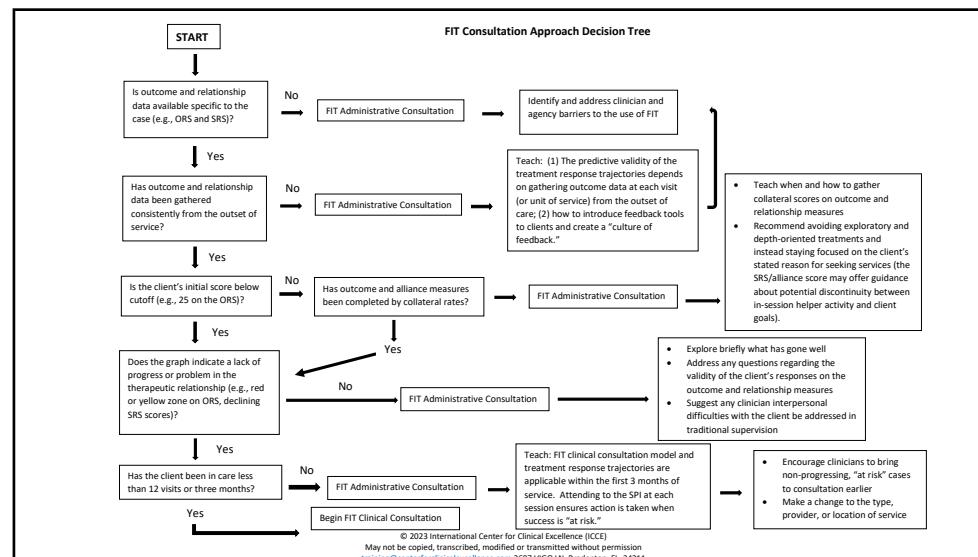
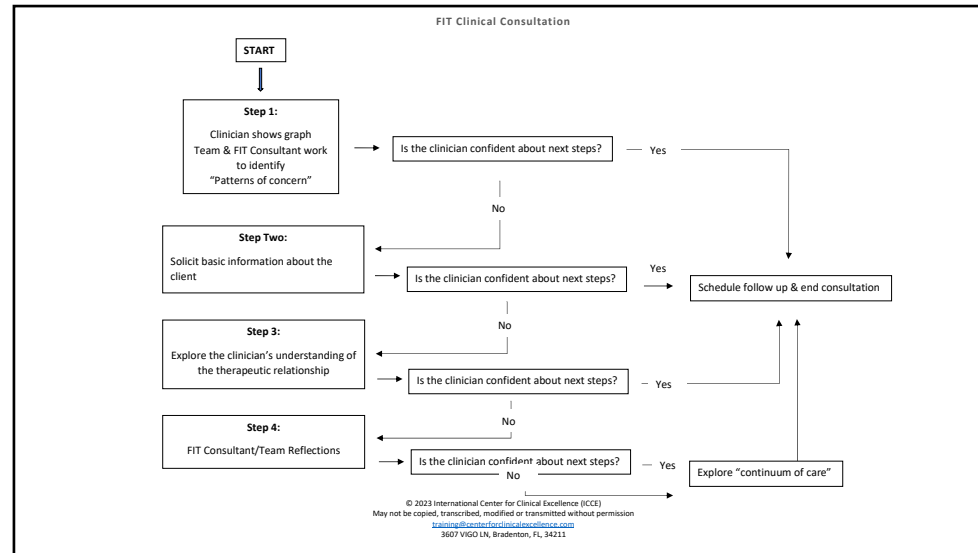


FIT Consultation

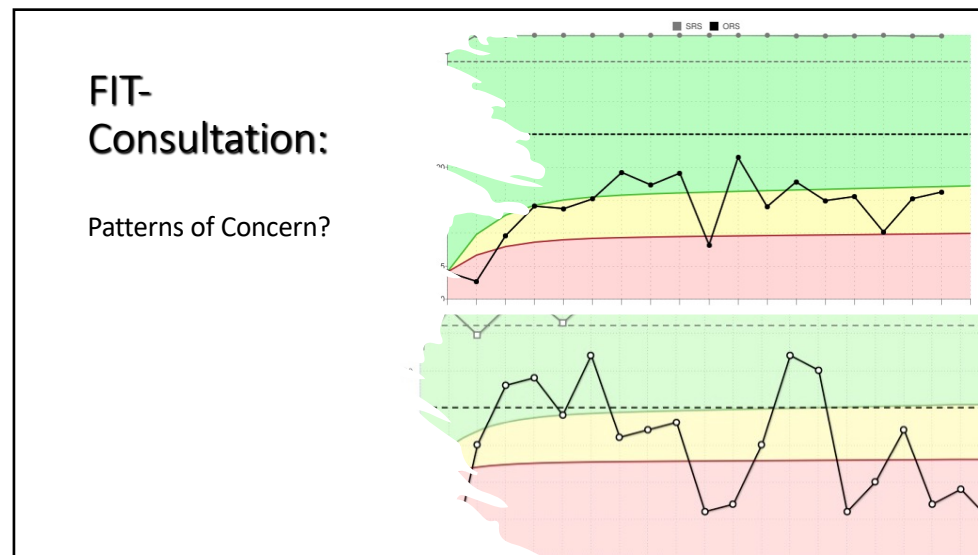
1



2



3



4

FIT Consultation Training

Basic Client Information

- **Name**
- **Age**
- **Gender**
- **Family/relationships**
- **Work/education**
- **Referral source (Who is concerned?)**
- **Service start date**
- **Current services(type, frequency, intensity)**
- **Substance use**
- **Client stated reason for seeking treatment**



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FIT Consultation Training

- **What does the client want from care?**
- **Is the client in agreement about the means and methods being applied?**
- **How does the client want to be understood and seen?**
- **What role does the client want the therapist to play in reaching their specific objectives?**



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FIT Consultation Consultant/Team Reflections



1. Focus the reflections on the elements of the therapeutic alliance.
2. Short and to the point
3. Tentative hypotheses shared in an affirmative language