APPENDIX P

Highlights of the first 4 encounters in the Treat First Clinical Model

1st visit: The first visit focuses only on the person's request for help, clarifying the concern, and beginning a solution-focused intervention process. A therapist would be the first point of contact if a presenting problem is psycho-social in nature, including relationship difficulties. A Community Support Worker (i.e., CSW/ CPSW) may be the first point of contact if the identified problem is social, functional, or involves basic human needs or linkage to community resources.

Registration: The client completes registration materials before meeting with a therapist or CSW. Basic one or two question screens can be included in the registration materials relative to substance use disorder, depression, risk and crisis, and trauma. The materials may include a section for the person to list medications and a Community Engagement Checklist indicating current or historical linkages to community resources, identification of a Primary Care Physician (PCP), or other providers. This should allow the therapist or CSW/CPSW to have a quick sense about the status of the individual so to be fully engaged and present with the person rather than consumed with paperwork.

Self Check-In & Session Check-Out: A Self check-in is conducted with the person at the beginning and a Session Check-Out the end of each visit. Relative rating scale results are used by the practitioner to evaluate the person's perspective on how they are doing at the beginning of the session, and how useful and beneficial the session has been in making progress towards achieving the person's desired future. There are four specific questions for both check-in's.

Information Gathering. While the first visit is focused on developing a therapeutic alliance and building trust to first address urgent needs, it should also be a time to initiate the gathering of information. This includes information necessary to complete a Diagnostic Evaluation at the conclusion of the fourth visit.

Screening and Assessment: If there are significantly alarming indicators in the responses provided in the registration process, more in-depth screening may be necessary. Besides the information gathered in the registration process a therapist should complete a Mini-Mental Status Exam (MMSE) as an important part of the first visit and determine a provisional
diagnosis.

If the person is in an immediate crisis, that must be addressed before moving on to any other portion of the visit.

2nd visit: During the second visit, additional historical data are gathered. The focus is placed on medical and behavioral health history, extended support systems, identification of strengths and barriers to treatment, and other issues specifically related to presenting problem

3rd visit: Therapeutic services provided during a third visit are framed by a substantially sound understanding of the person's diagnostic situation, functional status, and evolving clinical case formulation. Additional targeted data (following local assessment and treatment planning templates) are systematically gathered to flesh-out a shared understanding by the person and provider on how to effectively address the issues raised by the person and to plan a treatment schedule for the remainder of the episode to resolve the issues.

4th visit: By the end of the fourth visit, a broader array of clinical practice functions will have begun unfolding. Early and ongoing clinical practice functions progressively come into action over time the course of the first four sessions of the Treat First Approach.