Client #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waitlist Folder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TELEPHONE INTAKE GUIDELINES - CHILDREN

## Greeting:

## Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling from the Psychology Clinic at UBC. The reason I am calling is you recently contacted our clinic about getting some resources for your child \_\_\_\_\_\_\_\_\_\_\_\_\_. The purpose of my call is to get some more information from you so that we can determine whether our clinic is good match for the kinds of problems your child is coping with. Is right now a good time for you or would you rather that we schedule this call for a more convenient time? *[Reschedule for another time if not convenient. Otherwise proceed with the following:]*

## Brief Description of Clinic & Referral Process

Before we begin I would like to tell more about our clinic. We are a specialized training clinic in the department of psychology at UBC. All of our therapists are students who are in training and working towards their PhD in clinical psychology. All of our student therapists are closely supervised by registered psychologists who are professors here at UBC. Your child would benefit from the expertise of both the student therapist and their supervisor who helps ensure your child receives the best treatment possible.

You should also be aware that because we are highly specialized clinic we do not have a traditional waiting list where you are added to the bottom and at some point are guaranteed to reach the top of the list and receive treatment. Instead people are added to our waiting list and when a therapist has an opening they select someone from the list who has the specific types of problems they are providing treatment for at that particular time. For this reason there is no absolute guarantee that people on our waiting list will get treatment and we can not provide an estimate of how long of a wait there will be. We only have a limited number of professors and student therapists who specialize in providing treatment for children or teens. However regardless of whether our clinic is a match for your child’s problems I will give you the names and contact information for any other suitable resources that would be a good match. That way even if your child is on our waiting list you are free to pursue some other options in the mean time.

Are you still interested in your child being considered for treatment at our clinic?

**Confidentiality:**

I also want to let you know that the information you share with me is strictly confidential with a few exceptions:

1. Because this is a training clinic, your file may be accessed and discussed by faculty and students directly involved in the clinic.
2. For safety reasons, if you tell me that you are an immediate threat to yourself or someone else, I may need to break confidentiality. Also, if you tell me that a child is being harmed or is at risk of being harmed then I am required by law to report that information.

Are you still willing to proceed?

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_ SEX: \_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_**

**NAME OF SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOURCE OF INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you the child’s legal guardian? Y / N**

**If not, who is the child’s legal guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note: Only the legal guardian can refer the child for treatment***

## Does child live with one or both parents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Phone: (home) \_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_

**Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Physician (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Screening Questions:**

1. Are you currently or do you expect to be involved in any **legal proceedings**?

(If yes, may need to explain limits of confidentiality, reduced likelihood of services. Even if they reply no, tell ALL potential clients that we do not do custody and access work)

2. For the purposes of supervision, sessions at our clinic are videotaped. Are you okay with this?

**PRESENTING PROBLEM:**

Can you tell me about the problem you are wanting help with? How is it interfering with your and your child’s day-to-day life? (note symptoms under the appropriate categories)

-behavioral problems (get a sense of the problem itself, then ask – what happens before (triggers)? what happens after? how do parents react? )

-affective problems (ask about anxiety, mood, etc. similarly – ask about triggers, parent responses, accommodation, avoidance, etc.)

-cognitive symptoms (ask about self-talk, self esteem, recurring thoughts, etc.)

-physical symptoms (ask about sleep, appetite, stomach aches, etc.):

**RELATED IMPAIRMENTS**

Academic functioning (do teachers report any issues at school? How is XX doing academically? Collect a bit more info if purpose is psychoed. assessment):

Social functioning (does XX have any friends? Easy/difficult to make/keep friends?):

When did the(se) problem(s) start? When were they better/worse?

*If appropriate – What is your child’s perception of problem (Note: A child’s lack of insight would not rule out a case):*

To the best of your knowledge, has your child had any thoughts of **harming his/herself** or prior **suicide attempts**? (assess ideation, plan, intent, attempts; if plan/intent, discuss safety precautions and ensure that parent has a number for BC Children’s Hospital [604-875-2345] or the Emergency department if outside Vancouver proper) and crisis line numbers [604-872-3311, 1-866-661-3311])

**COPING MECHANISMS**

**What have you/your child been doing up to this point to cope with these issues?**

Has your child received prior therapy for this problem, or medication? What about currently?

Has your child ever been hospitalized for these difficulties?

What specifically is parent seeking help for? (i.e., treatment goals)

Sometimes treatment involves the parents attending sessions. Would you and your [husband/wife/partner] be willing to attend sessions focused on learning new ways to parent your child or new ways to help your child cope with his/her problems?

Quality of **verbal presentation of the parent** (e.g., motivation, insight, English language fluency):

If language appears to be an issue for the parent, what is the child’s first language? What is his/her level of language skills?

Our clinic is open Monday through Friday from 9am to 5pm. Would you be available to attend sessions during those times? (Note any limitations in client’s schedule).

**FEE ASSESSMENT**

Although we are a student training clinic, we do have nominal fees on a sliding scale depending on your income. We have 4 categories: first, household incomes that are under $20,000 per year; second, between $21 - $40,999; third, between $41,000-$61,000 and fourth, above $61,000. Which income bracket do you fall into?

***Individual Therapy***

**ASSESSMENTS & TREATMENT**

Yearly Household Income Fee

before taxes

<$20,000 $15/session

$20,000 – $40,999 $20/session

$41,000 – $61,000 $35/session

>$61,000 $50/session

***Psychoeducational Assessment***

Yearly Household Income Fee

before taxes

<$20,000 Total fee: $360

$20,000 – $40,999 Total fee: $600

$41,000 – $61,000 Total fee: $840

>$61,000 Total fee: $1000

Is there anything that I haven’t asked that you think it would be important for me to know?

Do you have any questions?

Team Recommendation: Team’s Rating of Appropriateness

(0=never would see, 10=ideal