

Building therapeutic rapport

Invite Choice in the First Conversation

Clinicians | 10 to 15 minutes

Rapport cannot be assumed because a session feels friendly to the clinician. Choose one early-session moment where the person could use more clarity or choice. Consider how you will explain your role, ask about participation preferences, and invite correction without making the client responsible for your comfort.

Use a deidentified example. Plan a brief invitation, an accessible response option, and how you will follow through.

Make the invitation usable

Ask a specific question such as: Would talking, writing, or starting with a practical concern work best today? Explain relevant privacy limits before sensitive disclosure. Include the option to pause or say that an activity does not fit.

Listen to the response

Notice verbal and nonverbal feedback without assuming silence means consent. Reflect the preference and make an observable adjustment where possible. If a request cannot be met, explain the reason and explore another option respectfully.

1. What early-session moment needs more clarity or choice?**2. What specific invitation and communication options will I offer?****3. What response might show that I should adjust or ask again?****4. How will I follow through and invite feedback about the adjustment?****Clinical use and adaptation**

Consider culture, power, prior treatment harm, disability, language, and coercion in referral. Do not equate engagement with eye contact or rapid disclosure. Explain actual limits on choice and confidentiality. Rapport work must not postpone urgent assessment or required professional responsibilities.