

First Session Checklist

The First Session Sets the Tone:

When first meeting a participant it is important to clarify the benefit they have with BHEA and build the therapeutic relationship. The following must be covered by the therapist to orient each client during their first session.

Before the First Session:

1. **Research for past or duplicate cases.** If there are multiple cases for the client, consult with the other therapists involved and your supervisor.
2. **Review the Appointment Detail screen.** Take note of any information that needs to be gathered during the first session.
3. **Note the type of benefit the participant has** (Stand Alone, BH Gateway, or UniCarveout) so that you are prepared to assist in a referral appropriately.

At the Beginning of the First Session:

1. **Review the intake form and make sure that is it complete.**

Some items to pay close attention to:

- **Incomplete fields.** Sometimes clients will leave the email blank. Let them know we use this for courtesy reminders and our satisfaction survey. Confirm that permissions are initialed by the client and the intake is signed. Inform them that if we have permission to send texts and emails those will be the default method of our courtesy reminders (therefore, clicking on this permission in the appointment means that a call will not be made). If there are minors involved, ensure that the legal guardian signed the intake.

- **Be sure that the name and email are legible.** Don't be afraid to clarify if there are doubts.

2. **Discuss Confidentiality and exceptions** (Child or Elder abuse, duty to warn, etc)

3. **Orient them to BHEA and your role as their therapist.**

Explain we are here to help with ANY life problems and that our Brief Solution-Focused approach will usually be the best fit for their problems. Let them know that occasionally there are issues that are appropriate for specialized or longer term therapy (or other services) and if that situation arises you will assist them in finding whatever help is needed to find resolution to their problems. Avoid speaking in terms of a number of sessions.

4. **Prepare them for a 50 minute session.**

The remaining time will allow you to stay on top of entering case notes.

Assessment and Treatment Planning During the Intake Process:

In a Short Term Solution Focused model the assessment is typically a “functional assessment” with the approach of starting to seek solutions from the very beginning while continuing to facilitate a nurturing and empathic assessment. If the counselor clinically judges the primary problem can be resolved using a brief therapy model, then the counselor should assist in resolving the problem.

Creating a treatment plan and creating goals is a hallmark of effective therapy and helps keep things focused on the growth process for our clients.

When to Refer:

Our model is designed so that approximately 80 to 85% of the time we handle the case without the need for a referral. In the other 15 to 20% the service we provide is to assist our clients in getting into longer term or specialized care. The decision to refer should typically be made during this first session. The following indicators can be guides to help assist in your decision as to when to refer. These indicators are evaluated together to get an overall impression:

1. Diagnosis: There are a number of disorders (defined in the DSM) that are usually referred out. Of course individuals and families who have these disorders may be seen if the objective is not directly related to the disorder. These disorders are:

- Tic disorders
- Schizophrenia and other psychotic disorders
- Sexual dysfunctions
- Eating disorders
- Personality disorders
- Addictive disorders - alcohol dependence, substance dependence, sexual or pornography, gambling
- Somatoform disorders
- Paraphilias

Our staff almost always retains other conditions. Some are as follows:

- Adjustment disorders
- Relational problems
- Bereavement
- Identity problems
- Phase-of-life problems
- Child or adolescent acting-out behavior

Extreme cases of the above may be referred out if the following are present:

- Suicidal or aggressive assault threat
- Loss of basic life functions in the area of work and self-care.

A large group of disorders are in a “gray zone.” Clients diagnosed as having these disorders are evaluated on a case by case basis. Here comes the subjective clinical judgment! These disorders include:

- Mood disorders
- Anxiety disorders

2. **Acuity:** Generally, chronic issues are more likely to need longer term or specialized care.

3. **Prior Treatment:** Extensive past treatment could be an indication that short term treatment may not be the appropriate fit. Even if the issues have been present for a long time, if there is a limited or absent history of treatment then it becomes more possible that short term may be an appropriate fit.

4. **Readiness for Change:** A client who is pre-contemplative will likely have a longer time-line for change compared to someone who is contemplative or in the action phase. Of course, this dynamic can sometimes change quickly when the client becomes motivated.

Assisting in a Referral (if necessary):

A referral may be necessary when a participant’s problem goes beyond the scope of short-term. The first important task when a referral is needed is to assure whether a Managed Care referral is necessary. If the client’s company is listed as “Stand Alone EAP”, then a Managed Care referral is not needed. Companies providing the “BH Gateway” and “UniCarveout” benefit will require that you follow specific steps for conducting the referral. To learn more about making a Managed Care referral click on the Benefit type while in the Company Details screen or consult the Operational Guide. Go to the client’s “Case Details” page, click on “add referral” and follow the guided steps to complete the referral.

It is the responsibility of the EAP counselor to know the referral sources in their community. We have a few tools to help track providers in the community. The tab entitled “Resources” is found in the Portal. Using the “Community Resources” Category will take you to a listing of providers and programs that help with specific issues you are seeing. It is a compilation of what our therapists have recommended. This information allows us to provide expert guidance and recommendations to clients that we must refer outside our office. It is unacceptable to simply print out a client’s PPO list and advise them to choose a provider. When possible, assist the client in making calls. We must make specific recommendations based on our information of specialties of practice. Your supervisor can provide you with training on utilization of these resources. If a participant’s problem is presented for which there is no known referral source, the EAP counselor must research the community. The development of a resource network requires time, energy and a commitment to service and quality assurance.

One major goal of the EAP is to reduce insurance costs through appropriate referral and service monitoring. The EAP counselor should assist the client in making sense of their insurance coverage as it relates to the referral. Preferred providers should be utilized whenever feasible.

When a referral is made, it is important for the EAP counselor to take the time to generally explain to the participants what they may expect in the therapeutic experience. Whenever feasible the EAP counselor should assist in making the call to the outside provider during the session and set their first appointment.

It is important that whenever we make a referral we let them know that provider information we give is based on our latest information. Also, make sure they understand that we are not aware of the details of their particular insurance benefits. The following is the disclaimer given on all Managed Care Referrals:

"Our referral does not guarantee that you will have insurance coverage. Only your insurance company can verify coverage. Please call them and verify that coverage will be available for your condition and for the specific provider you have chosen. If you do not know the phone number to your insurance company, we can provide it for you."

After you have assisted in the referral, let the client know you will be following up to ensure that they are getting the help they need.

At the Conclusion of the First Session:

Allow for a few minutes to schedule the next appointment (if applicable).

1. **Confirm the information in the Appointment Detail screen for today's appointment.** Correct any spelling errors and validate the contact information and permissions. Written permission trumps anything verbal so make sure the appointment detail reflects what is on the intake.
2. **Save the information if changes are made.** You will exit the appointment and will need to come back in to the appointment detail.
3. **Copy the appointment detail and paste on the date chosen for the next appointment.** Be sure to change the appointment to an "existing" instead of initial and update or erase the existing comments.
4. **Notify the client a notification of the appointment was texted to them** (if applicable). Help the client find their own effective way to ensure they are able to make it to the appointment.
5. **Guide the therapist to the lobby.**

After the First Session:

1. **Document the session.** Clicking on "Save and Go to Case" will take you directly to the Case Details where the note may be entered.
2. **File Intake.** "File the intake paperwork in the yellow folder marked "intakes" in the support staff area. The paperwork will be returned to your "Active Cases" folder."