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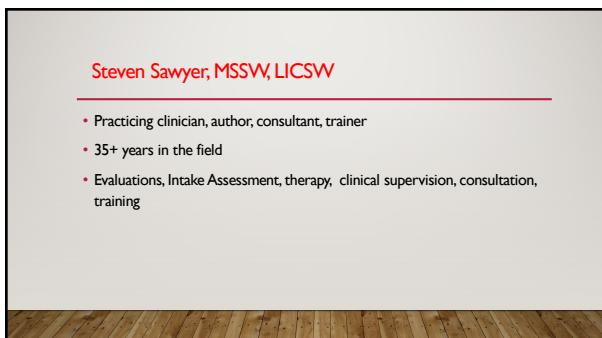
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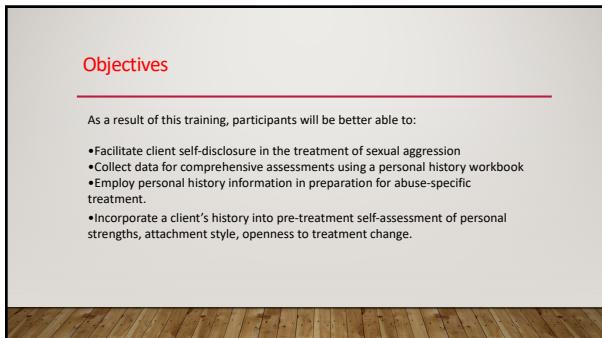
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**PERSONAL DATA COLLECTION FOR INTAKE OR EVALUATION**

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- Various situations
  - Evaluation – no ongoing therapy relationship
  - Intake - no ongoing therapy relationship
  - Intake – followed by ongoing therapy relationship
- What to collect? Why?
- Various methods – interview, self report questionnaires, testing
- How to collect data, data preservation methods
- Working alliance
- Challenges



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**"A QUALITATIVE STUDY EXAMINING THE QUALITY OF WORKING ALLIANCE AS A FUNCTION OF THE SOCIAL IDENTITIES OF CLIENTS AND THERAPISTS DURING THE MENTAL HEALTH INTAKE"**

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- Across all client and therapist interviews, we identified eight central themes detailing different qualities of the working alliance: (1) feeling understood, (2) feeling comfortable, (3) openness and cooperation, (4) trust, (5) empathy and identification, (6) frustration and disappointment, (7) anger and hostility, and (8) emotional disengagement

• [Ora Nakash Michal Cohen, Liron Aharoni](#)...First Published May 4, 2020



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**"ASSESSMENT OF DIAGNOSTIC INFORMATION AND QUALITY OF WORKING ALLIANCE WITH CLIENTS DIAGNOSED WITH PERSONALITY DISORDERS DURING THE MENTAL HEALTH INTAKE"**

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- Conclusions: Therapists do not collect sufficient explicit diagnostic information to base their PD diagnostic decisions. Yet, the presence of PD diagnosis affects their rapport with their clients as early as the intake.

• [Ora Nakash & Maayan Nagar](#) Pages 314-321 | Received 19 Jul 2016



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**"HOW SHOULD I DO IT?" CLINICAL DILEMMAS THERAPISTS STRUGGLE WITH DURING THE MENTAL HEALTH INTAKE"**

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- The main themes that emerged from the data were: (1) systematic collection of diagnostic information versus uninterrupted flow of speech; (2) collection of sufficient diagnostic information versus attendance to client's emotional state; (3) structural limitations of intake versus client's flow of speech; (4) therapists' versus clients' goals for the intake; (5) focus on psychiatric assessment versus use of rapport-promoting techniques during intake; (6) prior data documented in the client's medical chart versus diagnostic information collected during the intake.
- Our findings stress the need for providing therapists with strategies to deal with time trade-offs to best use the restricted time allocated to them during the intake to complete a thorough diagnostic assessment while allowing their clients tell their personal unique story.
- Ora Nakash, Michal Cohen, Maayan Nagar First Published February 2, 2018

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## MORE TOPICS ABOUT INTAKE PROCESSES

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## ATTACHMENT AND TRAUMA

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**HOW A WORKBOOK AIDS IN ADDRESSING CHALLENGES**

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- Data collection separate from client's emotional needs
- Allows opportunity for naturalistic client expression and self assessment
- Data preservation
- Systematic data collection unimpeded by immediate client needs
- Frees intake time to attend to therapeutic alliance



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**FOR CLINICIANS ADDRESSING CHALLENGES**

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- Underlying theory and use of the workbook
  - Increase self-awareness
  - Increase sense of control
  - Reduce Defensiveness
  - Engage Memory
  - Dynamic risk factors, personality traits, DSM dx symptoms,
  - Motivation
    - Expectancy issues



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**EXPECTANCY THEORY**

In essence, individuals make choices based on estimates of how well the *expected* results of a given behavior are going to match up with or eventually lead to the *desired* results. This process begins in childhood and continues throughout a person's life. Expectancy theory has three components: expectancy, instrumentality, and valence.

- **Expectancy** is the individual's belief that effort will lead to the intended performance goals. Expectancy describes the person's belief that "I can do this." Usually, this belief is based on an individual's past experience, self-confidence, and the perceived difficulty of the performance standard or goal. Factors associated with the individual's expectancy perception are competence, goal difficulty, and control.
- **Instrumentality** is the belief that a person will receive a desired outcome if the performance expectation is met. Instrumentality reflects the person's belief that, "If I accomplish this, I will get that." Instrumentality is low when the outcome is vague or uncertain, or if the outcome is the same for all possible levels of performance.
- **Valence** is the unique value an individual places on a particular outcome. Valence captures the fact that "I find this particular outcome desirable because I'm me." Factors associated with the individual's valence are needs, goals, preferences, values, sources of motivation, and the strength of an individual's preference for a particular outcome.



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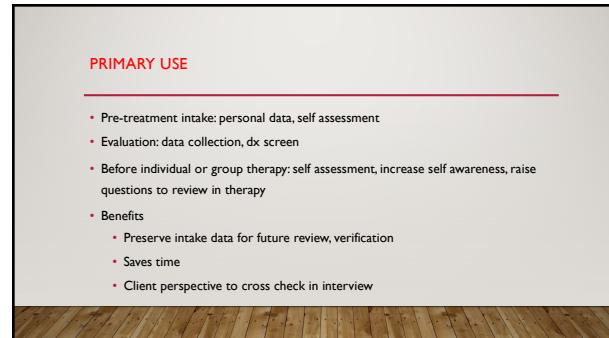
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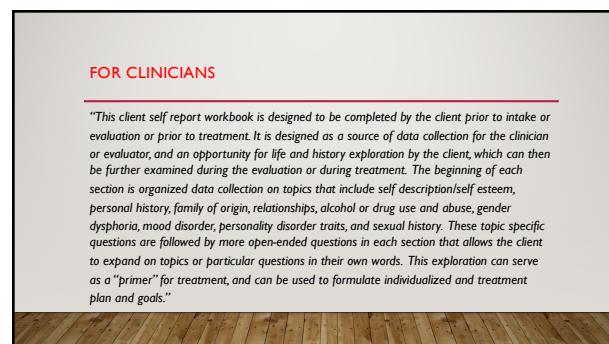
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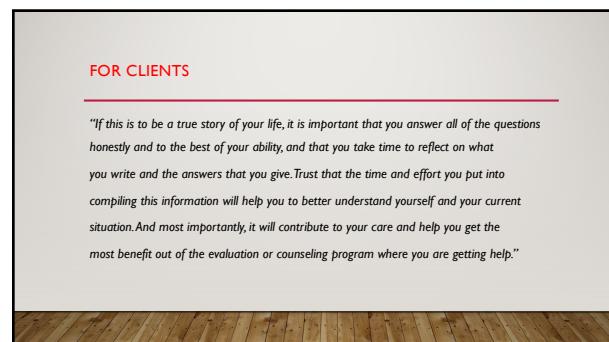
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## FOR CLIENTS

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## **EXPECTANCY THEORY**

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## WORKBOOK METHODS

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**SECTION I****PERSONAL AND HEALTH INFORMATION**

- Basic demographic information
- Current health information
- Family traits, early life developmental issues
- "In your own words..."

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**SECTION 2****REFLECTIONS ON YOUR LIFE SO FAR**

- Series of yes/no questions and some sentence completion
- Current emotional state of mind self descriptions
- Best and worst
- "In your own words..."

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**SECTION 3****FAMILY OF ORIGIN HISTORY AND YOUR LIFE GROWING UP**

- Details about biological family or family where client was raised
- Relationship with family
- Family boundaries
- Childhood characteristics self assessment/dx screening
- "In your own words..."

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**SECTION 4****RELATIONSHIP HISTORY**

- Current and past marriages or significant relationships
- Relationship characteristics/strengths/problems
  - Degree of intimacy
  - Children
- Close friends
- Relationship style/attachment
- "In your own words..."

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**SECTION 5****EMPLOYMENT / WORK HISTORY**

- Type of work and duration
- Positive and negative qualities
- Coworkers and bosses
- "Dream job"
- "In your own words."

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**SECTION 6****EDUCATION HISTORY**

- Years of education and detailed chronology
- Type of student
- School activities and behaviors
- "In your own words"

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**SECTION 7****LEGAL HISTORY**

- Any and all contact with the law
- Outcomes of convictions
- Current legal status details
- "In your own words..."

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**SECTION 8****ADDICTIONS AND PROBLEMATIC USE OF ALCOHOL,  
DRUGS, AND GAMBLING**

- Alcohol use/abuse  
Dx screen
- Illegal drug use
- Prescription drug use
- Gambling
- "In your own words...."

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**SECTION 9****MENTAL HEALTH, COUNSELING, AND PERSONAL  
ABUSE HISTORY**

- Mental health treatment episodes
- Prescriptions current and past
- Personal history of any kind of abuse
- Emotional life (dx screening for anxiety and depression)
- "In your own words..."

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**SECTION 10****PERSONALITY SELF-ASSESSMENT**

- Self assessment of personality traits
- "How You Are Doing in Your Life" self assessment
- "Type of person" true/not true - dx screen
- "In your own words...."

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**SECTION 11****SEXUAL HISTORY**

- Early exposure and education
- Orientation, dx screen for dysmorphia
- Pie chart for self description of attractions to male/female/adult/child
- Sexual activity and behaviors - abusive, harmful, compulsive ("never" to "often" scale)
- "In your own words..."

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**SECTION 12****IN YOUR OWN WORDS**

"This final section gives you an opportunity to put the most significant pieces of your life into a story. It can be a helpful way to take a step back and look at the events of your life from a different perspective. There are no guidelines in this exercise other than to write a story about the most positive and most negative events in your life and whatever else is important to you in your life that was not yet asked about or that you have not written about on any of these pages. You can include whatever you think is most important".

- This section asks the client to express only in their words, from their unique internal worldview...

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**APPENDIX A****OTHER SIGNIFICANT INFORMATION**

- Adverse Childhood Experiences (ACES)
- Resiliency

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**APPENDIX B****OPTIONAL DETAILED SEXUAL HISTORY**

- Includes Section II and extends into much more detail, including illegal behaviors

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**SUMMARY**

- Multiple uses
- Range of types of questions
  - Yes/No, fill in the blank, open narrative
- Self assessment
- Dx screen questions – anxiety, depression, substance use, sexual compulsivity
- “In your own words” allows clients to explain themselves and tap into their own language and personal reference points unique to them

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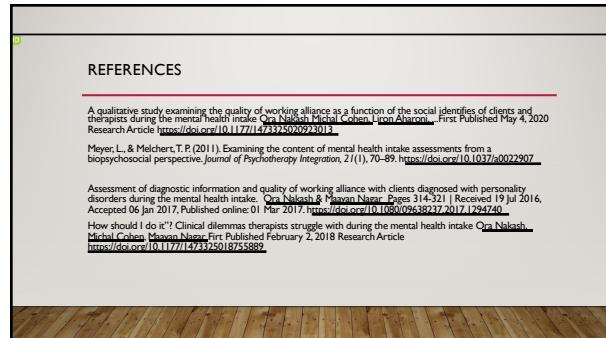
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