

## Possible Intake Questions

SHC G Puter

### Ice Breakers - Confirm Survey

Age, Marital Status, Children, Extended family

Raised in the Salem Area, Church

You indicate on the survey you have accepted Jesus Christ as Your Savior and understand the meaning of the gospel. If not: Your perspective going forward will be different. If they are not a Christian, at some point plan to deliver the gospel and question them more about their faith.

### For all of the following you will probably pick up clues from the Jot Form

#### History: Family

Were you raised in a Christian home? How many siblings male and female?

Were your parents ever divorced? Did you ever live in a single parent family or a blended family?

Would you consider your parent's marriage to be 1) normal 2) troubled 3) volatile?

In a few words how would you describe the way you were raised. Were you cared for and respected?

What type of work or educational opportunities did you pursue.

Married at what age?

Are there issues from your past that are troubling you now?

#### Marriage:

In a few words how would you describe your marriage?

Are there any issues in your marriage that might contribute to your being here today?

Are there issues from your past that might be directly affecting your marriage?

Are there problems with your children, stepchildren, or grandchildren? Can you tell me more?

Are there specific issues that have brought the problems in your marriage to a head?

Is your spouse aggressive, disrespectful, berating, or violent? Do you feel safe?

Do you feel respected and care for?

What have you done so far to deal with problematic issues in your marriage?

#### Depression/Anxiety:

Can you describe the symptoms that lead you to believe you are experiencing depression/anxiety?

Do you have a family history of depression anxiety?

Have you previously sought help from a psychiatrist, psychologist, counselor, or a pastor?

Have you ever taken medication? Were the medications prescribed by a psychiatrist or a GP?

How often do you have symptoms of anxiety? How often do you have symptoms of depression? If you take medication have those medications helped?

- Can you describe what your daily activity looks like when you are experiencing these issues?
- Are you able to carry out your daily activities, i.e. work, school, caring for yourself and others during the times you are challenged with anxiety and or depression? Do you have trouble sleeping?
- Do you have trouble getting out of bed when you are depressed or anxious?
- Have your interpersonal relationships been affected by your compromised ability to function normally?
- Are you angry at anyone or have there been situations that stir you to anger?

**Divorce:**

Will you share the circumstances surrounding your divorce" (lots of listening)  
Are there children involved? If yes, how is the process unfolding concerning custody and visitation?  
How long have you been separated/divorced?  
How are you doing as you navigate through the emotions and circumstances surrounding this very painful reality? Do you think you are making progress?  
What are your greatest challenges each day? Do you feel respected by your children's father.  
Has your ex-husband/wife remarried?  
Do you have friends and family or other individuals who are supporting and encouraging you?

**Sexual Assault:**

***Provide lots of empathy and respect.***

Do you feel comfortable sharing your experience with me? (lots of listening!!!)  
Listen to how the victim describes herself ..... "victim" or survivor". Don't assume she has labeled herself as one or the other. Do not use these terms unless she offers them first. She will need to work through seeing herself as a victim? Guilt and shame may be evident or suppressed.  
Have you reported this assault? This can be empowering for her!  
Do you know the identity of the perpetrator of the crime?  
Do you feel safe? Do you have a support system? If you have a husband, what has been his reaction?  
Do you have a close friend or confidant with whom you can share?

**The best psychological advocates are providers who are survivors of this crime!**

**Addictions:** Pornography, alcohol, drugs etc.

How often are you involved in these activities? Hourly, weekly, monthly?  
Do you have a family history of addictive behavior?  
What percentage of your life would you say is devoted to sustaining the addiction?  
Does your addiction affect your ability to carry out your daily activities and responsibilities?  
Are other people who are related to you, or depending on you, affected by your deviation from normal?  
Do you want to change your behavior? Do you want to change your behavior by altering the addictive behavior or by stopping it forever?  
Do you feel guilty for being involved in this addictive behavior? Why do you feel guilty?  
Have you tried to stop the behavior before? How long were you able to stop? Have you sought help before to try to gain victory over this behavior?  
Do you have friends and family who influence you in a negative way?  
Do you have friends and family who support and encourage you in a positive way?

**Desires and Fears**

***Is there anything else you would like to tell me?***

