The Peregrine Centre Rural Mental Health Podcast

Episode 31. Speedbumps: The First Session

Speaker Key:

RS Rebbeca Sng

AS Anna Sidis

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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. I'm your host for today, Rebecca, and I am the director of the Peregrine Centre, and I am very pleased to welcome a special guest, and I might get the special guest to introduce herself.

AS Of course. Thanks, Rebecca. As always it is an honour to be invited back on this podcast. My name's Anna Sidis. I'm a clinical psychologist and an academic at the University of Wollongong. Most of my work is with young people on the psychosis spectrum or young people experiencing suicidal worries and I also like to work with families.

00:01:24

RS Welcome back, as you say. We are doing a little series which we're calling Speed Bumps, which is common challenges that arise in different stages of therapy, and I am asking everybody this similar question which is, it's about structure. What is the benefit of having structure in therapy? Why don't we just see what a person brings when they walk in the room and talk about whatever they want to talk about?

AS Why would you do it?

RS Yes.

AS Yes. I think that's a very good question and a good question to start us off, isn't it? A lot of my work has been in Open Dialogue, which we'll probably put a link in the notes, and it's very open in the sense that you allow the family members to guide the content. With that said, I think part of what you do is you help them to hold the process.

So while you're inviting them to talk about what they want or what they think is important to talk about, you're still doing a fair bit of work to help them have a conversation that is helpful to them and different to what kind of conversation they might have at home.

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Particularly if you're working with more than one person in the room, part of what people get out of coming into therapy is a different kind of way of talking to each other. So maybe your structure is less about asking specific questions or maybe it is, depending on your model, but there's a really important piece there which is about helping people to communicate well with each other. And sometimes to do that you have to give them a structure around what it's going to be like.

I sometimes think of that as a bit of a culture around the session. So often I'll start a session by saying, if I'm worried that people are saying things that are hurtful to somebody else or if I'm worried that people are… Feelings are so strong that you're no longer listening to each other, then I might step in and we'll take a break or breather. Because what you want to do is make it useful for them.

RS Yes, that's a good point, isn't it? That there's a difference between a conversation you have with your aunt and the conversation that you have with a therapist.

AS Yes.

RS And often either you're paying for that conversation or you're using a service, so it does need to be a different kind of conversation. And I like what you said there about maybe it's about stepping out of patterns that… If you leave things to go naturally you have the same conversation over and over again.

AS I think you want to be influential.

00:04:03

RS Yes, that's a nice way to put it.

AS That's how I see it.

RS And it's interesting, isn't it, when you think about structure. I've been thinking about this in terms of buildings, architecture, that there's different kinds of structure. You mentioned maybe the different models or… So there's a different way to think about structure but ultimately the goals are similar. In a building, you want the building to stand up and not collapse.

AS Be functional.

RS Yes but there's a big difference between the structure in, I don't know, the Queen Victoria building and a garden shed and a glass box in the middle of Milan or whatever. They can look really different and some may look less structured than others, but actually there's a minimal structure that's needed for the building to stand.

AS Yes, and I think about that as some people use the word, I think the image of the glass box that you talked about there made me think about using the word container or containing, and I think that having that structure can also help people to feel safe to talk about issues that otherwise they might not be able to talk about.

Because they know that, as a therapist, your role might be to hold that conversation so that it's got some boundaries [overtalking] around it so that

people can then do what they need to do in it and maybe reflect on things they haven't thought about before or…

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RS And sometimes people call that the therapeutic frame, right?

AS Yes.

RS They talk about that as you say structure or contain and how does that sit with the person who's asking for help. Let me ask you, at the very beginning session, session one, what absolutely has to be included in session one?

AS Well, that's another really good question. Will I remember everything? There's a lot that has to come into session one.

RS Yes, there are the practicalities, aren't there?

AS Yes.

RS There's confidentiality, is one that crosses my mind.

AS Absolutely, yes.

RS Can you give us an example of how you talk about confidentiality?

AS Yes for sure. Oh absolutely. Yes, and that would certainly be one of the first things that I would talk about and that is part of the introduction to what therapy is. The way that I would talk about it is to let people know that one of the things that makes therapy helpful is that you can talk to somebody and know that they're not going to tell everybody else in your family about it, and know that they're going to hold that safely and that you feel like you can share things that you might not feel comfortable sharing with others.

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But at the same time if I'm worried that you're going to harm yourself, if I'm worried that you're going to harm someone else, then I might have to share some of the information with other people. But that would be the least amount of information as possible to ensure your safety. And that's part of my job, to make sure that you're safe in the work that we're doing together.

So that might be the way that I would do it. But I think, again, it's also about giving people a sense of the culture, is that we're here to create a useful conversation and a helpful conversation and we're also here to ensure that you're safe. Particularly if I'm working with young people who may be reluctant to talk to or reluctant to share info with their parents. And I would also just make it clear that the information I'm sharing is in order to keep them safe and it's not just about telling their parents everything or telling other authorities everything, but [overtalking].

RS Yes. Of course there's the kind of, again, practicality of, or there might be legal reasons why you have to share things. Things like subpoenas, whatever. Me personally, I do think it is sensible not to go into every single detail and scare people, but also that you don't have a law degree, you don't know exactly when

or where that might come up. But I really like that focus on, part of my job is to keep people safe and if I believe that someone's at risk then I'll have to act.

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AS That's my job. Yes. And look, if I'm working with parents and families as well I might think about talking about reporting and what my requirements are there in terms of mandatory reporting. Most of the time I bring with me all these things written down and give them a chance to take them away and read them. Because often in the first session people are often maybe a bit worried, maybe a bit nervous, and so it's hard to take in a lot of information. So I try and make sure that what I'm giving them is also something they can take away.

Sometimes, and we'll probably come to it in talking about some of the single-session work that I do, I give them a lot of things to read before they come, not a lot, but a few things to read before they come so that they're prepared and they understand when they arrive. And I ask them to complete a small form for me before they arrive as well, so that when we get to that first session, which hopefully isn't our only session, but maybe, they can hit the ground running.

That kind of conversation can be more brief. It can be more about, tell me what you thought about what was written down. Did you have any questions about that? We can go through it a little more quickly and it also helps me to make sure I've covered everything.

00:09:22

RS Yes. It puts me in mind of what, you wouldn't know this, but Suzie Hudson, and we did record an episode about before the first session.

AS Yes, yes.

RS I think it's worth pointing out that obviously not everybody is comfortable with reading. They're not necessarily going to tell you straight out that they're not comfortable with reading.

AS Yes, yes. That's important.

RS So it is worth probably just checking that and normalising that it's not for everybody, the reading, but for a lot of people who do feel comfortable with reading can save you a lot of time at that first…

AS Yes. In that first session, I guess coming back to that question, I think that there's a lot of jobs to do because you want to, as I was talking about before, set a culture for the meeting, to give people a sense of who you are and how you work and how would that look. Particularly if you have, and often my work is with young people, so usually it's their first time they've ever been to therapy. And sometimes even with older people it's the first time they've been to therapy, so got ideas from film about what therapy should look like.

And so I think that orientation piece is important too. Like, why we do it, why we talk about things that are difficult and painful. What I'd hope for, for them, what some of the expectations might be, and then enquire about what some of their expectations might be for me, what they're thinking they want to get out of it. So

right from the outset I'm trying to engage them as collaborative partners in the work as well.

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RS Yes, that's key, isn't it? Because it's not just, I want them to think I'm a nice person or easy to talk to. It's actually about the power dynamic.

AS That's it, yes.

RS And how you've seen therapy as a concept. There's a, let's work together kind of vibe, that you want to give people.

AS Yes.

RS Also it strikes me, I was talking to someone I used to teach, and they said, the one thing I really remember is that you said don't start with the question, what's brought you here. I think that's a funny little quirk that I have, but I found that if I do start with that question we often start with a discussion about the problem.

AS Yes.

RS I think it can be very impactful to start away from the problem, actually start with the person or the family rather than immediately saying, oh, you've got a naughty child, let's talk about all the terrible things that child does.

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AS Yes, yes, absolutely. I think the word that comes up for me around that is shaming. Obviously, in therapy you're there to talk about the problem, you're there to talk about the difficult thing, but to begin a relationship you have to build some trust. And it is also really nice to know the person outside of the problem because those things are really valuable, because you learn about what they're capable of, what they can do, what they have achieved, and sometimes they don't necessarily talk about those things unless you ask.

So knowing those things will help you then to start working together around what the problem is. It is not a waste of time and it's not just making everybody feel comfortable, although that's part of it, it's also about gathering information about what the family or the individual does. What they do, how they relax, what they find pleasurable, what they find exciting, all of those things are very helpful to have when you start to talk about difficult problems.

RS As you said, there's a lot to get through in the first session. How many sessions do you think an assessment should take?

AS That's a really interesting question. Because a lot of my work has been in public mental health services, CAMHS teams, and it's been on, you might call it the severe end of the spectrum, or people who are reluctant to come into therapy. Or, my favourite, young people who come for a few sessions and then they're doing better and so they're like, see ya.

Or they don't come back in for another four weeks, then they come back in again. For me, you never really know how long you've got. How long should an assessment take? If you're working with an adult and it's in a private setting and

you've got somebody who's fairly reflective and a good historian, and you've got a kind of model that you can really delve deeply into their history and they're okay with that and that's what they're expecting and wanting, you can take up to three, I would say, three meetings.

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But that said, I find and I've always found, that you never really stop assessing because it sometimes takes time. You might get to eight sessions and someone says, actually, I was abused by my stepfather. They're not necessarily going to say yes the first time you ask.

RS Yes, of course.

AS And when somebody trusts you, more information becomes available. I like to think of it as, we ask questions that I hope will be therapeutic as well as give me information.

RS Yes. I think that's an important point, isn't it? Some people see them as very separate, well, there's the point in which I'm asking information and gathering things and then I…

AS Formulate, yes.

RS Formulate or think about what's going on with this person, then I tell them what I think and then [overtalking]…

AS Then go onto treatment, yes.

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RS Yes. But there are lots of models that see it quite differently, that really from the moment you make that first phone call you're intervening in some way.

AS Yes, yes.

RS And I do think that's a good point, isn't it? That sometimes, I think about when you talk to people who have dropped out of therapy prematurely, that they often complain, oh, well they asked me a lot of information and interrogated me.

AS Too many questions, yes.

RS Yes. And, I didn't get anything back from it, I didn't feel like I moved or changed in my perspective at all. It is a balance, isn't it, of always being open to new information, but not having necessarily a very long period in which it looks like you're just collecting information.

AS Yes, yes. And I think, obviously in a lot of places I worked, and I think we're going to come to this question as well, is what if your model doesn't fit with the requirements of your organisation.

But a lot of the places I've worked have a very structured assessment form that you need to complete and you need to gather particular information, and one of the things that I often talk to about the students at the uni is that you can have a conversation with someone and still learn all of that. It doesn't have to be next question, next question, an interrogation.

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RS Yes, you don't have to follow the order of the form. I know that seems very simple, but you can, in the natural flow of things, fish out those pieces of information.

AS Yes, still gather that information or be curious or allow a person to tell you a little bit about themselves and their story. And a lot of the time those things that you need to know come out. They don't always, so it's helpful to have that backup. So if there's something that hasn't been spoken about you can ask a few questions, but it doesn't have to be question, answer.

RS Yes. On a very practical level, I was thinking back to my very early days. I felt I had to do the form in the session, then I could write on the form in the session. And it really changed my practice when I realised I could choose not to write on the form in the session, like write notes and put them on the form.

Or record, if people were happy, we might talk about that in a minute. But that idea of actually reflecting on the session afterwards and putting the pieces together was quite important when you came to then try to understand what's going on with this person.

AS Yes, I think so. I would agree with that. The other thing that has me thinking, often, and this is just because it's part of my research as well, but I think there's a really wide range of kinds of therapies and models, I think anyway. My humble opinion is that a big part of what you're trying to do in most therapies is help people reflect on where they are at the moment and where they want to go.

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And so, when you're asking those questions or when you're curious or when you're allowing them to speak and, how long have you been doing it that way, or… I hope that the assessment will be helpful to them. It's not just about me gathering information and taking it, like a scientist studying a cultural group. It's more about a kind of conversation that makes people feel… I really love Michael White's phrase for this, where he sees his role as helping people to be interested in their own lives.

So I think of that as a reflective capacity. Oh, I'm curious, why do I do it like that? Yes, I've done that for a long time. Or, yes, I've had that experience, maybe that's related to that, so…

RS Yes. And even putting things in an order, isn't it? And a lot of models talk about…

AS Timelines and…

RS Timelines or, yes. And even just seeing that laid out on a piece of paper or talked about can be quite eye-opening for people, yes.

AS Yes. Absolutely. Really empowering and really like, oh yes, that did happen just after my relative passed. And, ha, maybe I'm not to blame for all that. So that's really what I think a lot of therapies have in common, is that they try and help people to…

RS Make sense.

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AS Speak about things in such a way that it makes sense to them and they can then understand.

RS We just touched on it then, but recording or any kind of that. That's something that maybe you might talk about in the first session. What's your practice around that?

AS Yes. It depends a little bit on who I'm seeing and how sensitive the problem might be, but I do really like to video-record if I can and that's because I find it a really helpful practice for my own development as a therapist. Still, after 20 years. It's not that comfortable to watch yourself back on video, especially if you're having a bad hair day like I am today, listeners.

But it's a really helpful practice because you get to see where you're pausing or where your client's pausing or whether you jumped into something or you went too fast over something, which is really hard to remember. Because you've got 50 minutes with someone or sometimes longer, and it's hard to remember and then think on all of those things. It's a must for students who are training, it's an absolute must. And they don't like it all the time.

RS Very rarely really like it, I think we could say. Yes.

AS It's a bit awkward. Partly because they have to look at it and then they also have a supervisor look at it and it's uncomfortable, but the amount of growth that you get from looking at a video or even an audio recording, and the amount that you then can learn about your client. Because I think a lot of the time… A video recording is very interesting because you get to look at body language that you didn't notice at the time as you're doing all the other thinking.

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RS Especially if, yes, more than one person in the room, you can't watch everybody the whole time. Particularly if you're writing or something like that.

AS Yes.

RS I do think it's important in the first session to think about, how will you know that what you're doing together is successful, in inverted commas.

AS Yes.

RS How do you know you're getting to where the person wants to go. And people say well, I just ask them, how's it going or how're you going. But of course it's very intimidating to say that this therapist who's put work into you, actually it's not doing anything. Or, actually I feel worse than when I started.

AS Yes.

RS But it might be possible, I know that we'll talk about this in later episodes, to have some structure around it of course. But also when you see a person for the first time you might think about, we call them outcome measures. [Overtalking]. But some kind of list of… Here's some of the things that might be telling that you're not doing that great.

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AS Yes, yes.

RS And I know it's kind of controversial. Lots of people have said to me, I can't think of anything more depersonalising than giving someone a form about this stuff.

AS Yes, right.

RS But I think that there is a way to do it. I mean, I hope there is a way to do it, because I do it all the time, where you are saying, look, this is a way of keeping an eye on the things that you're saying are important to you.

AS Yes.

RS And I know, on another episode in another series, Frank Deane was talking about things like behavioural counts. How many interactions has your child had this week. Or, how many nights do you feel you slept well, or things in which you can get away from just that general how do I feel in this particular minute or…

AS Yes, yes. I think for me it also comes down to what I mentioned earlier about not wanting to waste anyone's time. I think I'm just, I'm a mum, I'm full-time working, and I'm just like… For me the purpose of tracking, and again that might be something I talk about at the beginning in the first session, where I set the culture, look, we're going to do some tracking. Just to make sure that what we're doing isn't wasting your time.

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And for me, that's a respect for the time of my clients, they getting there, they being here, let's make sure that it's valuable for you, and it's just a way to manage that and to monitor it.

RS Yes. And it kind of relates to that idea of having some focal point really, what are we really here to do.

AS Yes.

RS Because one of the questions that does come up, and I'll put this to you now, there's a lot to cover. In any person's life, there's a lot to cover. How do I make sure I haven't missed something really important.

AS Yes, really good question and really fits well with the idea of a single-session model. One of the things that I tend to do every session is ask, hopefully, if I've structured the session well enough, about 15, 20 minutes out, you know, we talked about a lot of things so far, is there anything that you think is important that we haven't talked about yet.

Or is there anything that I haven't covered that you think we should raise. To me that has two really important purposes. One of them is yes, just to check if they have got anything that they've been burning to tell you or that they think is valuable.

But for me the other purpose that it serves is that you're empowering them with the idea that they know what might be relevant to their own wellbeing. And that's

the kind of conversation that I want to make sure I'm having with them. Like, what else? I might have missed it. I might not have asked this question or maybe I skipped over it a bit too quickly. Was there anything that we need to talk about more that we haven't talked about. And it's a really valuable question.

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RS It's an interesting question, isn't it? Is that I can see that person who does have a history of abuse or whatever, that they know is important. But it hasn't maybe been asked or when it was asked their courage failed. That is an opportunity, isn't it, for them to be able to bring that up.

AS Yes. And also one of the things I find is that when I keep asking that question, it sometimes like the second or third session where people take you up on it.

RS Yes, sure.

AS As you were saying before with the assessment part, you might miss it or you might not get there.

Or even with the feedback that people might feel a bit nervous to say, actually, that wasn't helpful. Or, that didn't do anything for me. What I usually find is that if I keep inviting it, eventually people do start to say, oh, actually I'd rather talk about this. Or, that didn't feel like it was quite helpful for me, or… I like to think of it as a nice example of a healthy relationship, where you can ask for what you want or what your needs are and have your needs met. So it becomes that kind of example too.

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RS You've talked quite a bit about the single-session model and I know, I also thought this statistic was really interesting, that they looked at how many times a person normally goes to therapy. And I think the average is…

AS One.

RS One.

AS One mode, yes. The most common number is one.

RS Yes, one. And then three is also fairly common.

AS That's right.

RS Between one and three.

AS Yes.

RS And when we think in our minds, oh, I'm going to see these people for 20 sessions or ten sessions or whatever, it's a different mindset, isn't it? But that kind of, this person needs to walk away from this first session with something.

AS Something.

RS Let's talk about that. What is it a person should walk away with from the first session?

AS Yes, really nice question. So as we said, there's so much to do in that initial session. These are the things that I like to think I've accomplished. One of them is that they walk away with a sense of what therapy is meant to be or it's meant to look like, that they have a sense of being heard and being listened to, and that they have some tiny modicum, in some cases, of hope that what we might achieve together will be the right thing for them.

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If I've done those three things, then I feel like that's pretty good. I might not have got to all the information that I wanted to gather or maybe I don't know them as well as I'd like to know them yet. I do want them to walk away with some sense that we're going to be able to do something together that will be helpful for them.

And, as I said, because a lot of the questions that I ask or the way that I ask questions, and you probably will be familiar with Karl Tomm's interventive interviewing.

RS Yes.

AS Put a link in the notes again. That when you're asking questions you're also encouraging people to be curious, to be interested in themselves and, why do I do it that way? And to walk away with some sense of, ah, that's got me thinking about this. And I also, as much as possible, try and think that a lot of the work that people do happens outside of our meeting [overtalking]. We get a one hour a week for who knows how many weeks. So I hope that…

00:27:40

RS Or one week [overtalking].

AS Or it could be one, yes. So particularly when I'm working with families, I hope that what happens in the meeting has them curious enough about each other to keep talking. That's my hope, that people will go, oh, you said that in the therapy, why don't we talk more about that. Like, I haven't heard you talk about that before. Maybe they build their relationships, whether it's with others or with themself, over the time in-between sessions and it doesn't just stop.

RS It's interesting you raise Karl Tomm. When I went to Canada to observe Karl Tomm, the great Karl Tomm.

AS Yes, very jealous, very jealous.

RS One of the things I noticed is he did, in the first session, try to pick out some patterns that he thought maybe might contribute to the, he calls them Pathological Interpersonal Patterns or PIPs. But that kind of idea that just a little observation. So I think that's a bit of a balancing act, isn't it? You don't want to go too early in trying to say, oh, I get what's going on here, it's this.

But there is some little piece of, sometimes it is really obvious the person themselves knows what's going on, but this kind of beginning of a formulation or a beginning of a story of, oh, here's how I understand what might be happening, that can be really important in hooking a person into further therapy.

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AS Yes, yes. I think what it makes me think about as well is the kind of Milan or post-Milan hypothesising. Because you might not know, you might not be certain. I think certainty is a bit overrated in therapy. I think it's okay to not know, but you can put forward an idea, a hypothesis. Could it be that when you express your worries your husband's trying to make you feel better about it and inadvertently making you feel like he's not listening? Like, could it be that? I don't know. Let's find out next week. So it doesn't have to be…

RS Or inventing two ideas or three ideas. It could be this or maybe this or… I guess bring… This is a sort of setup question, because obviously we do work with multiple people. What are the benefits, do you think, of bringing in an extra person or an extra set of people when you're seeing a person through therapy? It might be family. Or could it be a support person or a flatmate or a best friend or… So I don't want to use the term family necessarily. But I'm talking about multiple people…

AS Anyone in their social network, yes. Yes. How long have we got?

RS Not long.

AS Look, I worked for a long time with individuals, so most of my training, my initial training was in individual work. I had studied CBT initially and then Narrative and then other kinds of approaches, and so it's not even in the last ten years that I'd been working with families. And it has been profound, the difference that I'm seeing in being able to bring in people who know the person, who care for them, who understand maybe a bit more than what I do or can see them from the outside.

00:31:00

I always like to think, if I'm offering an individual, if I'm offering them the opportunity to bring someone, I'll ask them to bring someone that they feel is their safe person that they're most comfortable with, that they feel will be helpful to be in the room with them. That makes it a bit more comfortable for a therapist probably, if you start there.

And then I see that person as a resource. They're my buddy. They're my helper in the work that I'm trying to do for this individual. And a lot of the time it's just assumed that therapy is this private scary space that is just between two people and nobody else is allowed in.

But the truth of the matter is that it's that young person's mum who's going to be there in the middle of the night when she's suicidal, not me. It's that person's partner that's going to be dealing with their anger outbursts. It's always the people that we're in social relationships with, who are around and who love that person, and I think why not leverage that? Why not bring that in? Why not use it? And I think the result… And as I was saying, a lot of things happen in-between therapy sessions.

And ideally you want to do yourself out of a job. You want to, that's my approach anyway. And what I usually find is that usually young people will say, yes, yes, it's

this one person. Just one person. And then you have a meeting and then the next time they say, oh, actually, maybe I could invite my brother as well. Okay, go with these three people, all right, let's do that. And then, oh, you know, that was really good, maybe I could invite this person because I really want to talk to them about that thing.

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So it can grow slowly as well over time. It doesn't have to be individual or families I think. You can invite one person in, see how that goes, see how that feels, and then move from there if you want to. But it's always that individual's decision about who comes in and I think that's empowering as well. Like, you know who should be in with you. You know who you want to have a conversation with. And again, coming back to that structure, it's the structure that maybe helps somebody to have a difficult conversation with someone that they otherwise can't.

RS And that's important, isn't it, because sometimes people say, I'm scared. They might not say it that way, but I'm scared that the other person, the support person, will see things differently or say something negative or… And we're not just talking about young people, right? We're talking about adults as well.

AS Yes.

RS Maybe their spouse will come in and complain that, he drinks too much and he's snappy and he's hopeless with the children and whatever.

AS Yes.

00:33:44

RS And that can be not a pleasant experience for the person, but as we say, the structure becomes important, then how do we focus that conversation in a way that is helpful but real.

AS Yes, yes.

RS I think your point is a really interesting point with this kind of two sides of the benefits. One is, they give us extra information that helps us to understand what's happening with this person. Maybe somewhat more honestly than the person might say themselves.

AS Yes, more accurate. Yes.

RS Yes. And then the other side is they're an assistant in therapy. Okay. Given that we have talked about the first session slash first few sessions. And the blurry line between assessment and therapy, but there's some kind of jobs to be done at the beginning of the structure.

AS Yes.

RS When you think about how you approach those first few sessions, what's one takeaway that you really want people to think about as they come into that beginning with a person?

AS There's a lovely therapist called Peter Rober who talks about that first initial meeting that you have and it even begins as you're going to meet someone in the waiting room. What your body is saying, how you approach them, shaking the hands of children to make sure they feel like they're part of it. It is that first meeting that actually predicts how well therapy is going to go. So not only are there lots of jobs to do, but the first meeting predicts engagement and the satisfaction of the first meeting predicts therapy outcome, so it's that important.

00:35:22

RS Pressure.

AS Yes, a lot. That's, I guess, the take home, is that there's a lot of important things that can happen in that first meeting, so don't just be focused on, oh, I need to get all this information. That's only one thing. The other things are just as important. Like helping them feel a sense of hope, a sense of being listened to, and walking away with an idea about, okay, I know what therapy is going to be like and I have a sense that it's going to get me where I want to go. Yes. It is that important, that don't just think about information gathering. There's more to it than that.

RS Yes, perfect. That's the perfect note to finish on today.

AS No worries.

RS So thank you so much for your time.

00:36:09

AS Pleasure.

RS And thank you for your wisdom as always. As always, we will be posting this podcast on our portal and there will be additional resources available.

AS Thanks so much, Rebecca. It's always a pleasure to be on.

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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