This is a chapter excerpt from Guilford Publications.
The Therapist's Journey: From Meeting Your First Client to Finding Your Life's Work.
By Robert Taibbi. Copyright © 2023.
Purchase this book now: www.guilford.com/p/taibbi3

CHAPTER 21

Getting on Track and Staying There

Copyright © 2023 The Guilford Press

You're looking at the day's new intake forms: A woman is struggling with depression, a couple with "communication problems"; a family with a teen "who has an attitude." You feel that flutter of anxiety. You're not feeling all that concerned about the woman with depression, but you find yourself wondering if the couple is way older than you or whether they are going to be arguing in the session; you don't know what "an attitude" means, but you already know the teen is not going to be happy to be there. And, it being the first session, you're aware that you've got a lot to cover—paperwork, building some rapport, defining goals, starting an assessment, and even hopefully offering a preliminary treatment plan—all the awkwardness of a first date with the added performance pressure of earning your keep.

You're right to feel anxious—even the most seasoned clinicians can get that flutter. And you're right about the pressure. If what you're thinking isn't enough to cause you to hyperventilate, we can always throw on top of your anxiety pile the fact that most folks only go to therapy once (Brown et al., 2005). What this means is that if you want them to return, you need to help them feel better when they walk out than when they walked in. Did anyone mention pressure?

It may be helpful to talk with experienced colleagues to see how they've developed their style and format to navigate their first sessions. But if you're looking for a universal model to give you some grounding, there's probably no better place to start than looking at how family doctors handle their appointments. Like you, they too are seeing a variety

of patients with various presenting problems, and they too want them to feel better when they walk out than when they walked in. But adding to their challenge is that they generally only have fifteen to twenty minutes to do their magic, while you have the luxury of seeing clients for 50 minutes or an hour. So take a moment and think about your last couple of doctor appointments.

You have this rash on your arm. You have no idea where it came from, but you're freaking out—it burns, it itches, and it looks like it's spreading. You go on WebMD and look it up, and that freaks you out even more—photos of things like African mange or some skin-rotting disease show up. Now your anxiety is going through the roof. You call your doctor; she can see you at 2:00. Whew.

You show up. She asks why you are there. You show her your arm; tell her you're worried; you mention the African mange that you think looks just like your rash. She listens carefully and looks at it more closely—with a magnifying glass, strong lights. Then she asks you questions: How long have you had this? Does it itch or burn? All the time, some of the time? Do you have allergies? Have you been out in the woods? What have you done to manage it—ice, heat, or creams? Did they help?

And then she gives you her diagnosis: "I think you have contact dermatitis. Don't worry; it's not African mange, because African mange really only happens in Africa. You said that you were out in the woods, and it's easy to rub against some poisonous plant without even realizing it, and your symptoms match those of contact dermatitis. Here is a prescription; actually, here is a free sample for a cream to apply. Use it for three days. If it is not better, seems to be getting worse, let me know, and I will order some labwork just to see if something more systemic is going on."

Do you feel better when you walk out than when you walked in? Absolutely. And you're out the door in fifteen minutes.

So what just happened? What did she do that worked? Let's break it down.

Have Treatment Maps

She is not a dermatologist, but as a primary care physician, she probably has in her repertoire a dozen common skin conditions that she regularly sees and knows how to treat. If you said you had just returned from Africa and showed up with something she didn't recognize, she would probably refer you to a dermatologist. But the conditions she

Copyright © 2023 The Guilford Press

knows, she knows. She's seen enough contact dermatitis to identify it, and she reduces her usual suspects to a few with her questions. And once she's settled on one, she knows about two or three remedies that will probably work.

She can hit the ground running because she has treatment maps in her head about treating common skin conditions; she already has several possible hypotheses ready to go. She doesn't have to run off to her office, look up journal articles on her computer, or take blood samples for everyone she sees. Instead, she listens, looks, narrows down the possibilities, then can quickly plug in her version of the treatment plan—the cream for three days.

You want to do the same—have in your clinical bag of tricks maps of common problems you're most likely to see already on board: generalized anxiety, children with ADHD, situational depression, parents who are polarized around parenting—whatever is common to your client population and job. With these maps, you, like your doctor, avoid having to invent the wheel for every session; by having them mentally in place, you quickly narrow down the problem and what you are looking for; and once it is at least preliminarily confirmed, you are ready to offer a preliminary treatment plan. By having this plan in place ahead of time, your anxiety decreases. You feel mentally prepared and in control.

Track the Process like a Bloodhound

Your doctor mentions that if the creams don't seem to work, there are some oral medications that you can take, and you tell her that you can't swallow pills. Similarly, you may say to your client struggling with depression, "I wonder if what you're describing as depression is actually grief tied to the recent loss of your father," and your client makes a face and slightly shakes her head. You and your doctor have a problem in the room; her patient and your client are out of step with her and with you.

To ensure that your client will be on board when you present your preliminary treatment plan and feel better when he walks out than when he walked in, you, like your doctor, need to make sure that you and your client stay in lockstep as you move through the session. At any point in the process when you make an interpretation, prescribe homework, talk about next steps, or provide information, you want to listen carefully to what the client does next. You're looking for solid agreement by a nod of the head, by a verbal "Yes, that makes sense."

Copyright © 2023 The Guilford Press

If you don't, but instead get a confused look or a half-hearted okay, you need to stop and address the problem: "I noticed you are shaking your head. It seems like you might be thinking about this differently; tell me how you are thinking about this." Or "You look confused. The reason I was saying this is because ___________." If you ignore these negative reactions, the client may balk at your treatment plan, not do the homework, or simply not return. You want to track the process like a bloodhound; make sure that you and the client are in lockstep, that there is consensus throughout the session.

Control the Clock

A well-known dictum in football is: He who controls the clock controls the game—deciding to run out the clock versus throwing passes to save time; calling time-outs to slow the momentum of the other team, or coming up with the best plan to use the time that is left. With your limited time and your own goals, you're in a similar position; you too want to control the clock. If you don't, you won't finish your assessment and can only punt at the end of the session, saying we'll need to continue this conversation next time. If you don't, the husband will rant about his partner for 40 minutes, leaving you with no time to hear the spouse's side of the story or even wrap up. The partner will leave feeling dismissed—yet again—and you'll probably feel the same, a bit shell-shocked.

Controlling the clock involves two steps. The first is keeping an eye on how time is passing and how much time you have left in your session—be aware of time itself as another part of the unfolding therapy process. The second is about control: Planning how you want to use the time in the session and then managing how the process unfolds. I tend to think of the first session in three parts, and I think your family doctor is likely doing the same.

Part One is the opening. Here your doctor asks what brings you in, and you talk about the rash on your arm. Your equivalent is helping the client get settled, build some rapport, find out why she is there—that she is waking up and obsessing in the middle of the night, or that the couple is arguing all the time, or that the teen says "no" to everything—the presenting problem. Part Two is your assessment: Your doctor starts asking questions to sort through and confirm her hypothesis. Here you do the same based on your clinical model—ask about symptoms, past history, drill down on thoughts and behaviors—whatever information you need to confirm your diagnosis.

Copyright © 2023 The Guilford Press

In Part Three, present your diagnosis and a preliminary treatment plan. The doctor says it's contact dermatitis; here is a cream to use. You say it's understandable that you feel depressed because of your recent loss, that the couple's understandably triggering each other and struggling to regulate their emotions, that the teen says she feels like her parents are micromanaging, treating her like a six-year-old rather than the sixteen-year-old that she is. You say that to help you with your grief, you need to get closure—here is an exercise you can do. You lay out a behavior plan to help the couple realize when their emotions are getting out of control. You tell the family that you'd like each of them to come up with a list of topics that bother them most and that in the next session, you will help them negotiate a plan that works for all of them.

But the clock is ticking, and you need to watch it. Give each part fifteen minutes. Setting a time limit will help you keep the husband from ranting or the individual client from going on and on about her past with little time to mop up.

So there you have it, the triad—treatment maps, tracking the process like a bloodhound, and controlling the clock; together, they provide a solid foundation for managing those anxiety-producing first sessions.

Think about your own experiences with first sessions. Are there treatment maps missing from your clinical inventory that you need to develop? Do you need to pay more attention to the clock and pacing? Can you notice when a client is out of step with you? Talk these issues over with your supervisor, perhaps sit in on one of your seasoned colleagues' first sessions, or watch training videos to see how others manage these challenges. As you gain experience, you'll undoubtedly find ways to integrate these skills into your particular style and personality.

Copyright © 2023 The Guilford Press

Copyright © 2023 The Guilford Press.
No part of this text may be reproduced, translated, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without written permission from the publisher.
Purchase this book now: www.guilford.com/p/taibbi3

Guilford Publications
370 Seventh Avenue
New York, NY 10001
212-431-9800
800-365-7006
www.guilford.com