Chapter 8 – Intake Interviewing and Report Writing

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Chapter Orientation

- Mental health treatment begins with an intake interview
- You'll need to simultaneously and efficiently gather nuanced information about clients while also establishing and maintaining rapport
- This chapter takes you on a metaphorical walk through the intake interview process

Learning Objectives

- This chapter will help you be able to:
  - Define the intake interview
  - Identify, evaluate, and explore client problems and goals
  - Obtaining background information about clients and evaluate their interpersonal behavior
  - Assess clients' current level of functioning
  - Conduct brief intake interviews
  - Write a well-organized, professional, and client-friendly intake report

What's an Intake Interview?

- The intake interview is the first meeting between client and therapist.
- It's an initial assessment involving:
  - problem identification (or diagnosis)
  - goal-setting
  - treatment planning
- The intake can blend right into the treatment process

Intake Interviewing and Report Writing

- Initial questions for reflection:
  - Have you ever written or read an intake report?
  - What do you suppose is the essential content to cover and report on using this interview approach?
  - What are your initial assumptions about this process?

Three Overarching Objectives

- Initial questions for reflection:
  - Identifying, evaluating, and exploring the client's chief complaint (and goals)
  - Obtaining info related to interpersonal behavior and psychosocial history
  - Evaluating clients' current life situation and functioning.

Intake Interviewing and Report Writing

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Identifying, Evaluating, and Exploring Client Problems and Goals

- The chief complaint is the client's reason for seeking help. It answers the question: "Why are you here?"
- Client problems are intrinsically linked to goals . . . Even if clients can see their goals
- Reframing client problems into goals facilitates hope and initiates a positive goal-setting process

Identifying, Evaluating, and Exploring Client Problems and Goals

- Problem and Goal Assessment includes:
  - Prioritizing and Selecting Client Problems and Goals
  - Analyzing Client Problems and Goals
  - Using Questionnaires and Rating Scales
  - Therapeutic Assessment
  - The Behavioral ABCs

Prioritizing and Selecting Client Problems and Goals

- Most clients arrive with a variety of specific complaints or vague symptoms
  - Problems need to be analyzed and prioritized
  - Problem prioritization should be collaborative
  - Follow the client's lead first

Analyzing Client Problems and Goals

- Extensive questioning may be needed:
  - When did the problem or symptoms first occur?
  - Where were you and what exactly was happening when you first noticed the problem?
  - How have you tried to cope with or eliminate this problem?
  - What have you done that was successful?
  - What else has been helpful?

Analyzing Client Problems and Goals II

- Consider these question categories:
  - Antecedent or Triggering Questions
  - Questions Focusing on the Problem Experience
  - Coping Questions
  - Questions that Stimulate Client Reflections on the Problem

Using Questionnaires and Rating Scales

- Many questionnaires are available
  - MMPI-2-RF
  - BDI-2
  - OQ-45
  - What others do you know of?

Collaborative and Therapeutic Assessment

- Stephen Finn's model includes:
  - The clinician collaborates
  - Data are contextualized
  - Assessment is intervention
  - Clients are described, not labelled
  - Clinicians respect client complexity

Obtaining Background and Historical Information

- Symptoms occur in the context of individual clients who come from family systems, neighborhoods, ethnic cultures, and who simultaneously hold multiple individual and collective identities
- Sources of info:
  - The client's personal or psychosocial history
  - Observations and reports of client interpersonal behavior

Shifting to the Personal or Psychosocial History

- A possible bridge from problem exploration to personal or psychosocial history is the **why now** question:
  - "I'm clear on why you've come for counseling, but I'd like to know more about is why you've chosen to come for counseling now"
  - This gets at precipitating events

Shifting to the Personal or Psychosocial History II

- *Nondirective historical leads* are open questions or prompts that give clients control over what they talk about
  - "Where would you like to start?"
- *Directive historical leads* help clients focus what they'll be talking about
  - This might include early memories or a structured psychosocial history

Shifting to the Personal or Psychosocial History III

- You may run into child abuse or other emotional topics
  - If so, lend a supportive and empathic ear
  - You can also listen for ways your client was strong during difficult times
  - What else might you do?

Evaluating Interpersonal Behavior

- You have five potential data sources
  - Client self-report of (a) past relationship interactions (e.g., childhood) and (b) current relationship interactions
  - Clinician interpersonal observations during the interview
  - Psych assessment data
  - Past psychological records/reports.
  - Information from collateral informants.

Evaluating Interpersonal Behavior II

- Clients have:
  - Internal working models that guide their interpersonal behaviors
  - Cognitive therapists call these client schema or schemata
  - Adlerian therapists call these lifestyle or style of life
  - Psychoanalytic therapists call these core conflictual relational themes (CCRT)

Assessment of Current Functioning

- Shift back to the present with a role induction and specific question
- Moving from the past to the present may be challenging
- There are many strategies and techniques for helping clients regain emotional control

Helping Clients Regain Emotional Control

- Focus on the present or immediate future
- Ask clients what's emotionally soothing
- Change to a more positive issue
- Give a compliment and suggestion
- Acknowledge the negative while reviewing positives
- Engage in a centering activity

15 Minute Activity

- Get in small groups
- Discuss what helps you regain emotional control
- Talk about how you'd like a clinician to address this during an initial interview
- Report back

Reviewing Goals and Monitoring Change

- Many therapists pose future-oriented questions toward the end of an intake
  - If therapy is successful what will change?
  - How do you see yourself changing in the next several years?
  - What personal (or career) goals are you striving toward?

Factors Affecting Intake Interview Procedures

- Client registration forms
- Institutional setting
- Theoretical orientation
- Professional background and affiliation

Brief Intake Interviewing

- Rely on registration forms and questionnaires to gather information
- Use more questions and allocate less time for client self-expression.
- Reduce time spent on psychosocial history and interpersonal behavior.

The Intake Report

- These issues are reviewed in the text:
  - Remembering Your Audience
  - The Ethics of Report Writing
  - Choosing the Structure and Content of Your Report
  - Writing Clearly and Concisely

Remembering Your Audience

- This could include:
  - Your client
  - Your supervisor
  - Your agency administrator
  - Your client's attorney
  - Your client's former spouse
  - Your client's insurance company
  - Your professional colleagues
  - Your professional association's ethics board
  - Your local, state or professional ethics board

The Ethics of Report Writing

- Follow record keeping guidelines, and:
  - Consider how to handle collateral information and informants
  - Use non discriminatory language
  - Be prepared to share intake reports with clients

Basic Writing Guidelines

- Don't use jargon, codes or shorthand
- Length and style of report
- Timeliness

Before You Write

- Writing specifications
  - Use 10 or 12 point font
    - These are acceptable fonts:
      - Ariel, Times New Roman (the old reliable), Verdana, Lucida Bright (my new favorite), Book Antigua
    - These are unacceptable fonts:
      - **Broadway**, *Brush Script*, Chiller, Courier, *Freestyle Script*, Old English Text, Papyrus, etc.
  - Use laser printers to print your reports
    - Ink jet printers at a minimum
  - Your reports should be in pristine condition when they are turned in
    - No frayed edges or coffee stains (front **OR** back)

Before You Write

- Single space the body of the report; add a return between headers
  - Bold important headers; italicize the rest
- Use 1" margins
- Try to keep your reports under 8 pages
  - For class, under 5 pages

Writing Clearly and Concisely

- Tips include:
  - Write the report as soon as possible
  - Write an immediate draft without worrying about perfect wording or style
    - Then, review and revise
  - Follow an outline

Writing Clearly and Concisely

- Tips include:
  - When writing the report, use reported, revealed, stated, indicated, or said in **every** sentence
  - Get clear information from your supervisor or employer about intake report writing expectations
  - Check out sample reports
  - Report writing becomes easier with practice

Organization of the Report

- In general:
  - Title and Demographics
  - Reason for Referral
  - Background Information
  - Behavioral Observations/Mental Status Exam
  - Psychological Evaluation
    - Instruments/evaluative procedures
    - Visuo-spatial functioning
    - Intellectual functioning
    - Achievement functioning
    - Personality functioning
  - Summary
  - Diagnostic Impressions
  - Recommendations
  - Signature

Organization of the Report

- For this class:
  - Title and Demographics
  - Background Information
    - Psychological/emotional History
    - Alcohol and drug use
    - Family history
    - Social history
    - Physical health
    - Education history
    - Employment history
  - Summary
  - Signature