

Intake Procedures Questionnaire

This survey asks about your experience as an intake counselor. Mary Fisher, Brian Kuhlman, Jinna Lee, and Elizabeth Proemmel, in collaboration with Lois Huebner and the team leaders, are doing this project for the Educational Psychology Program Evaluation & Consultation class. We will provide the results to the center and discuss possible improvements on the intake process. Please return to Jinna Lee's mailbox by **November 14**.

1. I am a:

- a) Practicum counselor
- b) Psychology intern
- c) Social Work or LPC intern
- d) Senior staff member

2. How many UCC intakes have you completed? (Do not count intakes where you primarily observed.)

- a) 0
- b) 1-4
- c) 5-10
- d) 11-50
- e) 50+

3. How many UCC intakes have you observed (either in person or on video)?

- a) 0
- b) 1-2
- c) 3-4
- d) 5+

(Optional) We are hoping to meet with a few people to conduct short (about 30 minutes), more in-depth interviews about the intake process. If you are willing to be contacted by a researcher, please put your name:

Name

Section 1—Intake Forms General

4. **Before** meeting with an intake client, how often do you do the following?

	Never	Rarely	Sometimes	Routinely
a) Look at the intake forms on your computer				
b) Look at the printed intake forms provided by the front desk staff.				

5a. When you DO NOT look at the intake forms on your computer before the intake, why? (Check all that apply)

- a) I did not know I could.
- b) I am not comfortable doing it.
- c) I could not get access on the computer.
- d) I forget about this option.
- e) I want the client to know I am here.
- f) I did not want to start the intake late.
- g) I do not find the information useful.
- h) Other: _____
- i) I look at the printed forms provided by the front desk.
- j) N/A. (I always do it.)

5b. When you DO NOT look at the printed forms before the intake, why? (Check all that apply)

- a) The layout is too confusing.
- b) I am not comfortable doing it.
- c) It is awkward to have the client see me looking at it.
- d) I did not want to start the intake late.
- e) I do not find the information useful.
- f) Other: _____
- g) I look at the intake forms on my computer.
- h) N/A. (I always do this option.)

6. I feel that the amount of intake forms clients are asked to complete is:

- a) Appropriate
- b) Too much

Please describe how you reached this conclusion (e.g., specific literature, client statements, my own bias):

(Optional) Please add suggestions for improvement:

Section 2—Intake Forms Specific

7. Before, during, or after meeting with an intake client, tell us how you USUALLY use each section of the intake forms, *checking all that apply*:

[See sample items on separate pages, which are also posted in the mailroom.]

Sections:	Client Experiences	Family History	Presenting Concerns	CCAPS	OQ
a) I do not use this section.					
b) I look at the answers to the questions themselves.					
c) I skim it for critical items.					
d) I look at the scales on the report.	X	X	X		
e) I use it to get a sense of what my client's issues are.					
f) I choose intake questions based on the responses.					
g) I use it to make sure I don't miss anything important.					
h) I add information from it to strengthen my report.					
i) I use it to aid in diagnosis.					
j) Other (Please explain in space below.)					

8. How could the CCAPS be more useful for you?

___ a) I could use more training on the CCAPS. *If so, what do you feel you need?*

___ b) I just prefer not to use it. *Please explain:*

___ c) Other. *Please explain:*

9. How could the OQ-45 be more useful for you?

___ a) I could use more training on the OQ-45. *If so, what do you feel you need?*

___ b) I just prefer not to use it. *Please explain:*

___ c) Other. *Please explain:*

10. At intake, I present the following services:

Never

Rarely

Sometimes

Routinely

	Never	Rarely	Sometimes	Routinely
a) Group Therapy				
b) Couples Therapy				
c) Psychiatric Services (Medication)				
d) Psychological Assessment				
e) Classes/Workshops				

11. What do you typically say when you introduce taping to an intake client?

12. What do you say if an intake client is hesitant to consent to taping?

13. How confident do you feel in your ability to discuss taping with the client and address client concerns?

- a) Not at all
- b) A little
- c) Moderately
- d) Very

14. At what point in the intake do you discuss fees and taping?

- a) At or near the beginning of the session
- b) At or near the end of the session
- c) Other. Please specify:

15. Approximately what percent of your intake clients agree to tape?

- a) 0-20%
- b) 21-40%
- c) 41-60%
- d) 61-80%
- e) 81-100%

16. What do you typically say when you discuss group therapy with an intake client?

17. Approximately what percent of your intake clients agree to group therapy?

- ___ a) 0-20%
- ___ b) 21-40%
- ___ c) 41-60%
- ___ d) 61-80%
- ___ e) 81-100%

18. The following options may be reasons why an intake client **does not agree** to a specific group.

Thinking about all these instances, identify how often each of the following reasons has influenced the outcome.

	Never	Rarely	Sometimes	Usually
a) I forgot to do it.				
b) No group matched client's specific issues.				
c) I don't have enough information about group.				
d) I'm not confident presenting information about group.				
e) Individual therapy seemed more appropriate.				
f) Client's availability did not match group schedule.				
g) Client appeared hesitant/refused to be in a group.				
h) Other				

If you marked other, please explain:

19. Please write any other thoughts on the intake process you would like to share. Feel free to attach additional sheets if needed.