



The Art of the First Session

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What We'll Cover

- The selling of therapy
- Critical first-session skills
- 6 goals of the first session
- Action Steps: Opening, middle & end of the first session
- First session first aid
- First sessions with couples
- First session with families
- Beyond the first session



Selling Therapy: The Numbers

- 70% of clients now come from online searches
- Average clients come 5-8 times
- Most clients come once
- 70% drop out before reaching their goals
- 40% of American work time in non sales selling
- 70% of selling is now focused on building the relationship-
selling is more like therapy
- Clients need to feel that they've come to the Right Person &
the Right Place



Think Like Your Physician: What does she accomplish in 15 minutes?

- Listens to your concern
- Has an initial diagnosis in mind; has treatment maps in place
- Asks questions to narrow her diagnosis
- Presents a preliminary treatment plan
- Listens to your questions / objections
- Suggests next steps
- Relieves your anxiety



Skill Set #1: Track & Shape the Process

- Clients talk the language of content; your primary focus on the process – the relationship, shaping what happens in the room
- Stay in lockstep throughout the session
- Get yesses all the way down the line
- Monitor non verbal cues
- Pay attention to interpretations / suggestions
- Absolutely avoid allowing the problem to be recreated in the session



Skill Set #2: Change the Emotional Climate

- Focus on soft or opposite emotions
- Make language more detailed
- Ask hard questions
- Reframe problems as bad solutions
- Voice the ideal scenario
- Provide education



Skill Set #3: Anticipate Transference Issues

- Ask about previous therapy – why not return
- Listen for relationships and complaints
- Listen for cues about parent's personality
- Look for over-reactions in the session
- What is it that you don't want to do? How to be the ideal parent?



Skill Set #4: Preparing Ahead

- Website: Problem specific
- Voice mail: Sound professional
- Initial contact: Respond quickly; answer important questions
- Dress to meet expectations; build rapport
- Have treatment map in place



Treatment Maps

- What is your theory of the problem?
- What is your focus and how do you explain the process of your sessions?
- What will be the goals and tasks of the first 3 sessions?
- What do you need to know to complete your assessment?
- When do you bring in adjunct services?
- How long will treatment last? How do you know when you are done?



Skill Set #5: Controlling the Clock

- Think of session divided up into thirds
- First third is opening – building rapport, hearing the client story
- Second: Focusing on your assessment – what do you need to confirm your hypothesis?
- Third: Connect 2 & 1. Present preliminary treatment plan, counter objections, prescribe homework, map next steps



Goals of the First Session

- Create rapport
- Identify presenting problems & expectations
- Assess & change the emotional climate
- Present initial treatment plan
- Counter objections
- Summarize and explain next steps



Building Rapport: Creating Safety

- Listening, eye contact
- Expertise
- Building similarities
- Use same sensory language
- Match body position, style of speaking and mood
- Dress to somewhat match
- Demonstrate leadership



Presenting Problems

- Make specific – know what to change and to change climate
- If several problems, either ask for priorities or link with a common theme, e.g., depression or anxiety



Expectations

- Ask about past therapy – what different
- If not experience or referred, explain your approach and context of referral
- Link your expertise to client problem
- Ask directly about expectations
- Make sure client is in lockstep and agrees with your approach



Assess & Change Climate

- Always look for ways of changing the climate throughout the session; be careful not to have emotion dominate session
- Assessment: Explain why you are asking questions if client seems out of step
- Raise topics that help client know what is okay to talk about in treatment – educate them to your approach & focus



Link & Present Treatment Plan

- Assessment needs to tie together your assessment & client's primary concern
- Use same language as client in linking
- Reframe the problem by giving a new problem
- Suggest clear next steps – close the deal
- If need further assessment, say so and give timeline



Countering Objections

- Always agreement and remain calm
- Reduce anxiety with consensus, e.g. medication
- Uncover the objection under the objection
- Make it easy for the client to circle back



Summarize & Define Next Steps

- Summarize the theme of the session, your diagnosis & next steps
- Look for agreement again
- Say they can call if further questions



Action Steps: Controlling the Clock

- Part 1a: Opening – Rapport – 5-10 mins
- Part 1b: Client Story – 10 mins
- Part 2: Assessment – 15-20 mins
- Part 3a: Presenting treatment plan – 5-10 mins
- 3b: Countering objections – 5-10 mins
- 3c: Summary & next steps



First Session First Aid: Resistant Client

- 4 Sources of Resistance:

No agreement about the problem

Poor pacing – too fast or slow

Faulty expectations of the process

Emotional wounds getting triggered



Ambivalent Client

- Ambivalence about therapy – explain your approach, how different from past experience or perceptions
- Ambivalence about you or your approach – what is the problem under the problem
- Use session to help them see how you work



Client in Crisis

- Respond as quickly as possible
- Allow client to vent
- Provide next steps, action plan, timeline
- False crisis – e.g., court action – define your own policy so not feel manipulated



Emotional Breakdown

- Watch the clock – leave time to settle client
- Bring client back into the present – make eye contact, stop asking questions, ask about rational information in present
- Help clients to settle with deep breathing, self regulation
- Especially important to track with couples & families



Silent Client

- Say what you think client is thinking – anger, anxiety
- Sound calm and gentle
- Make statements rather than questions
- If overwhelming depressed, ask yes or no questions



Follow Up

- Always follow up if you felt session did not go well or if you ran out of time
- Call and leave a message saying what you think the client may be thinking / feeling
- Reach out a couple of times, document before closing the case



Challenges of Couples

- Need for balance
- Need to rapport with each partner
- Need to find transference cues for each
- Need for strong leadership so not replicate problem in room
- Need to watch the clock so one partner doesn't dominate the session
- Need to change climate – use education



Couple Expectations

- The drop-off: show up, state case, leave therapy, you mop up
- Playing courtroom: each presents case, you shift through evidence you decide who's right / wrong, crazy, etc.
- Big Fight: Shaken up by big fight; use counseling to take edge, often drop out when trauma relieved and back to baseline
- Affairs: Offending partner sorry, wants to put behind; educate around trust & grief; need to deconstruct affair to fully regain trust; define affair as bad solution to another problem
- Addictions: Want you to decide whether or not addicted



Referring Out for Individual Therapy: Guidelines

- When individual mental health issue interferes with couple progress – e.g., untreated bipolar, severe depression; medication consults
- Addictions: rather than being judged, refer to specialist
- Anger: blaming bullies – refer out to underscore problem and self-responsibility
- ADHD: need assessment, medication, and organizational skills is untreated or undiagnosed; couple to include sideline coaching by partner
- When in doubt, refer out



Violent / Explosive Couples

- Leadership: Separate if can't contain
- Label violence / emotions the problem, not the content
- Give homework: Action plan to stop explosions
- Plan: call a halt with non verbal signal; set timer 45 minutes; do what is necessary not to re-engage; return; if still upset reset timer; if can't settle, wait and bring to session



Combining Individual & Couple Therapy

- Don't do it!
- If start with one partner, need to balance system by spending time with other before seeing together



First Session with Families: Formats

- Total family: See everyone; get lots of information, can be overwhelming
- Parents alone: Good to see if unified; can coach on child behavioral issues
- Parents & IP: Danger IP feels ganged up on; need to split session
- Sibling groups: Helpful if one sibling shy or anxious
- Challenges: same as couples



Second Session Goals

- Relationship repair
- Continue assessment
- Check on homework
- Teach skills



Third Session Characteristics

- Drop out: Crisis is over, anxiety sets in, transference issues come to the fore; sabotage by family members
- Couples / families get worse: Usually because feeling more safe and more open
- Individual issues become more clear
- Marital issues show up behind parenting issues



Maintaining Momentum

- Start treatment right away
- Track & update expectations and goals
- Continue to explore & track transference issues



Incorporating First Session Skills Into Own Work

- See clients quickly
- Practice structuring session
- Create your own treatment maps
- Practice tracking process
- Practice changing the emotional climate
- Develop own procedures / policy for initial contact, pre-session information