

GUIDELINES FOR THE INITIAL PHONE CONTACT

These guidelines are suggested as best practice guidelines that can be adapted for clinical and administrative staff your clinic. Initial phone contact is brief and meant to gather important initial information about the client and should set the tone for collaboration and shared decision-making.

The overall goals for the initial phone contact are:

1. Be welcoming
2. Validate the caller
3. Express empathy, understanding
4. Assess for urgency
5. Request to ask a few questions
6. Wrap up the call by attending to concrete (transportation, child care) and perceptual (stigma, past experiences, etc.) barriers

BE WELCOMING

- Inquire into the reasons for seeking treatment now – “I’m glad you’re calling.”
- “What can we do to help?”

VALIDATE THE CALLER

- Attend to and acknowledge clients’ past experiences in treatment/with the mental health care system
- “I know how difficult it can be to make this call.”

EXPRESS EMPATHY & UNDERSTANDING

- Be sure to really listen to what the caller is saying – details are important
- “Sounds like there is a lot going on.”

ASSESS FOR URGENCY

- Ask if client needs to come in right away or if they can wait for an appointment

⇒ If the person says that they **cannot** wait then it is important to inquire further into why

NOTE: It may be helpful to call in a staff member with risk assessment training

REQUEST TO ASK A FEW QUESTIONS

- “Do you have some time to talk before we schedule your first appointment?”
- Ask if there is anything they think we should know/understand about them before they come in
- “Thank you for helping us to understand more about you. This will help us to work better together.”

WRAPPING UP THE FIRST PHONE CALL

- Scheduling and confirming intake appointment
- Practical matters (payment, insurance, scheduling, logistics, etc.)
- Confirm office location and directions
- Confirm available resources to attend first appointment (Child Care, Transportation, time off from work/school, Insurance/Financial support)
- Explain timeline of first appointment (orientation to clinic, paperwork, intake questions, etc.)
- Reminder to bring appropriate documentation to the appointment
- Follow up with client by phone with appointment reminder.

**** For Mandated Clients:** “I know what the case manager, etc. said, but what do you think you can gain from working together?”

WHEN SOMEONE CALLS ON CLIENTS’ BEHALF

When someone is calling on a client’s behalf, following all of the above is still a goal

A few other things to assess/discuss:

- Are there barriers (i.e. Disconnected phone, etc.) to communicating with this client?
- Should the clinic/therapist communicate with you (the representative) or the client directly?

GUIDELINES FOR THE FIRST MEETING

The overall goals for first meeting are:

1. Remember the ARCH principles!
2. Help clients make informed decisions about treatment
3. Encourage shared decision-making in treatment
4. Instill hope, reinforce strength, and foster resilience
5. Attend to client's past experiences with mental health services
6. Create an opportunity for clients to ask questions and contract for future services

HELP CLIENTS MAKE INFORMED DECISIONS ABOUT TREATMENT

- Provide a clear overview of the first meeting
- Establish a working collaborative by explaining your role, your knowledge about treatment and how your agency works
- If the client spoke with someone else on the phone, explain to what you already know so the client does not have to repeat themselves
- Explain intake process and be sure to express:
 1. Intake questions are routine and designed to help clinicians point clients in the direction of the therapist who is the best fit for them; the hope is to establish the felt need and what the client has that helps them
 2. Intake questions are routine (we ask them of everybody), some will apply to the client while others will not, and there are no right or wrong answers
 3. Validate and express empathy and understanding of clients and their experiences
 4. Is there something you want to talk about today in terms of who you want to work with?
- Clarify the need for mental health care/establish felt need
- What do you want to get out of this discussion and address?
- What supports do you need?
- What's working well? - Everyone draws on cultural components in times of need?
- Establish the felt need:
 1. Why do you want to work on?
 2. Who do you want to work with?
 3. What kind of support do you have?
 4. *** For Mandated Clients:** What do you think you can get out of treatment? At the end of the day you call the shots.

ENCOURAGE SHARED DECISION-MAKING IN TREATMENT

Set up the foundation for a collaborative relationship and "deconstruct" the process of therapy and take yourself out of the "expert" role:

- "I would like to better understand what you've been experiencing, what the challenges have been, and what's been working for you"
- "We will work together to come up with a plan to help address some of the challenges you're facing"

INSTILL HOPE, REINFORCE STRENGTH & FOSTER RESILIENCE

Instill Hope

- "What you're going through isn't going to last forever."
- "I've seen this before; you're not the only one experiencing this."

Reinforce Strength

- Acknowledge the courage it takes to be proactive and ask for help
- Reinforce what the client has done well and empower them (i.e. Attending apt.)
- Remember that this meeting sets the tone for treatment, so start by reinforcing the client for their hard work.
- Emphasize and explore additional resources

Foster Resilience

- Emphasize that there is more to the client than their diagnosis
- Attending appointments helps build strength

ATTEND TO CLIENT'S PAST EXPERIENCES WITH MENTAL HEALTH HELP

- Inquire into a client's past experience(s) with mental health services and explore their feelings and experiences
- Help clients express any concerns they may have
- Help clients convey expectations and hopes for this encounter.
- Remember that small talk is important and is part of the engagement process – make clients feel comfortable

WRAPPING UP THE FIRST MEETING

- End on a positive note! You want people leaving feeling good
- Ask the client if there is something they would like to discuss that hasn't been touched on
 - Ask if client would like to set up another appointment

GUIDELINES FOR ONGOING CONTACT

The overall goals for ongoing engagement are:

1. Validate and identify clients' strengths
2. Express empathy
3. Encourage shared decision-making
4. Build hope and foster resilience
5. Continue to problem-solve around concrete and perceptual barriers

VALIDATE & IDENTIFY STRENGTHS

- All people need to be treated with respect
- Validating clients and identifying strengths should happen throughout treatment
- Acknowledge small gains
- Clients need to feel listened to and supported
- Find out about other interests – who is this client outside of their challenges?

Some talking points:

- "What's working well in your life?"
- "Tell me about times in the past when this was not bothering you as much? What was different about those times?"

EXPRESS EMPATHY

- Empathy is critical to practice and can impact individuals, groups, and communities
- Express empathy for clients in a culturally competent way by acknowledging that everyone has a specific way of approaching challenges based on their unique culture

ENCOURAGE SHARED DECISION-MAKING

- Promote equality in the therapeutic relationship
- Explore what information clients need
- Be flexible and continuously attend to clients' felt needs
- Remind clients that they are capable of making good decisions

One sure way to improve show rates is telephone contact in between appointments to remind, validate, empathize, and problem solve!

BUILD HOPE & FOSTER RESILIENCE

"Although the world is full of suffering, it is full also of the overcoming of it."- Helen Keller

- Hope comes from within and from the supports around us- help to identify the 'silver lining'
- Engage clients' family members and other supports if wanted
- Cultivate and foster clients' self-determination and sense of resilience
- Encourage and maximize clients' sense of possibility
- Look to the future with your clients
- Co-create realistic, attainable, and meaningful goals with clients
- Maintain and nurture your own sense of hope as a clinician
- Be respectful and accepting of your clients

PROBLEM-SOLVE!

- Support clients to take concrete actions to meet goals
- Identify concrete barriers such as transportation and childcare and collaborate to problem-solve
- Continue to address perceptual barriers such as stigma
- Cultural competence is key!
- Help to elicit alternatives
- Identify/consider natural consequences

GET CLIENT FEEDBACK

- Get feedback from clients on their experience in therapy
- Focus on the overall relationship with your client -- "How do you feel about the work we're doing?"
- Use feedback to inform ongoing work

Some talking points:

- "Would you like to set up another appointment?"
- "Is this helpful?"
- "Is there anything you need that we haven't touched on?"

GUIDELINES FOR TERMINATION

The overall goals for termination are:

1. Identify the progress the client has made
2. Identify areas for future work
3. Resolve the client-therapist relationship
4. Identify new support systems
5. Create an opportunity for a healthy goodbye

IDENTIFY PROGRESS

- Help clients recognize improvements and growth
- Highlight progress to help clients cope with potential anxieties associated with termination
- Provide observations and feedback about client's progress. This is important to help client recognize small gains or articulate the progress they have made
- Attribute progress to clients' efforts
- Acknowledge that temporary setbacks are normal part of the change process

Some talking points:

- "I've really seen you grow so much in our time working together."
- "It's been wonderful to see you make different choices in your life that work better for you!"

IDENTIFY AREAS FOR FUTURE WORK

- Identify unresolved issues and areas for future work so that progress continues after termination
- Assure clients they can reach out for help again in the future
- People can continue the work, even if they don't attend therapy every week
- If there has been a lack of progress, work with the client to identify some of the obstacles and reasons behind them

Some talking points:

- "What do you think you would still like to work on in your life or with another therapist?"

REFLECT ON CLIENT-THERAPIST RELATIONSHIP

- Termination can engender upsetting feelings about previous losses that intensifies feelings associated with ending the therapeutic relationship
- Anticipate clients' various reactions to termination
- Attend to feelings of abandonment, rejection, and powerlessness
- If clients act out in response to termination be prepared to explore and make connections between termination and the behavior
- Accept and empathize with the client's feelings will help them feel understood

Some talking points:

- "I've really valued and enjoyed the time we've spent together."
- "Good-byes are difficult to say and do. What has been your experience?"

IDENTIFY NEW SUPPORTS

- If a client's situation has not improved because of external circumstances, the clinician should be prepared to assist in identifying and coordinating services
- Identify barriers to accessing other supports
- Engage clients' family or other support systems to help ease the pain of termination
- Create a list of supports that clients can access in times of need
- Utilize peers as a bridge between you/the agency and the client

CREATE THE OPPORTUNITY FOR A HEALTHY GOODBYE

- Start discussing termination in advance
- Explore the client's feelings about termination openly
- Express your own feelings about termination