Step-Up Program
Parent Interview

Name_____ Date _____Therapist_____

Current Relationship with Teen

How would you describe your current relationship with your teen?

What do you like about your teen? What are his/her strengths?

Are you hopeful about your teen?

What are two behaviors you would like to see your teen change?

Who is in your home? How do they each get along with one another?

Childhood Behavior
What was your child like when s/he was an infant, toddler, preschooler? (for example- temperament happy, easy or challenging? Violent or disruptive behaviors?)

In grade school?

In middle school?

When did your child's current behavior first start to concern you?

Family Violence / Trauma History
Has s/he ever witnessed any violence or experienced anything traumatic? Explain.

Has s/he ever been a victim of physical or emotional abuse?
Age, duration, who was the perpetrator? What happened after, i.e. system response (police, CPS, court system), counseling, or other intervention.

Has your child ever been sexually abused or has anything ever happened that made you think that sexual abuse might have occurred? Age, duration, who was perpetrator? System response, counseling, or other intervention.

Has CPS ever been involved with your family? What were the allegations? What happened?

Has Family Court ever been involved? (Child involved with custody disputes?)

How do you and your spouse/partner get along?

What happens when you disagree? How do you deal with conflict?

Has your current or former spouse/partner been emotionally or verbally abusive in any way, such as, name calling, degrading you, humiliating, threatening or scaring you?

Have any disagreements between you and your current or former partner ever resulted in physical fighting? Have the police ever been called? Has there ever been a protection or no contact order?

Was your child involved in any way? (witnessed, tried to intervene, protect others?)

If your child's father or mother is not in the home, do they have visits with him/her? If so how often? Has there ever been a protection/no contact order? Limitation on visits (supervised?).

How does your child get along with his/her other parent?

Do you notice any behavior changes in your teen after visits with his/her other parent?

Parenting

What are some ways that you have responded to your child's difficult behavior? What works? What doesn't?

How does/did your partner or spouse respond to your child's behavior?

Do you and your partner/spouse agree on how to respond?

Describe a situation when you and your teen were having conflict? How did you respond? Is there anything you would like to have done differently?

Resources/Support System

Who do you have for support in your life (for example a friend, family member, church, etc.)?

Who or where do you go to for help in a crisis?

Are finances a stress in your family?

Does your child get an allowance or earn money?

School

How does your child do in school?

Does your child have any learning disabilities? What is the nature of the disability? Is there an IEP, 504 plan or other help?

Has s/he ever been in trouble at school? Have they been suspended or expelled? Truancy issues? Explain.

Social

Does s/he have any friends and what do you think of them?

What kind of activities does s/he like to do?

Does s/he have a girlfriend/boyfriend? What do you think of him/her? How do they get along? Have you ever had concerns about violence or abuse in the relationship?

Physical and Mental Health

Was the pregnancy and birth with your child normal?

Does your child have any current or past medical concerns, hospitalizations or injuries?

Has your child ever had a mental health, psychiatric or psychological evaluation? What was the diagnosis and treatment recommended?

Does s/he take medications for mental health reasons? In the past? Is/was it helpful?

Do you have concerns that your child might have mental health issues that have not been addressed, such as depression, anxiety, or other?

Has s/he been to counseling, mental health treatment, residential treatment or anger management? Currently? (where, when, duration, how did it go?)

Has s/he ever attempted suicide, or purposefully hurt self in any way? (When, method used, outcome) Has s/he talked about wanting to hurt or kill self? Are you currently concerned that your child might hurt him/herself?

Do you or any family members have any past or current medical concerns, hospitalizations, or injuries?

Have you or other family members had a mental health diagnosis? Medication for mental health reasons (past and present)?

Have you or other family members been to counseling or mental health treatment?

Drugs and Alcohol

Have you or anyone in your family ever had problems with drugs or alcohol?

Do you think your child uses drugs or alcohol? (How much, how often, what substances, if known).

Can you tell when your son/daughter uses drugs or alcohol? How do they act?

Has s/he ever had a drug/alcohol evaluation? When, and what was the treatment recommendation?

If treatment was recommended, did s/he successfully complete?

If treatment is currently recommended or court ordered, what is the plan?

Is s/he currently getting UA's? If so, what have the results been?

Family Interview on Domestic Violence History

Date of referring incident_____

Date when ARY was filed_____

Where the incident occurred_____

Describe the incident

Was anyone hurt?

Has anything like this happened before? Have you called the police before?

Have there been other police reports, charges or diversions?
(Include approximate dates and charges).

Has your child assaulted or threatened anyone else in your family?

When was the first time your child assaulted anyone in your family?

Was this the most severe incident of violence by your teen?

Has your son/daughter ever done things that have scared your family members?

Please tell me which of the following your teen has done when they're fighting with family members. You can either say how many times, or use a scale from 0 – 5. Zero means it never happens and 5 means it happens every day.

Physical abuse	**To Whom**	**Frequency**	**Time Period**
Slap			
Push / shove			
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			

Intimidation	**To Whom**	**Frequency**	**Time Period**
Smashing, throwing, breaking things			
Hitting, punching doors/walls			

Verbal / Emotional Abuse	**To Whom**	**Frequency**	**Time Period**
Screaming/yelling			

Profanity toward person

Name calling

Degrading, humiliating,
hurtful words

Has s/he ever taken money from you without permission? Do you ever feel coerced into giving him/her money?

Safety
Do you feel afraid of your teen at times?

Please rate how often you are fearful about your teen harming you or others in your home by using the scale below.

1- Never 2- Rarely 3- Sometimes 4- Often 5- Most of the time

How afraid do you feel when your teen is violent, threatening or abusive?

1- Slightly 2- Somewhat 3- Very 4- Extremely 5- Fear for my life/ Others life

What are your safety concerns? What are you most concerned he or she might do?

Are others in your home afraid of your teen (siblings or other family members?)

How do they respond when your teen is violent or abusive?

Are you concerned for the safety of others in the home?

Does your child have access to a weapon?

Have you taken any safety precautions (hiding knives, locking doors, etc)?

Conclusion

What kind of support would be helpful to you?

What do you hope to get from the Step-Up program?

Do you have any questions or is there anything else you would like us to know?

Thank you for taking the time with this interview. We know it is not easy to share this kind of information.

Assessment Summary

Counselor's Signature **Date**