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"First Impression": Creating an Intake Procedure that is Welcoming to Clients and Useful to Clinicians

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“First Impression”

Creating an Intake Procedure that is Welcoming to Clients and Useful to Clinicians

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Field Placement: Mankato Marriage and Family Therapy Center
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Statement of Significance:

Have you ever contacted an agency and felt doubtful about their ability to help you due to the phone interaction or written correspondence you received? The significance of this Capstone project is to create an intake procedure that will leave a positive first impression for individuals seeking services with Mankato Marriage and Family Therapy Center (MMFTC).

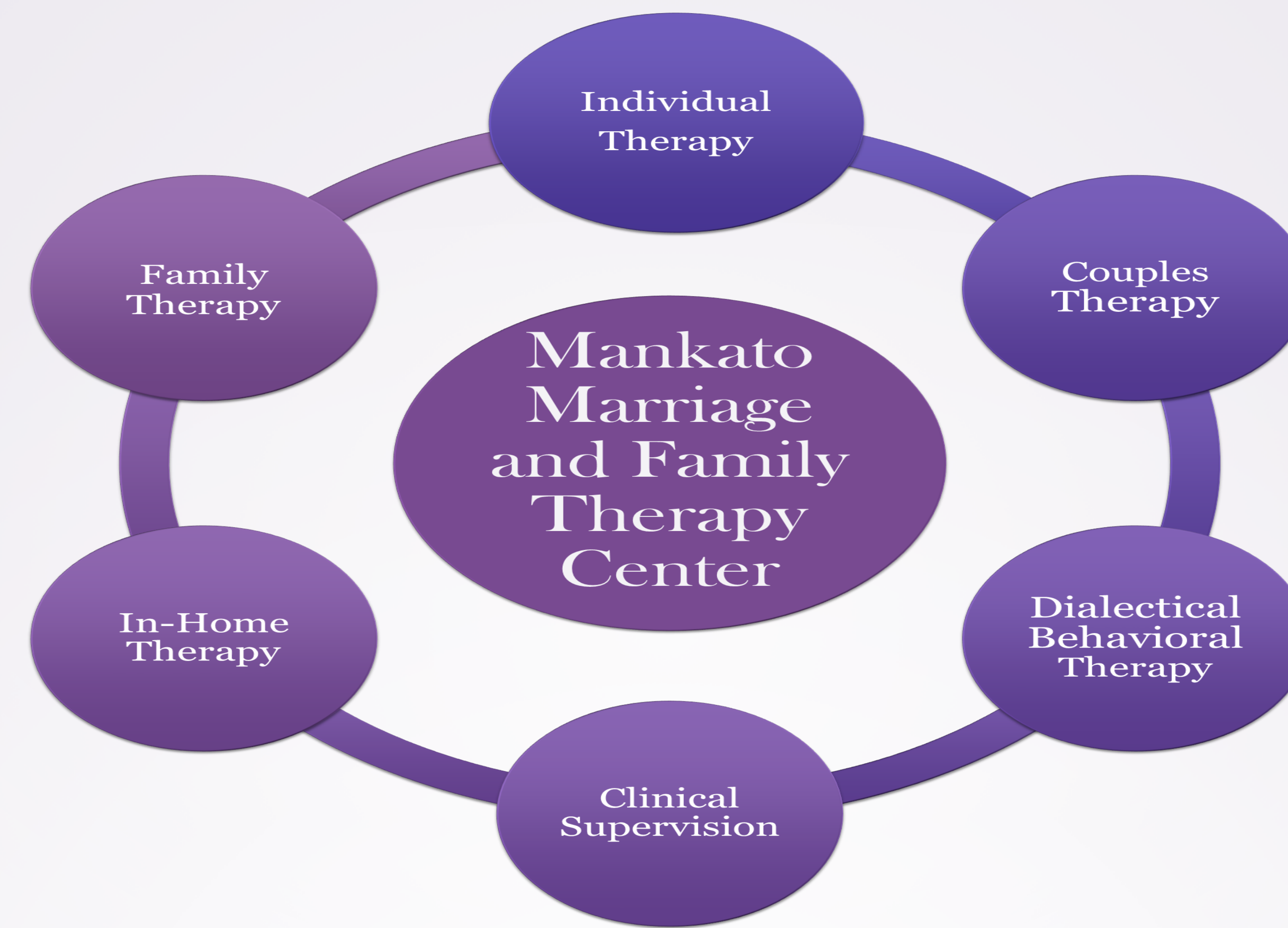
Goal of Intake Procedure:

Welcoming to the Client(s)

- Client(s) get the impression that MMFTC cares about the individual and their therapeutic needs

Beneficial to the Clinician(s)

- Clinician(s) are able to produce a quality diagnostic assessment within a timely manner



Brief Summary of Literature:

Hallowitz & Cutter (1957) discuss the telephone contact constitutes the very beginning of the intake process. This is a key role in this process. Consideration should be given to what types of question are asked and specifically what services are being sought out during the intake to ensure the appropriate paperwork is provided to the client.

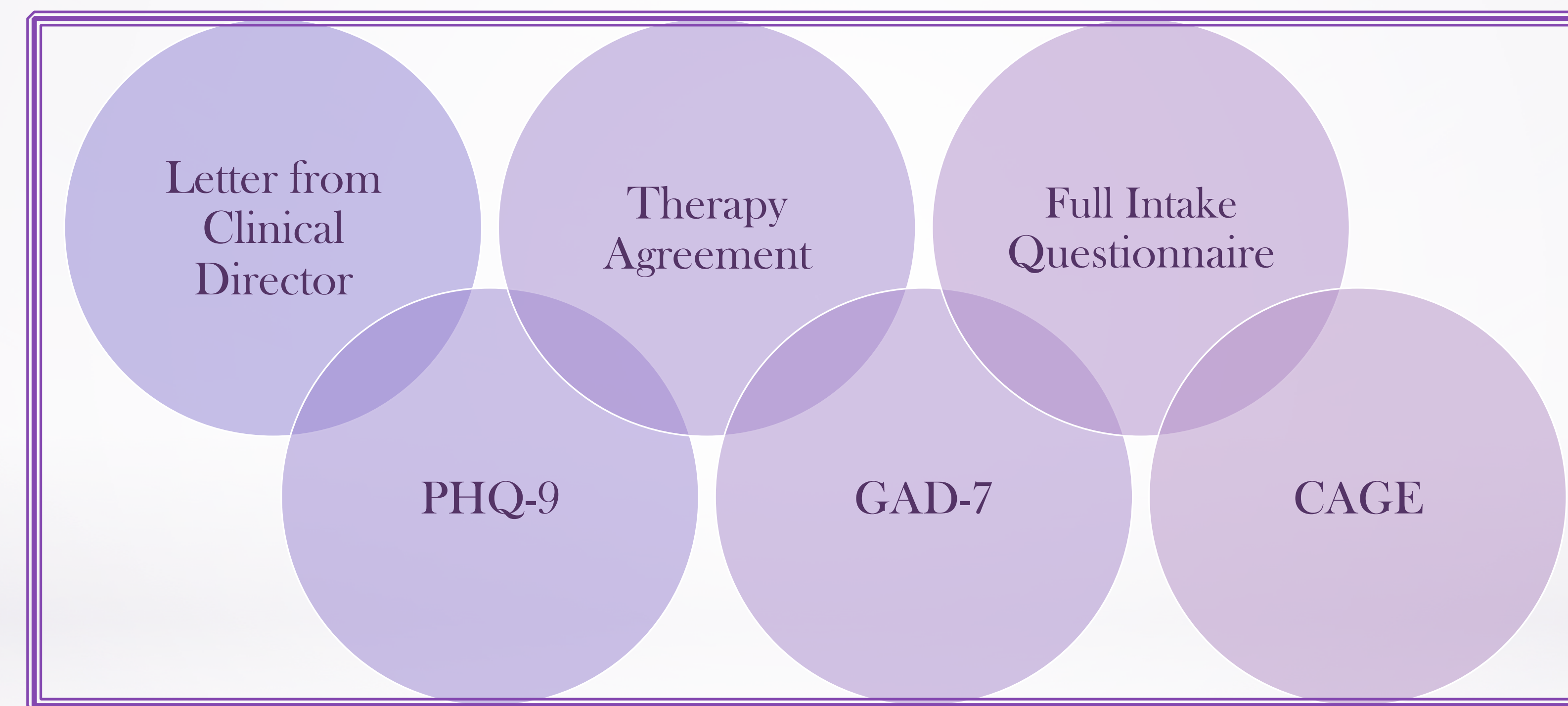
Fine & Glasser (1996) believe that a comprehensive psychological intake interview or assessment, in which information is collected from a broad array of areas, is essential in determining the client's appropriateness for counseling and planning a successful course for treatment. Due to requirements placed on clinicians to complete a diagnostic assessment during the first visit, the assessments provided are highly valuable and are used as an aid to gather as much adequate and current information as possible to provide a competent diagnostic assessment.

The research and practice literature relevant to the intake interview suggests a strong connection between this component of psychotherapy and the medical model. Proponents of Solution Focused Brief Therapy, De Jong and Berg (2002) have stated that the medical model is apparent in the intake interview as evidenced by the diagnostic nature of the session, which usually incorporates some form of assessment, mental status examination, and psychological or psychiatric testing (Falmon, 1990).

The underlying assumption associated with utilization of the Structured Clinical Interview for DSM-IV Axis I (SCID-I) and Structured Clinical Interview for DSM-IV Axis II (SCID-II) as an intake assessment is that a thorough evaluation of the presenting problem is understood in order to make an appropriate diagnosis in accordance with the DSM-IV (Spitzer, et al., 1992).

Presently, only a modest amount of literature exists in regard to the client's evaluation and perceived impact of the intake interview (Rudolph et al., 1993).

Content of Intake Packet



Mankato Marriage and Family Therapy Center
510 Long Street * Suite 101 * Mankato, MN 56001
Phone: (507) 625-4884 * Fax: (507) 625-6311

PHQ-9

Client Name: _____ Date Completed: _____

Directions:
To help us have a better understanding of how often you have been bothered by the following problems, please circle the number that best describes how you have felt over the **last 2 weeks**.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
T = _____	0	1	2	3

For Office Use:
T = _____
Next assessment due on _____

This assessment was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Mankato Marriage and Family Therapy Center
510 Long Street * Suite 101 * Mankato, MN 56001
Phone: (507) 625-4884 * Fax: (507) 625-6311

GAD-7

Client Name: _____ Date Completed: _____

Directions:
To help us have a better understanding of how often you have been bothered by the following problems, please circle the number that best describes how you have felt over the **last 2 weeks**.

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

For Office Use:
T = _____
Next assessment due on _____

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Assessments in Intake Packet

Full Intake Questionnaire

The full intake provides an array of questions that was designed with consideration of the SCID-I and SCID-II. These are two of the most widely used diagnostic interviews, and reflects a “gold standard” in formulating accurate diagnoses (Shear et al., 2000).

PHQ-9

(Example provided)

The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. It can be a powerful tool to assist clinicians with diagnosing depression and monitoring treatment response. The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV (Diagnostic and Statistical Manual Fourth Edition).

GAD-7

(Example provided)

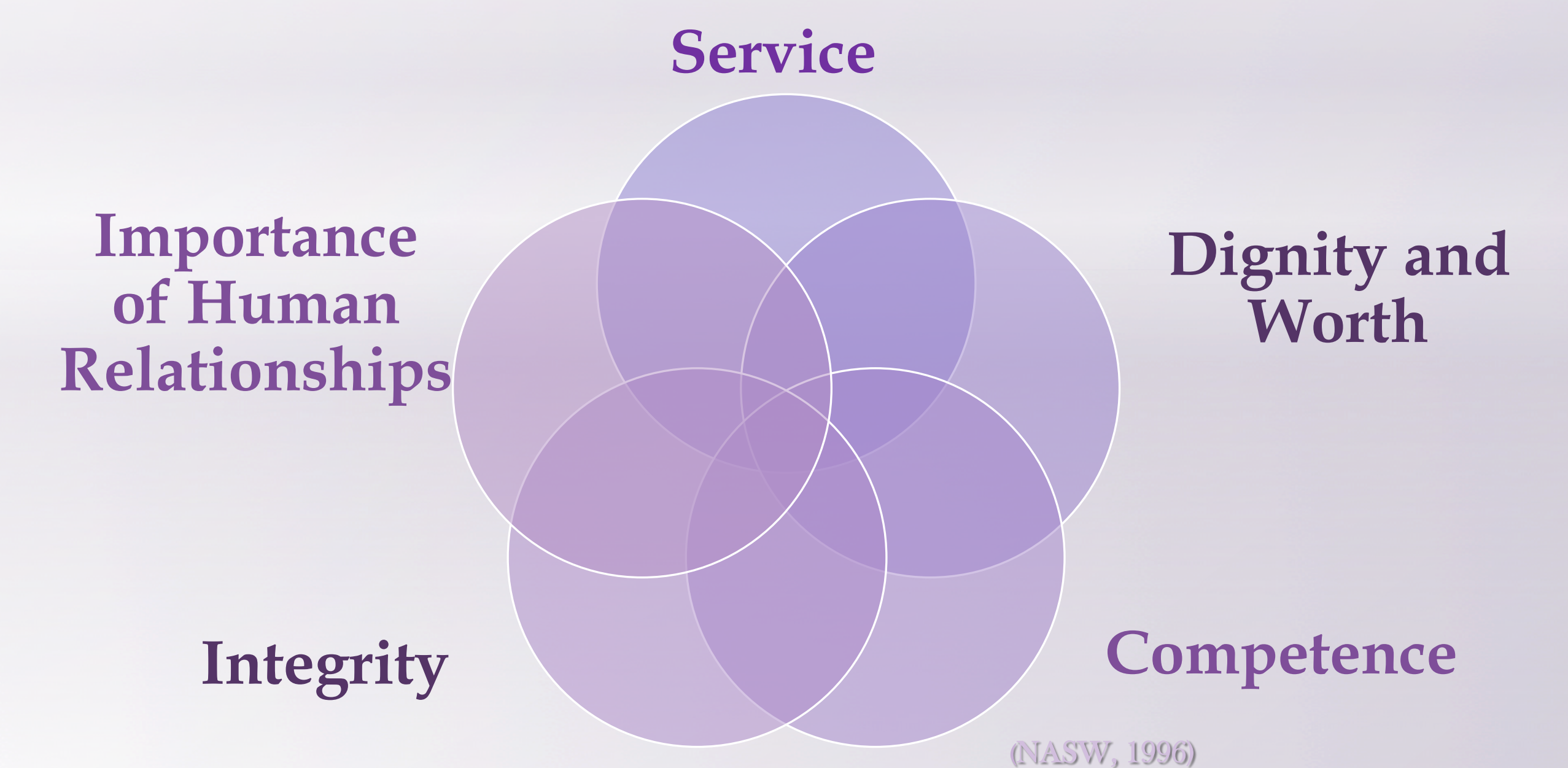
The General Anxiety Disorder-7 (GAD-7) scores 7 common anxiety symptoms. This can help track a patients overall anxiety severity as well as the specific symptoms that are improving or not with treatment.

CAGE

The CAGE questionnaire was developed by Dr. John Ewing, founding director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying problems with alcohol. ‘CAGE’ is an acronym formed from the italicized letters in the questionnaire (cut-annoyed-guilty-eye).

Implications for Social Work Practice

Code of Ethics



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Intake Process Starts

Request for Therapeutic Services

Quick Intake Completed

Packet Provide and Completed

Packet Reviewed at Staff Consult Time

Therapist Assigned and Client Scheduled

Therapy Starts