inSync for life

Psychology, Counselling & Clinical Sexology Services

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ACN 149 257 750

Lunch Supervision Meeting

The first Session:
a recap of probably much you already know!

1. Introduction and Rapport Building

Create a comfortable environment and build rapport.

- Greeting: Warmly welcome the client.
- Small Talk: Engage in light conversation to ease into the session.
- Explain the Session: Briefly outline what to expect during the session.

2. Confidentiality and Consent and other Admin tasks

Ensure the client understands confidentiality and give their consent.

- Explain Confidentiality: Discuss how information will be kept private and the limits of confidentiality.
- Obtain Consent: Ensure the client understands and consents to the process.
- Complete Administration tasks as required

3. Develop an Understanding of Presenting Issues (hypothesis building)

a. *Identify the client's main concerns.*

Open Ended Inquiry: "*In a moment, I'm going to ask you to tell me what brought you here today. But first, tell me a little about you*". You may need to prompt related to – work, relationship, living arrangements, and so on. This is to get the client *to just talk*, without specified direction.
This allows for:
(1) a deeper understanding of the client's thoughts, feelings, and underlying issues, revealing patterns or themes that might not emerge through structured questioning.
(2) empowering the client to give them control, validating their experiences and concerns and
(3) it allows for spontaneous conversation perhaps leading to the revelation of concerns, providing a comprehensive view of the client's difficulties.

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b. Then, when the time is right…the magic question: "What brings you here today?"

Ask follow up, open ended questions to understand the depth and impact of the issue/s. I have a great phrase here… 'Dig Deeper'. The idea here, is for you to start to formulate 'hypotheses' as to what is happening for the client so you and the client can specify goals of counselling. (See appendix for more information on 'Digging Deeper')

This refers to:

- asking questions that go beyond the initial statements to uncover underlying thoughts, feelings, and motivations.
- exploring emotions and beliefs to encourage the client to reflect on and articulate their deeper emotions, beliefs, and experiences.
- identifying patterns and themes in the client's behaviour or thought processes that may reveal core issues.
- Gently challenging Inconsistencies and contradictions in the client's story to gain a clearer understanding of their true feelings and experiences.

c. Formal Testing: Pre, mid, post sessions
You may already have done this – DASS, BDI and so on. However, if not, consider at this point or toward the end of the first session. Consider for example, the APA Self-Rated Level 1 Criss-Cutting Symptom Measure (see end of document).

OK, so now you have one or more presenting problems… you (and the client) now need to determine which, if any, you will work on. First…

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4. Gather Relevant Background Information

Collect relevant personal and medical history. 'Relevant' here, refers to the presenting issue/s and your 'hypotheses' you formulated from step 3.). Remember, 'Dig Deeper' if necessary.

- Open Ended Questions: Ask about the client's background, family, work, and medical history. (see example attached)
- Specific Questions: enquire about any previous therapy or medications or other relevant issue. *"Can you tell me about your alcohol consumption?"*
- Judicious use of direct or targeted / leading questions: *"It sounds like you are drinking nearly every day of the week. Is that correct?"*

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NOTE:

Maintain a curious disposition – displaying genuine interest and an open mind

- "Can you tell me more about how that situation affected you?"
- "What do you think led to those feelings?"
- "How do you usually cope when you feel this way?

5. Set Initial Goals

Once you and the client have determined the one or more presenting issues Remember, it is essential to have a clear, unambiguous primary goal for counselling. This can be altered as you progress or even 'set aside', but without a goal, it's like setting out on a road trip to somewhere you've never been, without a map—there's no clear direction, and you might end up anywhere.

Let's assume the goal is clear, unambiguous:

1) Establish what the client hopes to achieve. (the 'Goal)
2) Develop a starting point – where the client is now. (testing?)
3) Develop an ideal end point - where the client would like to be. (the outcome – what would it look like when the goal is achieved?)
4) Is it realistic, achievable? How will you measure it?
5) Consider: what issues, behaviours, attitudes, beliefs, need to be different to achieve the outcome?
6) Prioritise 5) factors: Identify which issues, behaviours, beliefs etc, are most urgent or important to address first.
7) Consider skills and strategies for client to learn, to address the prioritised factors as in 6).

As you might see from the above, much of this represents an outline of a treatment plan. Need to include other factors such as number and frequency of sessions, such as homework, provision of materials, review of plan date, and so on.

Multiple goals - ambiguous? See Appendix

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6. Psychoeducation and Discussion of Plan Outline

It is unlikely that you will have the time, space or focus to be able to develop the treatment plan in the first session. If you can, great. Discuss with the client. If not, provide information to help the client understand their issues and advise that you will develop a plan ready for session two.

Explain Concepts: explain relevant psychological concepts and how therapy works.
Clarify Expectations: Set realistic expectations for therapy outcomes.

8. Summarize and Close

- Recap the session - and ensure the client feels heard.
- Summarise Key Points: Recap the main issues discussed – especially the presenting issues and the goal development based upon those issues.
- Outline the plan going forward.
- Ask the client for their understanding of what occurred and feedback
- Provide Support: Reassure the client and address any final questions or concerns.
- Set date for next session

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Appendix

1. Techniques for Digging Deeper:

Open-Ended Questions: Ask questions that require more than a yes/no answer. Example: "Can you tell me more about that experience?"

Reflective Listening: Mirror the client's words to prompt further elaboration. Example: "You mentioned feeling overwhelmed. What does that feel like for you?"

Clarification: Request clarification on vague or ambiguous statements. Example: "When you say you feel 'stuck,' what exactly do you mean?"

Exploring Consequences: Discuss the implications of the client's thoughts or actions. Example: "How do you think this behaviour impacts your relationships?"

Connecting Past and Present: Link current issues to past experiences to identify root causes. Example: "How does this situation remind you of past experiences?"

2. The DSM-5 Level 1 Cross-Cutting Symptom Measure

This is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual's treatment and prognosis. In addition, the measure may be used to track changes in the individual's symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 13 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviours, dissociation, personality functioning, and substance use. Each item enquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks.

If scores are found to be high, may then use Level 2 protocols to examine issues such as: depression, anxiety, mania, anger, sleep, OCD, substance use

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3. Multiple Presenting Issues – Choosing the most appropriate Goal

A. The "ABCDE" model is a prioritisation framework used by clinicians to address multiple presenting issues by evaluating them based on specific criteria:

A*ffect*: Assessing emotional distress.

B*ehaviour*: Evaluating problematic or harmful behaviours.

C*ognition*: Identifying maladaptive thought patterns.

D*uration*: Considering how long issues have persisted.

E*ffect on Functioning*: Determining the impact on daily life.

This method helps to identify and prioritise the most urgent and impactful issues for effective counselling.

Example of Applying the "ABCDE":

Client Presenting Issues: Relationship problems, work-related problems, anxiety, depression. *After discussion with client, putting together pieces of the 'jigsaw', you will determine priority of each presenting issue*.

1. Affect: Anxiety and Depression

Priority Level: High

Reason: These issues cause significant emotional distress and are likely affecting the client's overall well-being the most intensely.

2. Effect on Functioning: Anxiety and Work-related Problems

Priority Level: High

Reason: These issues significantly impair daily functioning, which affects the client's ability to perform at work and in personal life.

3. Cognition: Depression

Priority Level: Medium

Reason: Depression often involves maladaptive thought patterns, such as feelings of worthlessness or hopelessness, which need to be addressed to improve mental health.

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4. Behaviour: Work-related Problems

Priority Level: Medium

Reason: The client's work-related problems may lead to problematic behaviours like absenteeism or reduced productivity, impacting their professional life.

5. Duration: Relationship Problems

Priority Level: Lower

Reason: If relationship problems have been persistent but are not causing immediate crisis, they can be addressed after more urgent issues.

Counselling Approach: developed based on your professional judgement as to priorities noted above

Initial Focus: Address anxiety and depression to reduce emotional distress and improve overall well-being.

Concurrent Strategies: Implement interventions for work-related issues to enhance daily functioning and reduce work-related stress.

Subsequent Sessions: Once immediate emotional distress and work-related problems are managed, shift focus to long-term relationship issues and deeper cognitive work related to depression. Start by addressing anxiety and depression due to their high emotional impact. Concurrently, develop strategies to manage work-related issues to improve daily functioning. Once immediate emotional distress is managed, focus on long-term relationship problems to ensure overall well-being and stability.

B. Multiple presenting issues: Use of Structured Assessment Tools to determine Goal/s

Structured assessment tools can help prioritise presenting issues by systematically evaluating the severity and impact of each problem. These tools provide a clear, evidence-based way to determine which issues are most pressing.

Example Tools: BDI, GAD-7, BAI and so on
Also consider the Cross-cutting Symptom Measure.
May consider psychometric personality testing

Use these to objectively identify which issues are causing the most significant distress and impairment, allowing focus on the most pressing concerns first.

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C. Other broad methods of determining goals

1. Life Threatening Behaviour – top priority
2. Quality of life behaviours – which has most impact on the client's QOL relationship, AOD, work…
3. The 'worst first' (DBT) – that which is most concerning, troubling: working on this allows the client to focus time and energy on other issues (long-term)
4. The 'simple' to the more complex – this allows the client to see that 'change' or difference is possible and to make small steps to altering lifestyle.
5. Corroborative information – employer, partner, parent.

NOTE:

The above is not prescriptive: you will all have your own ways of working through the first session and determining treatment goals. One aspect of this presentation was to encourage you to think clearly about how you make your decisions concerning client goals. While each client will present with their own specific issues, the method/s you use to determine treatment goals, should, in general, always follow a similar pattern (framework of decision making) modified according to any specific issues / needs of the client.

The information presented above, provides a framework to assist you to better understand the client's presenting issues, focussing on impact and quality of life. Your decision making in this regard is made based on Structured Professional Judgement: that is, utlising a relatively structured framework, including validated instruments, provides you with information to make a decision, using your professional judgement.

Having a framework in this regard, will not only support you in effective and efficient decision-making, but, if need be, will allow you to 'justify' / rationalise such decision-making. If in doubt though, check with your Supervisor.

Happy to chat if you have any questions…

Steve

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APA Cross-Cutting Symptom Measure: Note: 'symptom measure' NOT a diagnostic tool:

https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures