

## Closing a Case

Termination is a natural part of treatment and should be processed with the client. Ending of the therapeutic relationship should be discussed with the client for the last few sessions to process the client's thoughts and feelings about ending treatment. It is not uncommon for crises to arise as termination approaches. A skilled therapist will ensure the safety of the client while continuing to work towards termination.

### **Planned Termination:**

When the termination is planned, every attempt should be made to help the client celebrate the progress that has been made and identify when they should consider returning to treatment. Ideally, the client should write out a description of the symptoms that would lead them to return to treatment and a copy of this list should be kept in the chart.

### **Unplanned Termination:**

In many cases, a client simply stops coming to treatment, resulting in a consideration for an unplanned termination. When a client misses an appointment and does not have an additional appointment scheduled, either the clinician or support staff should call to re-engage the client. If the client can not be reached by phone, a letter (see Sample Letter in Intern Handbook) should be sent to the client's last known residence. At least two attempts should be made to contact the client before considering case closure; however the extent to which the clinician chooses to pursue re-engagement should be based on the attendance history of the client, diagnosis, and issues that brought the client to treatment.

Clients may also simply move from the area or become incarcerated for an indefinite period of time, which also results in an unplanned consideration for termination.

If it appears likely that the chart will be eventually closed subsequent to a client not returning for services, the appropriate closure forms (MACSIS Case Closure and Closure in CIS) can be completed so that accurate information can be recorded for the closure.

### **All Closures:**

In all cases, the chart should be suspended for at least six months (but no more than twelve months) prior to closure. In many cases, clients return for services within six months of initially discontinuing services. In this case, the client can be seen and a new ISP developed to "unsuspend" a case. If a break in treatment is twelve months or more and returns for services, a new chart must be initiated.

At the end of treatment, the following forms must be completed:

MACSIS Closure

Case Closure (usually done in CIS as opposed to the paper form).

## Completing a Closure in CIS

1. Search for the client's name in CIS and Select the appropriate Program (in most cases this is MOPS General).
  2. Select the Program Termination tab.
  3. Select New at the right hand side of the banner.
  4. Complete each of the tabs.
    - a. Termination Information
      - i. Should include information as to why the case is being closed, methods used to attempt to reengage the client in treatment, whether the termination was voluntary, and if the chart was reviewed for completeness.
    - b. Diagnosis
      - i. Update diagnosis from the most recent ISP
    - c. Axis III-IV
      - i. Make sure to update medical concerns, stressors, and GAF score from most recent ISP
    - d. Strengths
      - i. Make sure these are complete to reflect client's current status
    - e. Needs
      - i. Make sure these are complete to reflect client's current status
    - f. Abilities
      - i. Make sure these are complete to reflect client's current status
    - g. Preferences
      - i. Make sure these are complete to reflect client's current status
    - h. Goals
      - i. Update the goal status (generally terminated or completed) along with the completion date.
    - i. Medications
      - i. This section should be completed only if the client is prescribed medication at the time of termination, especially if the client sees agency personnel for medication (Dr. Vajen or Danny DiSalvo).
    - j. Comments
      - i. It is important to summarize in the comments section the client's entire treatment experience at MOPS. For the external reader, the case closure should clearly describe what the client has experienced during the course of treatment and should clarify the client's status at the end of treatment.
- Make sure you review the chart to make sure all notes and documents are completed, signed and filed.
  - Give the completed paperwork and the chart to your clinical supervisor to review and sign.