

## **Guidelines: Intake & Assessment Procedures For New Clients**

This document is only to be used as a guideline for organisations

Should you require any further support or have any queries please contact (AACPI National Director)

www.aacpi.ie

## Intake procedures:

The purpose of an intake is to get demographic information Name
Address
Date of Birth
Contact Number (Is it okay to leave a message?)
Availabliity to attend therapy

Assessment is where information is gathered to assess the clients suitability for therapy or need to be referred to a more suitable service that can better meet the clients needs. By asking a number of questions it will help formulate a hypothesis. Assessment is an ongoing process throughout the therapeutic process. Psychotherapists are not qualified to diagnose or prognose, referrals to appropriate services required for this type of assessment.

It is more beneficial to carry out the assessment fact to face. The confidentiality agreement would be done in this ofrst session

If you do assessement over the phone or online, what safeguards have you in place.

It's to identify the following:

- Presenting issue
- Determine suicidal risk (self-harm attempts, ideation, intent, access to means,family history of suicide?)
- Clients support system
- Identify addiction, eating disorder
- Next of kin contact details in case of an emergency
- Significant and/or recent bereavement
- Emploment status
- Any health issues, surgical procedures



- Truama history
- Previous experience of therapy, what this was like, how it ended
- Currently attending a psychiatrist
- Current/past medication
- · What symtoms is client currently experiencing
- Family dynamics, history, conflicts,
- What supports/resources are in place
- Therapeutic goals
- Motivation for change
- Is there sufficient 'adult' present to engage in therapy
- Would client benefit from psychotherpay or supportive counselling

Will your organization be capturing outcomes, psychometric questionnaires? How will this be carried out? Will client be given the option to do this or not.

What are your organizations referral procedures?

Should client be attending a psychiatrist, do you require a 'letter of referral' from the psychiatrist prior to therapy commencing? Outline reason for requesting this or not requesting it.