CHAPTER

1

The Early Sessions

In these early sessions, you and your client are still strangers to each other and are at the start of a unique, intimate, life-changing relationship. Clients begin to develop a sense of you, just as you learn about them, and together the two of you begin to define the relationship. These first conversations set the stage for all the meetings that will follow.

Linda

Yesterday I received a voice mail from a woman who had been referred to me by a colleague. In the original message, she said, "I want to know if you have openings in your practice, but I also want to ask you some questions about your experience and your background." Her choice of words made me sit up and take notice. When I returned the call, we first talked about scheduling, then she asked, "Can you understand what it is like to be a working mother?"

(*continued*)

"Yes, I can," I answered. "Is being a working mother some of the reason that you want to come in?" "Maybe. My husband thinks so," she replied. Pause, tension in her voice. "But do you know what it is like to be a working mother?" she persisted. Phone questions from strangers, without context or visual cues, can be especially challenging.

That moment was a decision point. Do I answer directly or not? I already said that I could understand. I could reflect her concern by commenting, "Being a working mother must be very important to you," but what would be the point, so I answered, "Yes, I have been a working mother most of my adult life." Her voice relaxed, the tension was gone. Whether I had been a working mother or not, a direct answer was better than having her come in, ask again in a dozen ways, and perhaps be disappointed. There was an unspoken need for her therapist to be a working mother. If I had not been a working mother, I would have said, "I am not a mother but have worked successfully with many women who are." In this chapter and all those that follow, the best advice we can give you is to listen to what is said, and listen even harder for what is *meant*.

It isn't unusual for clients to have questions before they even come in to your office. Answer some of them, particularly if the questions are pressing, are about factual information, or are about business details. Other more clinical queries can be met with, "Let's save that for our meeting." When you answer questions, you demonstrate that you will try to be forthcoming and sensitive to their needs. But more complex questions, such as requests for specific treatments, medication referrals, or queries that require deliberation on your part, belong in your office where you have privacy, time, and attention. From the beginning, your communications reflect your attitude about boundaries, professionalism, and thoughtfulness.

Some clinicians would argue that Linda gratified the client with her answer on the phone, and they would have been right. But more important than a minor gratification, why wouldn't she answer that question

at that time? By responding directly to the content and to the client's obvious concern, Linda had decided that the answer mattered, was not harmful, and that being a working mother/therapist was probably a deal breaker for this client just like being a Christian therapist, or a gay therapist, or a cognitive-behavioral therapist would have been for someone else. The importance of being a working mother was probably one reason that a colleague made the referral. This brings up a second point. Potential clients often look for therapists who meet certain criteria: older, younger, male, a behaviorist, a suburbanite, a *whatever* therapist. They imagine that they will be more comfortable or be understood better by a therapist who has those characteristics. Maybe they are correct and maybe not, but when we make referrals, we try to honor the requests and respect their legitimacy so that the client can comfortably begin treatment.

"Are you a working mother?" is only one example of the thousands of questions you will receive during your career. Whatever questions that you answer, or don't answer, we believe that your attitude in these early sessions is particularly important and that you remain polite, warm, and respond to questions such as "Where should I sit?" or "Did you take the photos in your waiting room?" as you would in any social situation. You want your clients to be comfortable.

Your answers in the beginning of treatment must keep two different, occasionally colliding agendas in mind: doing the business of therapy and beginning the emotional work of therapy. Portions of the early sessions may feel like they are exclusively business, but both lines of work go on simultaneously. If you can't talk straight about business, how can you talk about other delicate or emotionally charged concerns? If you can't hear your clients' fears and worries about pouring out intimate life details to a stranger, how effectively will you hear their other emotions later on? The manner in which you handle any topic early in treatment sets the tone for future interactions. The responses in this chapter address the inescapable fact that, in the beginning, you and your client are unfamiliar to each other, but you are prepared to engage in difficult, personal conversations. Clients ask some questions directly, whereas others are unspoken. Both types of questions deserve attention, and your replies are not simply answers to the content. Your responses begin to create a climate in which clients can express themselves and personal discoveries are encouraged.

In the early sessions, clients ask business and technical questions while others lurk just below the surface and include "Will this be a safe place for me?" "Can I trust you?" "Why am I talking to a stranger?" "Will you understand me?" "Am I normal?" "Am I a freak?" "What is going to happen?" "Is this going to be a waste of my time and money?" "Will you read my mind?" "Will you try to tell me what to do?" "Will you like me?" "Will I like you?" "Will you judge me?"

Some of these unspoken questions may be broached directly by gutsy or experienced clients, but whether or not they are asked aloud, these worries still swirl through your clients' heads. These same questions may arise in other contexts later on, and we will address them again as they apply to other topics, but here is where they are asked or not asked and answered or not answered for the first time.

QUESTIONS

If you work for an agency or other organization, they probably have rules and procedures about the early sessions, such as an initial evaluation, note taking, supervision, taping, fee setting, and insurance. Our ideas and suggestions about the early sessions are designed to complement your school or agency policies and give you some additional ways to think about clients' questions and your answers. The following questions are answered in the Responses section:

"What are your fees?"
"Do you have a sliding scale?"
"Do you take insurance?"
"How often do we meet?"
"Do you take notes?" "May I see them?"
"Do you tape sessions?" "Why do you tape sessions?" "May I tape sessions?"
"What is your philosophy/theoretical orientation?"
"How long does therapy take?"
"What should I talk about?" "Where should I begin?"
"Will you ask me questions?"
"Do you understand what I'm talking about?"
"Are there many surprises in therapy? Do you find hidden memories?"
"Can you help me?"

RESPONSES

The first four questions—"What are your fees?" "Do you have a sliding scale?" "Do you take insurance?" and "How often do we meet?"—are primarily business and can be treated in a straightforward manner, but keep in mind, when you discuss appointment times and fees with clients, you set down your first expectations of your clients. Conversely, they also begin to gather a great deal of data about who you are and how you conduct yourself.

"What Are Your Fees?"

Do you set fees and collect payments or does someone else do that? If you set the fees, keep it clear. "Each session is $$. Sessions are XX minutes long. I prefer to be paid at the end of every session." or "I will bill you at the end of every month and would like to be paid during that following month." or "Our bookkeeper will be sending you the bill. Her name is Ms. X, in case you want to talk with her. She also handles credit card payments." Even if you don't collect the money, we believe it is preferable for you to retain some responsibility for fees, such as monitoring payment, because it is integral to treatment.

"Do You Have a Sliding Scale?"

Some therapists and agencies do, but others do not. Perhaps there is a discounted fee for students; maybe Medicare or Public Aid will be billed. Be clear about your policy and sensitive to the implied request for financial consideration. You could respond in a way that recognizes the unspoken issue, "I do (or I don't) have a sliding scale. Do you anticipate that you will have difficulty paying the fee?"

"Do You Take Insurance?"

Again, clarify the policy and explain your expectations. "Yes, I take Red Star insurance and I bill them directly. You are only responsible for your co-pay and any other charges, like a deductible, that they do not cover." or "No, I do not take insurance payments but will provide you with a bill that you can submit on your own." Whatever policy you or your organization has devised, make a habit of spelling it out plainly because this is a likely area for later confusion.

Many therapists prepare written lists that answer frequently asked questions about business-related concerns. They give this paper to each new client at the initial session. Printed materials are time efficient and clients can review them at their leisure, but papers don't replace discussions that are essential to building the process and the relationship.

"How Often Do We Meet?"

We tend to see people weekly, at least, at the beginning of treatment. If asked about meeting less often because of financial concerns, we say, "It might be better to save your money until you can come in weekly for a couple of months. If we meet less often in the beginning, we will never get to know each other well enough to make real progress, and instead we would spend all of our time playing catch up. It is not a good use of your hard-earned money. Later, we can be more flexible with sessions." If you have another policy, explain it to your client and add your rationale. This response explains why regular meetings are important. You also have the opportunity to explain your policy about missed sessions or late cancellations.

If the client asks, "How often do we meet?" because she is in crisis and fearful that she will not have enough time with you, you are answering an entirely different question. Then, we advise you to deal with the anxiety and come up with a plan that does not leave her without help in a crisis. That may involve an interim phone call, the number of a crisis line, or enlisting the support of her family, friends, or other professionals.

"Do You Take Notes?" "May I See Them?"

The next questions are less straightforward than the previous ones: "Do you take notes?" "May I see them?" "Do you tape sessions?" "Why do you tape sessions?" "May I tape sessions?" On the surface, the answers are simple; however, we would be wondering if, below the surface, the client is experiencing some anxiety and concerns about confidentiality or fears of being judged. In asking these types of questions, clients may also be wondering, "Can I trust you?" "Why am I talking to a stranger?" "Who do you talk to?" "Do you have a supervisor?" "Do you review your notes?" "Will this be a safe place for me?" You have to choose whether you also

want to address the unasked questions when you answer. Whatever you decide, keep the underlying concerns in mind.

Answer clearly and explain that, "Yes, my notes are locked away and are used to help me remember material so that we can do our best work here." When clients ask about reading your notes at the very beginning of treatment, the question refers more to your policy than a request to read your file. "If you have any questions about my thoughts, I'm happy to answer them. I don't show my notes to anyone. You could legally request to see them, but I prefer that you do not. Are you worried about something?" Particularly in the beginning, when you are new to your clients, their apprehension or worry is at a peak. Trust begins now and becomes stronger as you continue. Also at this time, expressly stating who will have access to your notes and records in court-referred or non-voluntary cases acknowledges the reality of those situations and begins a relationship free from secrets or surprises.

Charlie

I have clients who jot down a thought or two during sessions, and I also write a few words or draw an idea for them on paper and hand it to them, but only Kathy started her sessions by opening her notepad and picking up a pen to signal that she was ready to keep a written record of our interactions. "I don't trust my memory. I want a record of our session so I can think about it." I initially found this process jarring. I had to resist the temptation to "play to the notebook." That is, I would often feel disappointed when I said what I thought was a kernel of wisdom and she did not write it down, whereas I was dismayed when she would jot down something that seemed rather inconsequential to me. (Heck, for all I know she was writing up her grocery list during our sessions.) Over time I got used to her keeping her own notes in our sessions, and I have wondered why other clients haven't done something similar.

"Do You Tape Sessions?" "Why Do You Tape Sessions?" "May I Tape Sessions?"

If you tape sessions, explain why, who listens to the tapes, and when they will be destroyed. You can ask, "What are your worries about taping?" and you may want to go further and wonder, "Are you worried about our sessions being listened to or evaluated?"

Linda

I had one client, a dedicated researcher, ask if *he* could tape our sessions. I was startled. I asked him why he wanted a recording, and he said, "I plan to listen to it during the week." I was skeptical but I agreed, saying, "I'll try it, but if it inhibits my comfort during the session, we stop." That was fine with him. He did tape and did listen during the week to remember the topics we talked about. Taping, listening, and reviewing information turned out to be very much in keeping with his personality and his approach to learning. I forgot about it. More often, this scenario happens in reverse. The clinician tapes the session, with varying degrees of self-consciousness on the parts of both participants, and the clinician reviews the recording later alone or with a consultant.

"What Is Your Philosophy/Theoretical Orientation?"

This question usually comes from clients who have some knowledge of treatment, have been in therapy previously, have read about it on the Web, or have been coached by experienced friends. They are not always sure why they ask you, but understandably, they are hoping to learn more about the work you will do together.

It's a good idea to develop an answer and keep it jargon free; clients don't want a lecture. Charlie usually answers, "I take a pretty psychodynamic and interpersonal approach to understanding the roots of what you are struggling with, and then together we will identify the best

approach to help you move past your concerns." Linda also believes in keeping the answer brief and says, "I was trained psychodynamically and believe strongly that understanding is the key." For more sophisticated clients, she might add, "I especially like the feminist theories, relational psychology, and have been won over by the benefits of cognitive psychology."

Then, it is useful to illustrate how your theoretical viewpoint or techniques are specific to your client's situation. Calling up information that you previously received, you could explain, "You've said that you worry about failing at your job, so we would want to understand your thinking—what strategies you use, where they came from, how they serve and don't serve you, and what you might want to change about them." or "You said you are tired of being a doormat but don't know how to change, so our job is to understand what makes it difficult for you to speak up." In order to set the stage for the work to follow, you might add, "Everyone develops patterns of behavior. These may have started a long time ago, so we need to explore what gave rise to them and also what keeps them in place." If you plan to use specific techniques, this is a good time to describe them and explain how they fit into your treatment philosophy and, more importantly, why they are helpful to this client's particular problem. In general, in the first meeting we attempt to provide each client with our initial impressions or hypotheses about our understanding of their problems and how we plan to approach it, and then we ask, "How do these ideas sound to you?"

Clients want to get a sense of you (although some have probably Googled you before stepping a foot into your office), so many of these early questions or comments are wondering, "Who are you?" or "What are you going to do to me?"

"How Long Does Therapy Take?"

If you have a specific time limit, say, "We have 10 sessions, so we will focus on one problem that you choose to concentrate on." Or, if it is your placement, "We can work together until June but, if it seems wise to stop earlier, we will. We will decide that together." If there are no external constraints and you are not working within a time-limited model, you can say, "We will decide together when we are through. We will know when that time comes—you will be less troubled by the problems that brought you in."

"What Should I Talk About?" "Where Should I Begin?"

The last set of questions is more complex than those posed previously. In these questions, we can sense the client's apprehension, inexperience, or curiosity. All convey an element of fear. "What should I talk about?" "Where should I begin?" "Will you ask me questions?" "Do you understand what I'm talking about?" "Are there many surprises in therapy? Do you find hidden memories?" "Can you help me?"

We begin first interviews with the request for clients to talk about "What has brought you in?" or "What made you call at this particular time? or " I'd like to hear about the problems that brought you in." At some point, Linda also adds a simple framework, "We have 45 minutes to talk. I will watch the clock to make sure that you have time to ask me questions and I have time to give you some of my initial thoughts." Then she carefully follows the client's story. She also leaves time for handing out her take-home data form, setting the next appointment, and stating a few basic rules. If you work in an agency and have a long intake form that is required immediately, fill it out first, before you begin talking more freely. "Let's take care of this form so that it doesn't get in the way of our discussion." Also, if you are only doing an intake and will not be the therapist, say so at the outset: "I am here to get a sense of your problem and take care of the paperwork. Afterward, you will be given a therapist to work with on a regular basis."

The same question, "What should I talk about?" would be answered differently in later sessions. In future meetings, we would respond, "As you sit here, what's on your mind?" or "What are some of the things that are going on with you?" If we have already begun an important topic, we say, "I didn't think that we finished with the discussion from last week when we talked about person/event/emotion. What do you think?" or "You opened a number of doors last week; we can go through any of them." During these early sessions, and later on if it is true, you can suggest, "I thought that last week's conversation was very important, and it doesn't seem to me that we finished talking about family/mood/situation." If a topic is consistently avoided, you eventually have to say, "We haven't talked about your father/children yet. Have you noticed that?" If "What should I talk about?" is asked following a particularly difficult session, it is also a good idea to inquire "What was your reaction to last week's session? It seemed intense to me."

"What should I talk about?" asked by a hostile, or court-ordered, or family-mandated client requires some acknowledgment of the circumstances by suggesting, "I know it is not your choice to be here, but we could begin by talking about the *problem/behavior* that brought you here." When a person is an involuntary client, maybe even hostile, it is best to deal with that dimension of treatment up front. You can say, "I'm beginning to think that you don't want to be here," if you are testing the water. However, if you already know of your client's reluctance, go for it and say, "We both know that you don't want to be here" or "I understand that you are very reluctant" or "I know that therapy isn't your choice, but I want us to figure out ways to make it work for you."

"Where should I begin?" is a common question asked at the beginning of treatment. If your client is very anxious, be prepared to offer more structure. That may also be true in nontraditional settings. If your client is naïve about therapy, provide a beginning idea. When your client is struggling with what to say, you don't want to set off a panic attack; you want to get her talking freely. You can ask, "What is most pressing?" or "What brought you in at this particular time?" It is a good idea to begin with events that can be answered easily and successfully, for example, "Did something specific happen that brought you in?" or "We can start with some history. Tell me about yourself, where you grew up, that sort of thing." If the presenting issues are rather vague or long-standing, it can be useful to ask, "What led you to call me this week?

All of these suggestions can help clients learn to talk about themselves, but ultimately they are responsible for what they present. They know their concerns better than you do, and they will have to live with the results of their decisions. You can gently remind them of their responsibility by saying, "You know what is disturbing you better than I do. You are the pilot. I am your co-pilot." We want to let our clients know that although therapy is hard, active work, they are not alone. We frame our answers to begin to establish a collaborative relationship.

We always ask about prior experiences with therapy. We want to know if they found treatment helpful—a good sign for us—what they remember, what they learned, and what they thought was most useful. We are also concerned with any aspects of treatment or the treatment relationship that the client found unhelpful. Perhaps the most frequent complaints are that the prior therapist spoke too little, leaving the client feeling alone

and unheard, or the therapist spoke too much, talking about herself and again leaving the client alone and unheard. We never badmouth previous treatment, even if it is tempting, unless an ethical or legal violation has occurred.

"Will You Ask Me Questions?"

"I can always help you if you get stuck, and I certainly have questions to ask, but you know your problems and your mind better than I do, so I will let you take the lead in the topics that we discuss." If this question persists week after week, we would probably inquire, "You often want me to ask you questions. Do you generally have trouble getting started?" We would also wonder if this client is generally hesitant to offer information. Perhaps he has learned that it is safer to respond than to initiate. It's an idea to keep in mind. Beneath questions that indicate reluctance, you may find unspoken concerns like, "What is going to happen?" "Will you read my mind?" "Will you judge me?" which are fears related to exposure. When clients talk freely, they begin to uncover new thoughts and put ideas together in new ways. It can be exhilarating or unnerving, or both. As experiences, thoughts, and feelings are revealed, your client becomes increasingly naked to both of you, so your reception and support is essential. Your honest, sincere curiosity about your clients is a wonderful gift and an important process to model for them.

You can see from our suggested responses to the last several questions that we try to provide answers while setting the stage for future sessions, explaining our expectations of treatment to our clients, gently making it apparent that entering treatment is an important responsibility, and hoping that we are beginning a strong collaboration.

"Do You Understand What I'm Talking About?"

This question asks you for more than reassurance; it asks you to summarize or reflect on the significant points that were brought up. When a client works to explain her world, she wants to know that you have understood. You can say, "I heard the following important concerns . . ." When you have reflected the main points, and perhaps addressed elements that put her story in perspective, she feels validated and usually amends those aspects of her narrative that need modification.

There will be times when the question, "Do you understand?" cloaks concerns about "Am I normal?" and more seriously, "Am I a freak?"

These questions can be answered, "I'm going to try my best to understand you. Tell me when I slip up." Or, if the client asks directly, "Am I normal?" we might reply, "I don't really use words like *normal*. I simply want to understand what is troubling you." or "You came here because you have some problems you want to work on. That takes courage." If your client has a good sense of humor, you might say, "Normal is a temperature." And, clients don't usually refer to themselves as freaks unless their self-image contains a deep flaw. Ask about strong characterizations such as "freak." "That's a strong statement. Why would you say that about yourself?" or "You seem to see yourself as a freak. I don't, but I want to understand where these ideas come from." More important than your specific words, your behavior demonstrates your desire to understand.

"Are There Many Surprises in Therapy? Do You Find Hidden Memories?"

The implication of this question, or others like it, may be that there is another, as yet unspoken, problem or that your client fears that he may uncover some long-repressed memory. Occasionally, it means that he is worried that you could plant some false memory during the course of therapy. These types of fearful questions often arise after a news story breaks in the media in which some innocent person is blindsided by previously unknown experiences. Words of gentle reassurance are in order, but don't make empty promises. You might say, "We will begin with the problems that we know about. If other concerns emerge, we will be ready to understand them as well. Hidden memories are unusual."

Near the end of the first session, it is a good idea to invite questions by saying, "I've been asking you questions; do you have any questions for me?" Sometimes, clients are startled. They did not come in with questions for you; they expected to be answering, not asking questions. In these instances, you can reassure them, "That's fine. This is not your only opportunity. If and when you have questions, feel free to ask them." When clients do have new questions for you, they tend to fall into several categories: they may want to discuss business details; they may want to know more about you (see Chapter 2, Experience, and Chapter 10, Personal Questions); and they may want to know what is going to happen (see Chapter 3, The Therapeutic Process).

Once in awhile, a client aggressively turns a question on you. Aggressive questions that occur in early sessions are rare but worth mentioning. Sometimes, it is not one hostile question but an excessive amount of questioning that reveals hostility, aggressiveness, anxiety, or it may be a way to deflect attention away from himself. These situations are disconcerting because you are thinking about ways to be helpful and suddenly you are met with aggression, resistance, or a mixture of both. Whatever the origin, you still have to deal with it. Start by assuming some fear or anxiety and answer one or two of the legitimate questions before observing, "You have a lot of questions. Are you worried about starting therapy?"

If, over time, the questions become a way for your client to avoid talking about himself, getting excessive advice, or demonstrating excessive concern with others, we would respond differently. First of all, we would tuck this hypothesis into our memories, because it may be a helpful theme later on, but in the moment, we might say, "I think you would rather talk about me than about you." Or, regarding the questions of a personal nature, say, "Wait, this is your session." or "Let's get back to you."

Every once in awhile you will get a straightforward aggressive challenge such as, "How do I know you are any good?" or "What makes you think that you can help me?" These questions are rare but, in the early sessions, they deserve an answer. "As we work together, you will decide the degree to which you trust me." or "You'll have your answer in a couple of weeks of working together." or "I've helped other people; why would it be different with you and me?" or "I'm not alone in this room; we are working together to help you." If you can remind yourself that your client has entered a process that will make him feel intensely vulnerable, your compassion will outweigh your defensiveness or your desire to aggress.

Linda

In all sessions, there is always the potential for one of my least favorite types of question, referred to as the doorknob question. It can be sprung after the first session or at any other time but is particularly

disconcerting in the early weeks. For example, after an initial session filled with disclosures of childhood beatings, adolescent aimlessness, suicidal thoughts, and adult depression culminating with some wife swapping, Mike walked to the door, put his hand on the knob, turned around, and asked me, "Do you think I'm crazy?" I answered, "You have a lot of problems and we have serious work to do, but you're not crazy." He grinned. Other doorknob questions can only be answered with the promise that, "That question is too important for a quick response. We ought to start with it next time."

"Can You Help Me?"

While all of these questions and answers are going on and you are trying to figure out your client's problems, assess the severity and complexity, and decide how to be helpful, you also have another very important task in the early sessions. You have to give your clients realistic hope; you have to convey your confidence that, if they have courage and work hard, they can change their lives for the better. In that, you answer the most basic question, "Can you help me?" with the very honest response, "Together, we can help you."

Earlier in this chapter, we referred to underlying, unspoken questions and fears but rarely addressed them directly in our answers. During these early sessions, there is little point in answering most of these worries immediately. Concerns such as "Can I trust you?" or "Will you judge me?" and others are answered through your attitudes, behaviors, and as the trustworthy relationship develops.

FURTHER THOUGHTS

> "The first step toward getting somewhere is to decide that you are not going to stay where you are."
>
> —Unattributed

The initial meetings are a unique period of therapy—an encounter of strangers. As a therapist, over time you will come to know your clients

deeply, but the first couple of meetings are about gathering information, entertaining tentative impressions, and beginning an alliance. For your clients, the early sessions are about getting comfortable with you and with this strange process. Many clients are anxious to get the first meeting over with, feel some relief, and leave with the hope that together you can make important changes. After the first session, more of the process is exposed, no matter what theory you work in. Your client learns more about the role of being a good client, and you become more secure in what you have to offer. But don't forget, in these early sessions you have a lot to offer as well—careful listening, nonjudgmental support, empathic understanding, thoughtful inquiry—all of which can be therapeutic.

Second meetings especially can be odd, because clients often have given you a lot of personal information, so they flop down and look at you as if to say, "Okay, I did my work last time, now it's your turn to work your magic." Continue to listen and conceptualize; don't try to become a magician.

Never lose your appreciation for the apprehension that clients feel upon entering into what is often a very foreign and threatening process to them. Always, always remember that it takes courage, and usually a large dose of discomfort and confusion, for clients to come in, talk to you, expose themselves, and ultimately create new understandings.

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