Engagement is CRITICAL for client participation in active therapy. Active therapy means the client is attending sessions and learning new skills, AND is working in between sessions to practice the new skills. This is hard work. Your first encounter will set the stage.

The 5 basic steps:

1. Introduce yourself with a little bit of humanizing. Tell very briefly about yourself and what services your organization can offer.
   [Give the client a chance to catch breath, settle in before focusing on their concerns. Begin to establish the collaborative and transparent CBT approach]
   
   *Hello. My name is XXXX. I have been a counselor for 5 years. I really enjoy being able to help children and families with difficult situations. Our program offers services for families dealing with a lot of different kinds of concerns.*

2. Ask client what they would like help with. Elicit THEIR concerns for which they are seeking help. Reflect back. Communicate that you can be helpful for their concerns.
   [Goal is to find out what is bothering them the most. This might be different from what they said to the intake specialist or during an assessment that was done before you met them. Identifying their main concern gives you the hook for where to start]
   
   *Tell me what you would like some help with right now. I would like to understand what it is that brings you to counseling so I can do the best job.*

   *I know you wouldn’t be here unless there was a good reason. Maybe you have tried everything you could think of on your own. That is why we are here.*

   *Sounds like you are really struggling with some behaviors in your daughter that are very frustrating. These are problems that many families run into and we can definitely help.*

   *Sounds like you are very worried about the impact of that bad experience on your child. Tell me what you are seeing that worries you.*

3. Ask about beliefs and past experiences with counseling.
   [In many cases families have prior experience with counseling that was not especially helpful or have beliefs about counseling: it is for “crazy” people, families should solve problems internally, going to counseling is stigmatizing. Knowing about past experiences and beliefs gives you insight into how to correct these unhelpful beliefs]

   *I wonder if you have ever gone to counseling before. Tell me about your experiences. What was helpful/what did you like about it? What was not so helpful/what didn’t you like about it? Why?*
OK so this is your first time coming to counseling. Tell me what you think counseling is all about. Do people in your family or your culture have opinions about counseling? Tell me about that.

The programs we have focus on helping children and families learn new skills to handle feelings and behaviors in a better way. This may be a bit different than your past experiences. But these approaches REALLY work.

4. Proactively inquire about practical or concrete barriers to attending services. Actively problem-solve.
   [Goal is to identify the practical barriers to participation in active therapy and do SOMETHING to help-bus tokens, scheduling at convenient times, problem solving about child care]

   Sounds like you are interested to work with me to help your family. Is there anything that would get in the way of attending sessions?

   Tell me about challenges you might have attending sessions.

   Let’s see if we can figure out a way to get you help in coming to appointments.

   I can see that it will be challenging to plan for counseling sessions. Let’s see what we can do to make it the easiest it can be.

5. Give clients information about evidence-based treatment approaches or programs that your organization provides. [Give enough but not too much information yet about the models. Emphasize how well they can work.]

   Let me tell you about the types of programs we offer here. The counseling approaches we use have been studied and found to really work for families.

   These programs are different from traditional counseling. They are pretty short and focus on the specific concerns that you have identified. Most kids and families are getting better after a few months.

   One thing to know about these programs is that they are active. We are most interested in your situation being better in real life, not just in our office! That means we will work together to come up with better ways to handle feelings and behaviors and then you will practice them in between sessions.

   Does it make sense to you that something has to be different for problems to improve? That is what we aim to help you do.

   Are we ready to make a plan for going forward?