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

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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 (Talmon, 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).

**Assessments in Intake Packet**

**PHQ-9**
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**
The General Anxiety Disorder-7 (GAD-7) scores 7 common anxiety symptoms. This can help track a patient’s 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).

**Content of Intake Packet**

- Letter from Clinical Director
- Therapy Agreement
- Full Intake Questionnaire
- PHQ-9
- GAD-7
- CAGE

**References are available upon request.**