

The Peregrine Centre Rural Mental Health Podcast

Episode 30. Speedbumps: Before the First Session

Speaker Key:

RS Rebecca Sng

SH Suzie Hudson

00:00:00

Intro Hello. I'm Dr Rebecca Sng, director of The Peregrine Centre. As we begin this episode of The Peregrine Rural Mental Health podcast, please join me in stopping to consider the land beneath your feet wherever you might be listening from today. Let's take a moment together to acknowledge the traditional owners of that land. We pay our deepest respects to the elders of the past, those of the present, and the emerging elders of tomorrow. The Peregrine Rural Mental Health podcast is brought to you as part of our rural mental health partnership with New South Wales Health.

RS Well, hello, everybody, and welcome to this episode of the Peregrine Rural Mental Health Podcast. Thanks for being with us today. And we're very excited because we're starting a new series. This series we're calling Speed Bumps, or things that come up in therapy at various stages, common challenges, little tricks that might come up along the way.

So we're very excited today because we've got a very special guest with us. And I might let you introduce yourself, Suzie.

00:01:12

SH Well thank you, Rebecca. Yes, I'm Suzie Hudson. I'm actually a mental health accredited social worker by trade. I've been working in drug and alcohol, mental health, forensic and family therapy for about 25 years now. Big focus has been alcohol and other drugs and mental health, though. And I currently work as the Clinical Advisor at the Centre for Alcohol and Other Drugs at New South Wales Health, and I still see clients in the community today actually. So it's great to be here. Thanks.

RS Thanks for being with us, Suzie. So I've got an important, big question for you. And that is, why bother putting in structure when you're seeing someone for mental health help? Now, I'll explain that question. A bit of a funny question. But lots of people, I think, when they're doing mental health practise, they often feel like they're rolling with the tides, that maybe they'll see the person and they'll think about structure for the first session, and then after that, they're just...

SH Freewheeling?

RS Freewheeling, yes.

SH Sure.

RS Dealing with what comes in through the door. So why do you think structure is important? What do you think structure can offer a person?

00:02:20

SH Look, I think it's really important to provide some structure, because I think that can really imbue safety. For many people who come along for a therapeutic interaction, that's often one of the things that's been missing from their lives, is knowing what's going to happen next.

The other thing we know too, particularly with people who are new to therapy or new to counselling, is that actually they may only come for one session. And what that tells us is that every moment really does count. And so if we can be really structured, and ensure that every interaction, whether it's just that first moment over the phone or they actually have come in to us face-to-face, that that person is leaving with something quite concrete, that will support them in the time they're not with us.

Because in fact, they're out there living their lives with others, with hopefully some supports, maybe family or friends, networks, but ultimately, they'll be doing the majority of the work out there when we're not there. So structure can really help with that.

RS It's so interesting, isn't it? Because I think you bring up this idea of a person's expectation of what therapy is, and I think that's important, isn't it? Because one of the things I see is really helpful with structure is it stops you from having the kind of conversation they've always had.

00:03:43

SH Yes.

RS The kind of conversation they might have on the bus or...

SH Correct.

RS Down at the pub or whatever, which you would assume has not been that helpful, because they've come to the point that somebody thinks they might need therapy.

SH Exactly right. Exactly right. I think it's so important that everything we do in therapy is purposeful and deliberate, it has a purpose. And so, for example, we're always thinking about trying to grow the strengths that the person already has, but we're providing some structure and a bit of a roadmap, if you like, about each session having a bit of a beginning, middle and end.

And even in that brief interaction, perhaps at the very beginning, we're setting and orienting the person to what this is going to be about. And we're repeating that so people feel quite comfortable about what might be coming next.

RS Yes, because they're good things.

SH Yes. Because at any time, we just don't know whether they will be back. And so we want to ensure that everything that we do in that moment is really meaningful.

RS Great. And of course, we should say that we're talking about a balance of structure here.

00:04:55

SH Right on.

RS We're not talking about reading the manual word for word or anything like that.

SH Sure.

RS We want people to have their own skills that they already have in engaging people and connecting with people and, of course, that kind of lens of seeing people as people and not as problems.

SH Well, totally. I think that we know that what does keep people coming back is the building of that therapeutic alliance. And really what that means is that you've spent and provided time for someone to feel heard, to feel safe, to feel like you get them. And the way, the only way we can know that is if we continue, we check in with people. How's this going for you? Would you like to talk about this particular topic? If not, we can always return to it.

So I think you're exactly right, it is a real balance between what you think your agenda might be as a therapist, like, oh, I've got some great ideas, and not rushing into those, really letting the person lead the pace and, I suppose, emphasising their own sense of agency and their own expertise of their own life. Because they are the experts in their own life.

RS Yes. So that brings us, I guess, to today's topic, which is, this episode is about before you even see the person for the first session, it is possible to somehow lay groundwork...

00:06:20

SH Absolutely.

RS In that kind of approach that you've just described, that you're trying to communicate this idea of let's build trust, and I see you as a person with strengths, and all those things which are really important. So do you want to talk about how you might go, with even the very first phone call contact?

SH Sure. Yes, I think it's actually one of the most important pieces of contact. Many times, people are very anxious or distressed about what this might be, particularly if they've got a lot of pressures on them. And so reaching out to somebody before you see them face-to-face can be really helpful. What we want to try to do is emphasise that rapport-building.

And that might mean introducing yourself, a little bit about perhaps how you do your work, but most importantly, hearing from them what is it that maybe brought them to make the call or to reach out at this time, perhaps even acknowledging the courage that it's taken for them to reach out, and to appreciate, I get it, that this is a big deal that you're doing this.

And I suppose to set a bit of a tone for what they can expect, which I think also helps to reduce the anxiety, that they know a little bit about what will happen, particularly in that first meeting, and I suppose also an opportunity to tap in and ask whether they may have experienced this before.

00:07:50

RS Yes, great question.

SH Have they been to therapy before? And what was that like? What was useful about it?

RS Because there are different therapies.

SH Totally. Exactly right. And to really get a sense of how did they experience that? Were there good things about it that they found helpful? Were there not so good things? And you're already gathering there approaches that might work or not for somebody. Yes.

RS I think that's a good point that you've made, which is you want to explain a little bit about how you work.

SH Yes.

RS And that might be in the context of having heard about their previous experience. But...

SH That's right.

RS It's easy to assume, isn't it, that people know what therapy is.

SH Yes.

RS Because we've trained for many years, and we do it for a living.

00:08:30

SH Yes.

RS But how do you explain what therapy is or what the work is?

SH So what I usually try to do is, as I said, I pitch a little bit about myself and how I've worked. That then, I think, gives a bit of a signal to the things that I know something about that could be helpful. I think it also signals that I'm open to whatever you're bringing to the table.

The other thing I often talk with someone about is that I try really hard to think of the fact that the relationship is central and that if the person that I'm speaking with, if they come to see me and it doesn't feel right, it's not a good fit, then my job is to help them to find someone who might be that right fit.

Now, I appreciate that in some services, the variety of people might not be huge, and so you might be limited in that sense. But I do feel that by even voicing that, it lets people know, okay, so if I don't feel comfortable, maybe that's not about me. It might be just that this relationship is not fit for purpose.

RS Yes, and it's important to say that, isn't it? Because I was just thinking of an example where you might be the only practitioner in the town.

SH Yes.

RS Or one of the few. And you may well know this person in another context.

00:09:49

SH That's right, that's right.

RS Be six degrees of separation, or two degrees. So partly it's about this idea that when we work together, it might work or it might not, and that's not personal per se.

SH Correct, correct. I think even vocalising that, mentioning it, I think has a bit of a way of saying this is not the only option. I will be able to perhaps explore. Because we know that there's been a huge increase in virtual care. We know that there are different ways of approaching therapeutic interventions, I know certainly for a lot of colleagues in rural areas, where they don't feel... they might have the relationship with the person, but they need some help with a particular area of expertise.

And my advice is always, hey, you've got the relationship. How can I work with you as another clinician to grow your capacity to provide whatever that thing is? Having worked a lot in alcohol and other drugs, that can be an area that people do feel a bit nervous about or not as confident in. And really, it can just be, as a therapist, you can think, well, maybe I could just get some other consultation from someone who's an expert in that area.

But getting back to that point of how do you really ensure that you've created that space, and describing what you do, I think it's really that signposting of letting people know that therapy is about exploring the things that are going to be helpful to them.

00:11:16

But it's also not just about the problems, but very much around the strengths and the ways that we can learn from other areas of our lives that are going quite well, and spread that knowledge into other areas. So trying to really frame it around that a lot of the discussion and the exploration will be about equipping you to live the best life that you can. Yes.

RS One of the things I like about what you said is this idea about giving it a go.

SH Yes.

RS I think one of the very common experiences, certainly with people in my normal life, in inverted commas, is they'll go to therapy once, and they'll say, mm, it's not for me...

SH Yes, totally.

RS Or I didn't really like the person. And that may well be true, but also giving people this permission to then tell the person, I don't like it when you do that, or this would be better if you did this...

SH Absolutely. Absolutely.

RS Or I don't want to talk about that yet, or all those kinds of things where you're honing it or crafting it so that it's helpful for you.

SH Correct. Oh, look, and I think, particularly in Western ways of doing things, we're very naturally positioned to feel like that the experts have all the power. Frequently, that happens in a medical situation, where the doctor says what we need to do, and we go and do it.

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And so I think it's useful to highlight to somebody that, actually, you probably won't be doing that. It'll really be about exploring what's a good fit for this person, but that the great news is you've got experience with a whole host of issues. I think that's the other good thing, is to reassure somebody.

I'm in this work because I really believe that people can absolutely take managing their own lives, and I've got lots of hope for what could happen here, and I'll do my very best to really make sure I'm hearing you. That's why I might ask you throughout the sessions, how's this going for you? And you should feel really comfortable to let me know whether I'm getting it right or maybe not so much. Yes.

RS Okay. You raised something that I think a lot of people are interested in, which is drug and alcohol.

SH Yes.

RS But particularly, and this is particularly common in drug and alcohol but could be in lots of different problems, what if somebody has mixed feelings about coming to therapy? Part of them understands that some things are damaging and not going very well, but part of them feels like, I'm not really into that.

SH Totally.

00:13:41

RS I'm not sure that I want to go and talk to a stranger about this.

SH Yes. Look, I think it's really hugely helpful to just acknowledge that, to name that. It is absolutely the case that many people come to therapy not necessarily because they've arrived at a decision that they want to do something different or change something. Frequently, it's because someone that cares about them, or maybe work, maybe even the court system, has said, hey, we need you to do something different.

And I think the really important thing you can remember there is a lot of that motivational enhancement, motivational interviewing skills, and really recommend looking further into that to people listening. And this is really about what they call rolling with resistance, which is being comfortable to sit in that situation of exploring what are the good things actually that might be coming from your substance use?

Because in my experience, people are using different drugs and alcohol sometimes for a variety of reasons. It might be about building their own confidence. It might be about feeling, for the first time, they belong somewhere. And for some, particularly in some traumatic situations where people have experienced trauma, it can be a coping strategy that actually works really well.

The other thing we need to be keeping in mind, particularly around substance use or other concerns, is some of those other potential risks that we want to make sure... The most important thing we want to be doing in any contact is ensuring safety.

00:15:10

And so for some people, even in domestic and family violence situations, continued alcohol and drug use is a protective thing. And so this idea that we would step in and tell people how to do their life, we really need to step back from that and really hear what's actually happening for the person.

And so with that, I suppose we're always thinking, how is this person positioned, exploring and being open to hearing from them what might the role of the drug and alcohol use play in their life, and creating space to walk alongside them rather than be telling them how to run their life. Yes.

RS So that question might be something like, how does the drinking help you?

SH Yes.

RS Or if you were to quit drinking tomorrow, what problems might you face? Those kinds of...

SH Yes, absolutely.

RS Reflective, reflexive questions.

SH That's exactly right. So really talking about those pros-and-cons type discussions, understanding the role the substance use plays, being curious about that. It might be something you're not familiar with, and so having a curious mind about having them explain to you what it's like for them.

00:16:19

And I think that really fosters engagement too, which is, I'm walking alongside you, I'm genuinely interested in your experience, and I don't have preconceived ideas about how you should be or not.

RS Yes. I think that leads pretty nicely into the next question, which is, what if they're happy to come, happy go lucky about coming even, but they keep insisting there's not really any problem, that they're fine and...

SH Right.

RS Yes, sure, sometimes this happens, but it's not a big deal.

SH Okay. So I think that's where that motivational interviewing comes in, that rolling with resistance. And what I find can be useful is thinking about the things that might have led up to them being here today. Because it's fairly unusual that people have just turned up for the hell of it. Usually there's something going on in the background. They might perceive that to be, oh, well, I'm just trying to do this so that that person gets off my back.

And I see that as an invitation. So I want to know a little bit more about that. Tell me about that relationship. Because I suppose what I would be saying is, what

does it say about that relationship that has you wanting to do this, even if you don't want to? Tell me about that. And so then really following some of those leads around where there might be some opportunity for, I suppose, some of that dissonance of, mm, maybe I do want something a little bit different.

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I think the other strategy is always thinking about, is this the way things have always been? Was there a time where, for example, you felt more engaged with certain activities? Or was there a time where you felt more able to pick up the phone and catch up with a mate?

And so looking, I suppose, at those stories that are going on, and allowing and bringing forward an opportunity to explore those in a way that puts that person right at the centre of this care that you're providing. At the same time, the other thing to be mindful of is sometimes the questions we ask make sense to us, but can feel very personal and intrusive to the person.

RS Sure, yes.

SH We might ask some questions around certain safety things, or we might ask some questions around substance use. And they may be saying, hey, hold on a minute. I came in the door because I was a bit worried about my son, and you're asking about my alcohol use. What's that got to do with anything?

So flagging really clearly, you might do this even before the person's come through the door, I will ask you a few questions about certain things. I ask these of everybody that walks in the door, and it helps me to provide the best care for you. And that helps us to also introduce that maybe there might be some other people we might want to invite on the team to support us.

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Because we may run into situations where distress is escalating, or there are particular safety issues that will require us to involve other professionals or other support people. And flagging that really early in the context of confidentiality and privacy is critical, so that people will really get that signposted early, but they understand why. I think where things fall down is when we don't adequately explain why we might be asking intrusive questions, and where the bounds of confidentiality might be, because we want to make sure you're as safe as possible.

RS Yes. I know in the clinic I used to work at, there was a form that people used to fill in, which was actually really, really helpful. But it's worth probably checking with people when you have a first phone call, how comfortable do they feel about forms and reading...

SH 100%. 100%.

RS And being asked questions on the form that might be personal.

SH Oh, I think, yes, I think that's so critical, Rebecca, because we can also make assumptions about how people identify themselves. So we want to create opportunities where people can identify as non-binary, or they might have

pronouns they want in particular to be used. And that's great to establish, say, over a phone call, before someone comes in, so that if you've got someone on the desk who's a reception person or welcoming person, that they too are aware of perhaps pronouns that people like to use.

00:20:29

RS That would be so nice, wouldn't it?

SH And I think we can make assumptions about people and how comfortable they may feel, and so just letting people know. You might not need to go down that road too far, say, on a phone call. But what you can say is that we're an inclusive service, and so if there are pronouns you prefer to use, or there are...

RS Or a name you prefer to...

SH Exactly, you'd like to have, just let us know, and we'll be really comfortable to do that. Yes.

RS And sometimes it's practicalities, isn't it?

SH Totally.

RS Like, do you need any assistance mobility-wise or...?

SH 100%. That's a really good point, actually, Rebecca, is also saying, hey, how might you be getting here? Do you know how to get here? Will someone be coming with you to support you, or...? It's keeping all those sorts of things open and in mind.

Also, when we're thinking about safety, sometimes when someone takes a call, we also need to be mindful that maybe there's someone in the room that doesn't make them feel safe. And so their ability to have a chat, or even just that they're in the middle of something...

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I often say to people, even if they call me, is now a good time to talk? Because they might be on the school pickup, or they might be with someone they don't trust very much, but they feel obliged to have this conversation because you're a professional person ringing them. And so even if you've called them, or even if they've called you, it's worth just saying, hey, just want to double check that this is a good time, because there's a few things I want to ask you, or there's a few things I wanted to make sure that you know.

RS Have a chat about, yes.

SH Yes.

RS You've raised, a couple of times now, safety. And obviously, there's safety for the person that you're talking to.

SH Yes.

RS There's also your safety as the practitioner.

SH Sure.

RS What do you think about when you think about safety for yourself in that first contact?

SH Yes, I think that's really important, because we can only really do our best work if we feel safe. So even when I've worked in more remote areas, I often talk about that I'm part of a team, even if perhaps there's not that many people around you. I think it's useful for people to know there are people that you work alongside who know where you are, know where you'll be. It just signals to people that you're not alone and that you may work in a particular way.

00:22:46

However, if in the course of a conversation, particularly if it's over the phone, you do start to feel unsettled or that something's not quite right, I think it's absolutely appropriate and fine to bring a conversation to a close. If you feel that some of the language or some of the way that someone might be interacting with you is not appropriate, I think absolutely, it's respectfully bringing those things to a close.

You might say something to the effect of, I might leave it there. We can talk more about some of these things perhaps when we meet. We'll let you know that our service is really big on respect and etc. So you can start to set the tone for the way in which the conversation or the interaction will play out. And I think that's absolutely right, to be able to voice that if you do have any concerns.

RS Yes, okay. So we're on the phone. They might be telling us some things which perhaps are personal because...

SH Sure.

RS We've asked some personal questions. And one of the questions we had here was, what if they tell me lots of personal things before I've really had a chance to explain what confidentiality is, and what the limits are of confidentiality? How do I go about managing that?

00:23:58

SH Yes. I think, again, I would give yourself permission to respectfully interrupt the person if you feel like things are going deep very quickly. What I do in my experience, in order to contain that a little bit, is to gently say, I'm just going to stop you there for just a moment.

I recognise and I acknowledge and really signpost that it's great that they feel comfortable to talk about these things and that you appreciate how difficult that can be. However, when we're working, we really want to make sure people are safe. And I know that right now, you're going to have to get on with your day in a minute. And so what I think would be best is if we're able to just pause that for a moment, and that we're able to talk that through a little bit more when we're face-to-face.

But I would also give a bit of a pause to allow that person to respond. Now, they may be a bit upset about that. They may feel a bit put off by that. But I think it's

coming back to that idea of reiterating, it's crucial that you're safe and that I appreciate that you've got to get on with your day, and I'm not going to be seeing you for however long.

But the other thing that you might do in that sense is to actually invite them to think a little bit about what is it that they do when they are in distress? What are some of the things that might help?

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And if they don't have any of those strategies or they can't name anything, I think it's a really great opportunity to use that in a constructive way and maybe talk to them a little bit about some strategies that might work to reduce or to regulate emotions that are quite brief and easy. You might point them towards a particular mindfulness app or a particular thing they can do online.

Also, that's an opportunity to talk about some of those other support lines that are available 24 hours a day. So 1800RESPECT if we're talking about domestic, family or sexual violence, obviously Lifeline, Kids Helpline if it's a young person. And then once again, you're containing it. You're being respectful. You are hearing them, but you're acknowledging that maybe now isn't the time to go down that road. But there are absolutely... If this was to come up again before they see you, here are some of the options. Yes.

RS It strikes me as it's a kind of canary in the coal mine, isn't it? It's like, I'm going to try this. I'm going to.

SH Yes.

RS Because I'm assuming this is what therapy is, where I tell you all my deep, dark secrets.

SH Yes.

00:26:27

RS And so I'm going to try this. And then the way that you respond to that...

SH Yes.

RS Is going to be an indicator to me how therapy might work.

SH Yes.

RS And so it is quite important, isn't it, to have a think about how you do that, because what you just described is quite...

SH Totally agree.

RS A balance. It's quite tricky. And I really liked, for instance, hey, I'm going to stop you there, and this is why I'm going to stop you. And then I'm going to give you this time to tell me how you feel about that.

SH Right on. And I think it's exactly right. I think you need to bring it back to how are you feeling right today, rather than going down into that. Because I think we were quite often schooled that therapy is about where you go along and you talk

about all the terrible things that happened in your childhood.

RS Yes.

SH And so sometimes, we as clinicians need to, alongside that person, in collaboration with them, talk very honestly about what's actually going to be helpful right now. How might we work on some very practical things?

00:27:23

Which comes back to your opening statement about structure, where someone's walking away with some skills, not just having unpacked everything and then, okay, see you next week. We need to be able to help them to manage those emotions. And that's why they're coming to us. Because as you said before, this is more than a chat. This is actually a deliberate exercise, a purposeful conversation that's going to lead to supporting this person to support themselves.

RS Yes. I feel like that brings us to the crux of the issue, which, maybe this will be the point that we end on. But this idea about what is therapy, and this idea that just telling my story will be healing in some way, of course, can be true for some people. If you've never told anybody that story before, and then it's been eating away at you, sure. But for a lot of people, they've told that story before...

SH Yes.

RS Or some version of it. And, in fact, they've told it so often that they have almost a tape recorder version of that story.

SH They've become quite desensitised. Yes.

RS Yes, and they're quite dissociated, actually, when they're talking to you about that story. But there's this terrible story. I do feel like sometimes a lack of structure, in inverted commas, really is about thinking that just by turning up and talking and telling me what's going on, that is going to be healing or cause change in your life or whatever. And there are cases where that absolutely might be the case, right?

00:29:04

SH Yes. I think it's absolutely true that having people bear witness to those experiences is very powerful, making meaning of maybe what your response was at that time or now. But I do believe that part of the reason why someone's coming to us is for not so much answers, because we know that the trauma is not fixed, it doesn't get resolved so much as we just learn ways to manage it so that we're not overwhelmed every minute of every day.

So I think we, as people providing therapy, we do need to be purposeful about what might be the purpose of telling this story. It might absolutely be that witnessing. But what else? What can we do to support someone to harness their strengths, to help them to see maybe the times they didn't fall back to a particular behaviour that's not helping them? Let's grow that, growing those connections with others.

These are all parts of therapy. It has to be more than just the conversation, I suppose is what I'm saying. I think there needs to be a lot more scaffolding and support around that.

RS Yes. And I guess what we're talking about is building a shared understanding. You said at the very beginning, I get you. I think in some... Of course, how well you can ever know a human being.

SH Sure.

00:30:29

RS But some feeling, like I understand you as a person, I understand what's going on for you, and together, we have a shared plan about what we might do to change this.

SH That's right. And that is really useful, is there should be a plan that you develop together, and you should look at it or review it. You should actually tap back in and go, okay, so, as you're wrapping up a session or you're wrapping up a conversation, how was that for you? Were there things that you felt like I didn't quite get? Was there anything else that you wanted to say? I do think that that feedback, receiving feedback about the experience, is part and parcel of the provision of therapy.

RS Great.

SH Yes.

RS So just to review, I guess, the first contact on the phone, we're going to explain who we are, a bit about how we work, some practicalities, how you're going to get here, what you need to bring, what it might cost, all those kinds of things.

SH Yes.

RS And also this conversation about what's bringing you to therapy.

SH Yes.

00:31:35

RS Obviously trying to also understand them a bit as a person before you jump into...

SH Yes.

RS The things that they're worried about, and thinking more broadly than just their perspective, but also the perspective of the people around them.

SH Yes. Yes, I think that is useful. And that helps us to also ascertain what other supports they've got in place, if any, because we need, in that contact, to feel relatively confident that they're going to be safe until the next time we see them.

RS Good point.

SH Yes.

RS So as we finish that conversation, we're thinking about, have they got something

to walk away with that...

SH Yes.

RS Feels digestible and helpful? Is there safety? And do we feel confident that it's going to be okay until they come and see us in person?

SH Yes. Perfect. Yes.

RS Sounds good. Okay. Thank you so much, Suzie. I'm sure that when we put this podcast up, we will put some further resources about...

00:32:29

SH Absolutely.

RS Motivational interviewing and motivational enhancement and those things which I think can be helpful even from that very, very first contact.

SH Fantastic. Thanks so much for having me.

RS Thanks, Suzie.

Outro I hope you found today's episode helpful. You'll find specially selected resources on this topic on our digital learning platform. To join the platform for free or to suggest questions or topics for further episodes, please visit our website theperegrinecentre.com.au.

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