

Intakes & First Sessions:  
Doing the First Hour  
So There's a Second Hour

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PSYCHIATRIC  
HELP 5¢



THE DOCTOR  
IS IN

## CE Questions (T/F)

1) What we often call “resistance” usually means we’re focusing on the wrong things.

2) We can use tools like reframing, highlighting expectations, & clarifying decision-making right in the intake session.

Ask a question—anytime!

During the program, type your question in the box below, add your location (optional—just for fun!), and click send.

Answers will be posted with the video Monday evening.

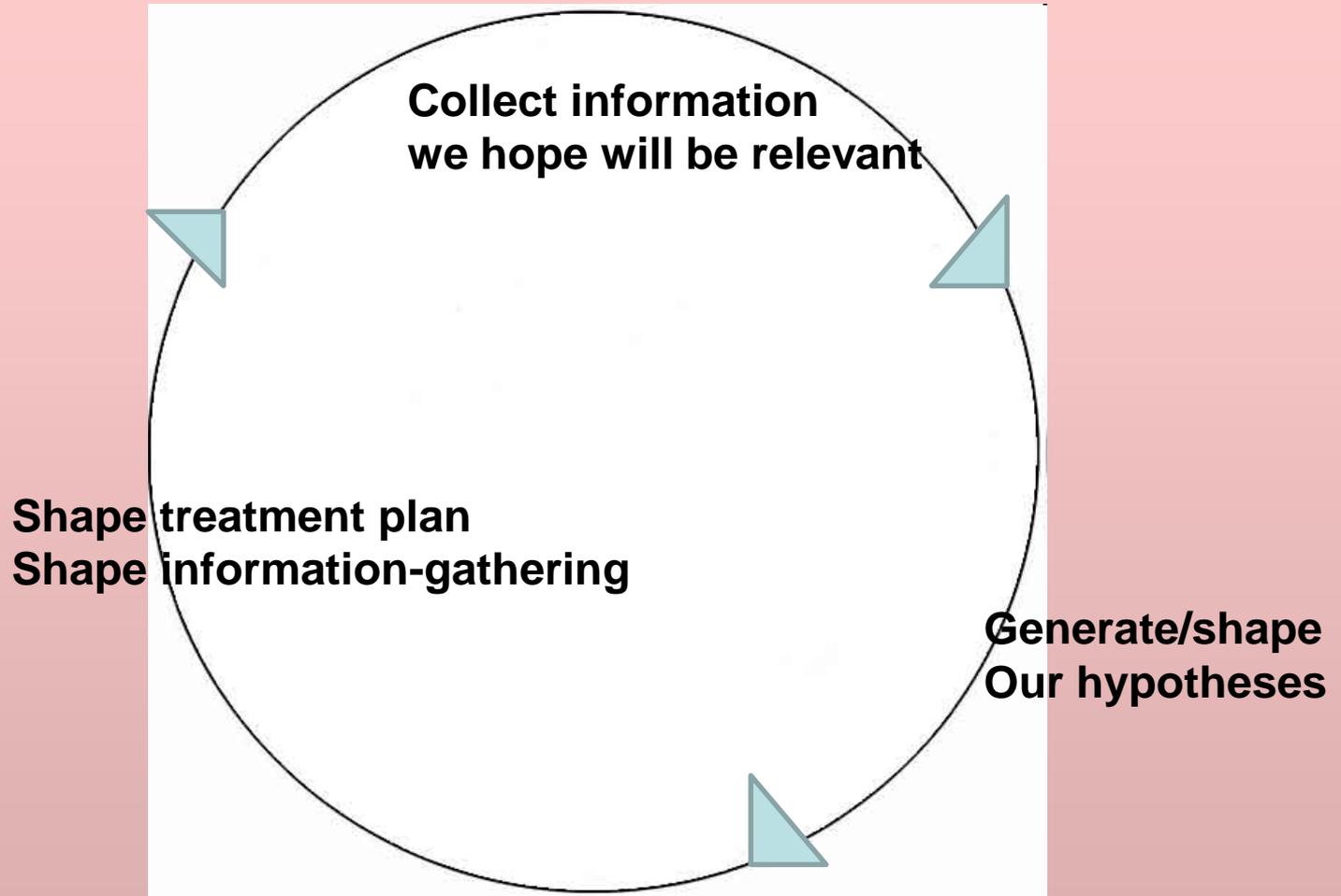
Goal of the first session:

Have a second session

# Other goals of early sessions

- Gather data about this unique couple
- **Why now?**
- Feel what it's like to be in this couple
- Give them the experience of relating to us
- Give them hope that things can get better
- Understand their expectations of therapy & of us
- **Identify & understand their narrative(s)**
  - ~ deconstruct it into facts & beliefs
  - ~ then reconstruct it and present it back
  - ~ show them a different narrative(“so you just don't know how to get his attention”)

# The early-session dialectic



So the line between  
assessment and intervention  
can be very thin.

Of course,  
patients don't experience  
much difference.

Although they really don't like it  
if we do too much therapy  
too soon.

# Examples of too much therapy in couples session #1

- *Do you trust her with access to your 401(k)?*
- *So you actually trade sex for money, right?*
- *Maybe you have affairs because you fear intimacy*
- *Do you really think controlling his sexuality will bring him closer to you?*



*“Let’s explore this feeling that people  
are trying to cheat you.”*

“What would you like  
to accomplish  
in our work together?”

vs.

“What problems  
would you like to fix?”

Note how different this is from  
“Tell me your problems.”

or even,  
“What can I do for you?”

# What we can evaluate

- Decision-making
- Developmental moments
- Co-occurrences
- Early examples of problem
- Examples of non-problem
- Various narratives
- Theories of each others' decision-making
- Interest/ability in relating to therapist

One more thing to evaluate:

Is s/he here to:

- a) make the relationship better,
- b) satisfy an obligation, or
- c) decide whether to stay or go?

Okay, let's start with something you have in common.



We're both not talking to each other.



# “Why do you suppose s/he does that?”

- She's crazy
- He doesn't love me
- She's insecure
- He has PTSD
- She doesn't like sex
- She's still in love w/her ex-husband
- She cares more about the kids than about me
- He learned it from his family
- She's English
- He's selfish
- He hates women
- She's passive-aggressive
- That's how men are
- He only cares about money
- She does whatever her mother tells her to
- *I don't have a clue*

# Typical couples narratives

- What happened
- Why it happened that way
- Who did what
- Who owes who
- Who's the bad one
- Who's suffering more
- Who needs to get fixed
- What past is the relevant context
- What's wrong w/the other person

# The therapeutic alliance

- Premium on clarity & directness
- Establish rules
- Have couple own the rules
- Forecast the process
- Invite each of them to predict their resistance
- What we don't do: take sides, tell them what to do, criticize their mistakes
- Disclosure & intake form (return later)

# Early interventions— which they typically won't even notice

- Focus on what people actually want
- Shape their expectations of therapy & therapist
- Reframe current situation
- Shape the vocabulary
- Shape the narrative
- Ask how partner feels
- Parallel process relationship w/me

# “Resistance”

Focusing on existential issues often triggers the very defenses people have come to therapy to resolve.

# “Resistance”

Patients are uncomfortable with a sealed therapeutic environment, and will undermine it any way they can.

# “Resistance”

*Our job:*

Notice & interpret these attempts,  
and don't participate (or criticize).

# When presenting problem is “infidelity”

- Don't adjudicate if it's “infidelity”
- What does each of them want from the therapy?
- Do you know what your partner wants from you now?
- Do you want to go back to the old relationship?
- Do you want to go back to the old sex life?



**“When I’m dieting, my doctor says it’s OK to cheat once a week. I’m going out with your friend Larry tonight.”**

# Asking questions

- We need to ask questions others won't
- We show that words are neutral
- We're curious; we value curiosity
- Model: in relationship, people can discuss anything
- No, we're not polite about sex—  
“and neither should you be!”
- Everything has interesting questions about it

# Good questions

- What does s/he mean by that?
- Are you curious about that?
- What were you feeling?
- And then what did you do?
- How did you decide to do that?
- How did/do you intend for him/her to feel?
- Did you ask what s/he meant? Why not?
- When did you start noticing that?
- Do you know how?

# What clients learn from good Qs

- They made/make decisions they're unaware of
- “Things” don't “happen”
- They are or aren't curious about something
- They're responsible for not understanding something
- They've tolerated not knowing or understanding
- Both they and their mate are unique individuals
- We're willing for them to be uncomfortable
- Language matters

# Our language

- Asking 'what' & 'how' vs. 'why'
- Have clients describe actions in an active voice
- How do you feel right now in the room?
- How do you feel about that? vs.  
How did you feel about that?
- How did you feel, not how did that feel?
- When, not if
- What's your plan? What's your theory?

# Helping couples clarify their goals for therapy

- Fixing the relationship vs deciding *if* they want to fix it
- Wanting to see if it can be fixed vs if they want it fixed; you don't need to know how.
- What's s/he upset about? How do you contribute to it?
- How do you two cooperate to create problems?
- Show how they're responding reasonably to the system they've created & their isolation/mistrust.
- What don't they need to change?

# Identify & challenge clients' assumptions

*An ongoing project throughout therapy.*

Examples:

- A cheating spouse has to move out
- How you treat me determines my parenting
- My ex-boyfriend has a right to my time
- Normal couples have sex 3 times per week
- Imperfect contraceptive use
- We're too different to be together
- Hot Irish temper
- Pets' needs are as important as humans'

# Early sessions don't only focus on the PP, but on:

- History & turning points
- How they've made various decisions
- How they feel about themselves (& each other)
- The relationship's rules, assumptions, narratives
- How they work (un)cooperatively in other arenas
- How they handle anger, hurt, & agreements
- How they handle things other than the PP
- How they treat me, as individuals & as a couple
- What makes the "problem" a problem?

# Our job

- See patterns
- Highlight reifications
- Hold up accurate mirror
- Identify and challenge beliefs
- Substitute our interpretations for theirs
- Model couple behavior for each w/the other
- Maintain connection with them despite content, their discomfort, or our discomfort



“I would have brought my husband,  
but we’d just end up arguing.”

We want to collect information that patients may not want to discuss, and may not have thought about for years (or ever).

We also want to demonstrate our understanding that this is a difficult process for clients.

Everything we do with patients,  
whether within session or not,  
is modeling for them.

We're gentle

We're curious

We're respectful

We have a sense of humor

So we want to do our intake in a way  
that doesn't just collect information,  
it expresses our vision  
of our relationship.

# Expressing our vision of our relationship

- Waiting for someone to answer a question
- Not reacting to sarcasm, avoidance, or insults
- Taking what people say seriously
- Using healthy language
- Not getting defensive
- Asking people to look at us when talking to us
- Feeling comfortable with silence
- Noticing people interrupting each other

# The limits of therapy

- Some people pick the wrong mate
- Fundamental values differences
- Unwillingness to prioritize relationship
- Emotional system too fragile or rigid
- Unwillingness to change
- Commitment to hold onto anger or wound
- Need to prove change is impossible
- Perceived identity element
- Refusal to face the truth
- Psychotic, character, or organic disorders

...so you want to be evaluating those things along the way, especially in the early sessions.

# Practical tips

- Don't do too much therapy in session #1
- Let them interact w/each other, & watch
- Listen to the narratives; confirm w/the couple
- Don't focus just on problems
- Get them to describe their vision of what they want
- Ask them about each other's desires & wounds
- Ask about their previous/current therapy
- Ask what they want from you/this therapy
- Ask how they might resist you/this therapy
- Remember: you can't do everything in session #1

A cartoon illustration of a building's exterior. The building has a light brown facade with a yellow awning over the entrance. A large window on the left contains text. The entrance door is in the center, with a small light fixture to its right. The sidewalk is made of grey tiles, and there is a brick base for the window and door. A blue building is visible in the background to the right.

**MARRIAGE  
COUNSELING**

**"THE ONE WHO'S  
WRONG PAYS"**

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# Reminder: paperwork

- Consent to treat
- Intake form
- Release of confidentiality
  
- Next appointment
- Payment for this appointment

Ask a question—right now!

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