weddington & Cavenar, 1979). Particular areas of focus include:

Client Reactions to Termination

In discussion with their supervisors, interns might consider anticipating, based on a client's age, level of development, diagnosis, history, experience with loss, and length and quality of the relationship, expectable client reactions to the termination and how to respond to each. Multiple potential client reactions are reported as common in the literature (Bostic, Shadid, & Blotcky, 1996; Glenn, 1971; Levinson, 1977; Penn, 1990). These include anxiety, depression, regression, and anger in response to the imminent loss of the intern. The return of symptoms or appearance of new symptoms may express anger—''See, you didn't help me''—or an effort at maintaining the connection—''You can't go, I still need you.'' Clients might ''forget'' ever having been told of the intern's status and the inherent time-limitation. Clients may also seek to become the perfect patients, as did Polly Harris, in a bid to maintain the worker's interest, or attempt to retaliate against the intern for hurting them by leaving the relationships first, searching for a replacement, or denying the importance of the relationship or of having any reaction to termination. When termination is well-planned and anticipated, clients may also have positive feelings of achievement, growth, and a sense of mastery and control over the ending of the relationship. The intern can discuss with the client these predictable reactions to termination to normalize his or her feelings and challenge feelings such as anger and denial that could potentially derail the work.

Intern Reactions to Termination

In discussion with their supervisors, interns might consider exploring and anticipating, based on their own experiences with loss and termination, and the particulars of each client relationship, some of the feelings they might have and how to attend to them. Common intern reactions, as evidenced in the vignettes presented and as discussed in the literature, include a sense of loss, guilt for leaving, and anxiety about the client's response and one's level of skill (Gould, 1978; Gutheil, 1992). Interns often may feel that they are the only ones who can help or really care about their client, making a definitive termination with clients even more difficult. Alternatively, they may deny the importance of the relationship to both the clients and themselves, in order to minimize the challenge of termination.

Theoretical Approaches

Several theories and concepts are relevant to understanding termination and in guiding clinical responses. For example, Coker (1996) used object relations theories to identify that her client had suffered significant developmental deficits, which made him particularly vulnerable to experiencing termination as a loss. She thus planned accordingly, enlisting other staff to offer the client support and providing space for both client and worker to share the range of feelings engendered by termination. In this paper, using a similar theoretical approach, Patricia, recognizing the positive paternal transference and the significance of father's loss to Polly, but also the latter's capacity for internalization, provided a transitional object in the form of the letter underscoring Polly's strengths.

Techniques for Terminating

As illustrated in the vignettes, during the ending phase it is crucial to review the progress made in treatment, focus on gains and client strengths, and emphasize that the client can continue growing beyond the clinical relationship. As Edelson writes, ''what has been happening keeps on 'going' inside the patient'' (1963, p. 14). Termination can be viewed as a process of integrating, reviewing, and developing a perspective of what has occurred in treatment so that growth and change can continue beyond it.

Specific techniques for facilitating this process have been described in the literature. For example, Elbow (1987) discusses the creation of a memory book when terminating with children. The worker and child together write down and discuss the reasons they came together, what they did, what has changed, and how they feel about this and each other. Other rituals facilitating an effective ending may include creative arts projects or formal celebrations.

In addition to reviewing and consolidating progress, some specific information about the reasons for termination, in this case the completion of the internship, may prove helpful to clients. This includes, from a relational

approach, a discussion regarding the intern's own feelings about ending and sharing what strengths they have observed in the client and what they have gained from the work together (Bostic et al., 1996; Goldstein, 1997; Levin, 1998; Martinez, 1987). This serves as a model for the client and highlights the reciprocity of the relationship (Walsh & Meyersohn, 2001). Patricia and Daniel did this with their clients to good effect.

Finally, interns might consider developing a follow-up plan with each client, as done by Elizabeth in her work with Calvin. What can the client do on their own to sustain and build on the gains of the work? Depending on the client's needs, a referral to a new worker may be necessary. The intern may need to play an active role in this process, providing referrals, and possibly having a joint meeting with the new worker to ensure that the transfer is made.

Issues of Post-termination Contact

Given the strong feelings generated for both clients and workers, as discussed above, questions regarding post-termination contact will likely arise. The client may request to see the intern outside the treatment framework, and the intern may, for a variety of reasons, be tempted to maintain contact (Baum, 2006). This is a complex and controversial area, with little literature or research to provide guidance (Schachter, 1992). Most clinicians feel that there should be no post-termination contact unless initiated by the client, and then only within the professional framework, with the client contacting the worker at his or her place of employment and within the role of social worker. The parameters of the client–worker relationship are maintained so that the client can return in the future for treatment if they so choose. However, this assumes that the client is able to contact the worker within a professional setting, which is rarely the case for students, who may still be in school or have yet to obtain a professional position.

The possibility of maintaining the relationship with the intern may affect the client's capacity to form a therapeutic alliance with a new worker at the agency where they can more readily and consistently continue their work, as was the case with Julia's client Laura. Maintaining client contact also may pose a burden for the intern, who does not have the structure of an agency or supervisor to support his or her work. Webb (1985) includes one case example from a first-year MSW student who had difficulty ending her contact with a client. Rather than facilitating the termination, the supervisor suggested the intern maintain telephone contact with the client over the summer until the new worker arrived in the fall. Confused and in need, the client continued to contact the intern. The intern felt guilty about not wanting any further contact with the client, and angry at the agency for thrusting her in this untenable position. For these reasons, terminating with the client in a clear, definitive way, and providing referrals to other professionals as needed is highly recommended.

Conclusion

The premature terminations that interns (and their clients) experience as a result of the completion of the field placement are complex phenomena that have received insufficient attention in the social work literature. As the existing literature suggests and the student cases presented illustrate, interns find these terminations difficult, and require further knowledge and skills and significant support in negotiating this complicated passage for themselves and their clients. In presenting students' work and deriving some discussion points for interns and field instructors based on the students' experiences and the relevant literature, we hope to stimulate further reflection, research, and training on this important but neglected topic. Particular areas for exploration include the development and evaluation of timely, comprehensive training, including that occurring within the relational matrix of supervision, on both interns' and clients' experience of termination.

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