**Step-Up Program**
**Teen Interview**

Name_____ Date_____ Therapist_____

## Introduction

Explain purpose of the interview – to learn more about you and your family; to find out if this is the right program for you; to answer any questions you might have.

Before we begin, do you have any questions or concerns?

## 1. Interests

What kinds of things do you like to do?

What do you think you are good at?

Do you have any thoughts about what kind of work you would like to do when you're an adult? Do you have any plans for continuing your education beyond high school?

## 2. Social Support

Do you have any friends you feel close to?

Who do you go to for support when you are having a hard time?

## 3. Family

Who lives in your home and how do you get along with each person?

Are there any family members who don't live with you?

Are there any other family members that you feel close to?

If you don't live with one of your parents, how often do you see the parent you don't live with? Do you like to spend time with them?

What do you think is the main problem at home?

When this problem comes up, what do you do?

4. **Domestic Violence History**

What happens when your parents disagree?

Have you ever seen you parents physically fight?

What did you do? How did you feel?

Tell me about the time when you were arrested? Who was involved? What happened? If you weren't arrested, then tell me about an incident when you in a physical fight with one of your parents.

How do you think your behavior affected your parent? Other family members?

How do you feel about what happened? Any thoughts about why you responded in that way?

Have the police been called before?

Have you done things that may have scared your family members?

Most kids fight with their family members sometimes. Some kids use physical force, threats, yelling, etc. when they fight with their family members. Tell me if you've done any of these things when you're fighting with your family. Please tell me if these things happen once in a while, or happens a lot. Zero means it never happens and 5 means it happens every day. Rate from 0-5 how often this happens.

| **Physical Abuse** | **To Whom** | **Frequency** | **Time Period** |
|---|---|---|---|
| Slap | | | |
| Push | | | |
| Grab | | | |
| Punch | | | |
| Kick | | | |
| Choke | | | |

Use a knife or other weapon

Other

| **Threats** | **To Whom** | **Frequency** | **Time Period** |
|---|---|---|---|
| Threats to hurt | | | |
| Threats to kill | | | |
| Threats to report parents to CPS or police. | | | |
| Other | | | |

| **Intimidation** | **To Whom** | **Frequency** | **Time Period** |
|---|---|---|---|
| Smashing, throwing or breaking things | | | |
| Hitting or punching walls | | | |
| Screaming and yelling | | | |
| Calling names | | | |
| Other (put downs, etc.) | | | |

5**. Childhood**

How were you disciplined when you were younger? Did your parents ever use physical discipline? How are you disciplined now? How do your parents usually respond when you are doing something they do not like? Or when you are angry and get abusive or violent? How does that usually go?

How do you feel about the way you were disciplined? How do you feel about the way your parents respond to your behavior now?

Did you ever experience any emotional abuse? (Yelling, Name-Calling, Put-Downs, etc)

Have you had any violent fights with your brothers and sisters?
If yes, what were the circumstances and how did your parents handle the situation?

Have you ever done anything to your pets that may have hurt them?

Did anyone ever touch you in a way that made you feel uncomfortable?
If yes, who was this person? Do you feel comfortable telling me what they did?

Has anything traumatic or scary ever happened to you?

6. **Resources**

What kind of income/allowance do you have? What do you spend your money on?

7. **Physical and Mental Health History**

Current medical concerns, medications or health issues

Past medical concerns/hospitalizations/injuries
Have you ever seen a counselor ?

Have you ever been to an anger management program?

Have you ever attempted suicide? When? Has any relative or friend ever attempted or completed suicide?

8. **Education**

What is school like for you? Do you have an IEP or 504 Plan?

Do you attend school regularly?

Have you ever gotten into any fights with other students or teachers?

Have you ever been suspended or expelled?

Have you ever attended any special classes? (Check for learning disabilities)

Do you have a girl/boyfriend? Can you tell me about her/him?

9. **Alcohol and Drug History**

Have you ever used alcohol or drugs?

Has anyone ever told you that you have a problem with drugs or alcohol?

Do you think you have a problem with alcohol or drugs?

Have you been ordered by the court to have an evaluation? Have you ever had an evaluation?

10**. Conclusion**

What are some things you like about yourself?

How do you feel about coming to this program?

Even if you don't really want to come, is there one thing you would like to learn to help you get along better in your family?

## Assessment Summary

**Counselor's Signature** **Date**