

SIUC Clinical Center Intake Manual

Training

1. In order to prepare/train for conducting intakes independently, you must do the following:
 - a. Complete the following forms and submit to Tom Aken (taken@siu.edu)
 - i. Mandated reporter training (send completion certificate to Tom Aken at taken@siu.edu):
<https://mr.dcfstraining.org/UserAuth/Login!loginPage.action>
 - ii. Acknowledgement of Mandated Reporter Status – Elder Abuse (Clinical Center Manual)
 - iii. Acknowledgement of Mandated Reporter Status – Child Abuse (Clinical Center Manual)
 - iv. Safety Plan (Clinical Center Manual)
 - v. HIPAA Training
 - vi. Clinical Center Request for Information (Clinical Center Manual)
 - vii. Student Agreement (Clinical Center Manual)
 - b. Watch two intakes in the intake training folder on the OneDrive (Dr. Clark has shared these with you).
 - c. Write up one of those intakes using the template for intakes – Intake templates are shared with you in a folder on OneDrive. There is also a copy of an intake write up on OneDrive which can serve as an example.
 - d. Send the sample write up to Cindy Clark (cynthia.clark@siu.edu). Be sure to de-identify the write-up.
2. *De-identification = do not include information such as names, ages, birthdates, locations, or any very detailed information that could serve to identify the client within the community.
3. Dr. Clark will give you some brief feedback indicating whether your clinical writing skills are on track. She will not give a ton of detailed feedback unless there are some global concerns with your work. Dr. Clark's suggested edits will need to be made prior to moving on to the next step.
4. Conduct a mock intake with a GA. The GA will give you feedback and tell if you are prepared to schedule to cofacilitate an intake.
5. Conduct your first 2 intakes with a GA in the session with you. The GA will walk you through write-up and waitlist assignment. All intake write-ups should be completed within 24 hours of the intake appointment. Intakes must be written up in Titanium. Forward the intake to the GA who attended the session with you. They will review and provide feedback and forward it back to you. You will need to make the changes indicated by the GA and then forward it to Dr. Clark (cynthia.clark@siu.edu).

6. After training and once you are cleared by Dr. Holly Cormier or Dr. Cindy Clark, you may conduct intakes without a GA sitting in. Write up the intake session within 24 hours (using Titanium) and forward it to Dr. Clark. Be sure you have waitlisted the intake as per GA instructions.

Scheduling

1. When you decide to begin conducting intakes, obtain approval from Dr. Holly Cormier and choose a 90-minute time block for your weekly placeholder. The options are as follows: MTWTh 9:00 am, 12:00 pm, and 2:00 pm. Also, T and Th 5:00 pm. Do not put your own placeholders in on your schedule. Decide on times and email them to Dr. Cormier (cormierh@siu.edu) who will then put them in Titanium for you.
2. Once you choose your placeholder, be prepared for an intake to be scheduled for that slot anytime prior to your appointment (an appointment will not be scheduled day of). This means that you must keep this timeslot available every week. Please do not schedule anything else in this block of time.
3. If you need to skip a week, inform Dr. Holly Cormier (cormierh@siu.edu) and Zach Summers (summersz0502@siu.edu) that you would like your placeholder deleted for that week prior to an appointment being scheduled. **DO NOT DELETE ON YOUR OWN.**
4. Zach will schedule intakes in the placeholders that we setup in Titanium. All forms must be completed at the beginning of the intake prior to starting to ask the client the questions included in the intake write-up.
 - a. Zach schedules the intake and sends the client the Medicaid Waiver and Reduced Fee paperwork.
 - c. The intake will be scheduled for 90 minutes. The first 15-30 minutes will be spent reviewing the intake paperwork with the client and obtaining consent.
5. When an intake is scheduled, Zach will schedule on the clinician's schedule and notify them by email. **Clinicians need to confirm with Zach that they received the message.** Zach must CC all intake supervisors – Dr. Holly Cormier (cormierh@siu.edu), Amber Drake, LCPC (amber.drake@siu.edu) and Dr. Cindy Clark (cynthia.clark@siu.edu).

Conducting the Intake

1. There are three forms that must be completed at the beginning of the intake: Consent to Record, Consent for Treatment, and Client Availability. The HIPAA form will have already been completed in the waiting room on a tablet.
 - a. Informed Consent to Record should be completed first. The top line will be signed by the client (or their guardian if a minor). The lines at the bottom are for others who may attend sessions (e.g., parent, partner). **After** the Consent to Record form has been signed, the clinician should start the video.
 - b. Consent to Treatment: Discuss the limits of confidentiality and explain the intake procedure. In particular, highlight that you will be asking a variety of questions and checking in with a supervisor at the end of the appointment. Also inform the

- client that they will be assigned to the waitlist if deemed appropriate for services and that the clinic director will assign them to a clinician best fit for their needs.
- c. The Client Availability form can be saved to the end, if preferred. The client can complete it while the clinician is checking in with the supervisor.
 - d. At the end of the intake, the clinician will place the completed forms in the scan basket in the drawer beneath the printer at the front desk. **MAKE SURE THE CLIENT NUMBER IS ON THE TOP OF THE FORMS.**
2. Ask the intake questions included in the appropriate intake form (Adult, Family/Couples, Child/Adolescent). Paper versions of the intake questions are available in the materials library, as are clipboards.
 - a. Make sure you ask all questions paying special attention to any signs of risk (e.g., suicidal ideation, homicidal ideation, child abuse).
 - b. Inform the client of any relevant therapy groups they may be eligible for. Dr. Clark will keep you informed of current therapy groups.
 1. After the intake ask the front desk for the contact information for the supervisor who is leading the group the client is interested in. Contact the supervisor telling them the client is interested and provide the client number.
 3. After you have asked all questions, inform the client you will be stepping out to check-in with a supervisor.
 - a. Consult with the supervisor on staff. Inform them of the client's name, age, presenting concern, and any risk factors or concerns you have.
 - b. The supervisor will come into the session and assess again for safety.
 4. After the supervisor has done their assessment and left the room, the client is free to leave. Remind them of the importance of submitting the Reduced Fee Application form at least 48 hours prior to their appointment to ensure it is processed prior to their appointment.

Write-up

1. After you finish the intake, you will need to write up the intake report within 24 hours.
2. See the intake welcome letter below for specifics on language that should be used in the report. It is important to be objective (e.g., using language such as Mr. X reported feeling depressed rather than Mr. X is depressed).
3. The note should appear on your task list after the appointment. Click on the note and choose the appropriate template based on the type of intake you did (Child/Adolescent, Adult, Family/Couples).
4. After the note has been drafted, send it to Dr. Clark who will either approve the note or return it to you for edits, which should be promptly addressed and returned to Dr. Clark.
5. After you have finished your note, click the "Waitlist" button and assign the client to the appropriate waitlist.
 - a. Provide a brief description of the client's presenting concern and any other important information.
 - b. Select the appropriate options for the age, suicide risk, homicide risk, and complexity boxes.

If you have any questions about the intake process, Dr. Clark or the GA's are available to help!

Welcome to the Clinical Center. As the intake supervisor, I would like to go over some pertinent details regarding the format of the intake interviews that you will be observing and then conducting. There is a lot of information that you will be asked to obtain. All of it is important, but I would like to call your attention to three sections, which I believe are the substantive parts of the intake. These are as follows:

- 1) Behavioral Observations (found in the Identifying Information section) – In addition to all of the descriptive information, please remember to include a sentence or two about the behavioral observations that you make during the intake. This information is often helpful in tying together the presenting problems, therapist recommendations, and other salient information.
- 2) Presenting Concerns - This section tells the client's story. Please describe the issues that brought them here, what prompted them to make the appointment, relevant and background information, extent and duration of symptoms, how these symptoms impact their life and daily functioning, and perhaps what they have tried in the past to address the problems they are experiencing.
- 3) Risk factors/safety concerns – Pay particular attention to the sections regarding use of substances, history of trauma, self-harm, dangerous behavior, suicidal ideation, and homicidal ideation. Regarding suicidal ideation, inquire about past and present ideation, intent, and plans and ask if they have ever made any attempts. Likewise, ask if they have ever been so angry that they wanted to hurt someone else.

When reporting a client's responses, use the word "denied," which implies that you asked the question and they answered "no." For example, "Client denied abuse of substances." If you use the words, "Client did not report..." then that could mean you did not ask the question or that it did not come up. If you forgot to ask a question or had to skip questions due to time constraints, you can state, "This question was not asked."

Finally, regarding therapist recommendations, you may not feel confident yet in providing suggestions in this section, but go ahead and take a stab at it. Keep in mind the kinds of services and treatment approaches we provide at the Clinical Center, and this will help guide you in completing this section.

When consulting with a supervisor during an intake, please briefly outline the identifying information, the presenting problems, important behavioral observations and the risk factors. In intakes with children, report to the supervisor any mention of abusive behavior, inappropriate discipline/boundaries, and any risky situations (for example, a young child being taught to shoot a hand gun). Also report to the supervisor any mention of DCFS involvement either current or past.

After you have written the intake, I will review it and either send it back to you with some comments or suggested changes or I will send an email to you stating that I signed off on it. If I have sent it back to you for revision, please leave my comments in the box when you send it back to me. That helps me remember the changes that were made. Do not ever hesitate to ask any questions you might have about this process. I am happy to help in any way that I can.

I look forward to working with you,

Cindy Clark, Ph.D.