

FORM 4

Issues Checklist for Parents and Teenagers

Name _____ Date _____

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Adolescent |
| <input type="checkbox"/> Mother | <i>with</i> |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| | <input type="checkbox"/> Father |

Below is a list of things that sometimes get talked about at home. We would like you to look carefully at each topic on the left-hand side of the page and decide whether the *two of you together* have talked about that topic *at all* during the last 2 weeks.

If the two of you together have discussed it during the last 2 weeks, circle *Yes* to the right of the topic.

If the two of you together have *not* discussed it during the last 2 weeks, circle *No* to the right of the topic.

Now, we would like you to go back over the list of topics. For those topics for which you circled *Yes*, please answer the two questions on the right-hand side of the page.

1. How many times during the last 2 weeks did the topic come up?
2. How hot are the discussions?

Go down this column for all pages first.	Then go down these columns for all pages.					
Topic	How many times?	How hot are the discussions?				
		Calm	A little angry			
1. Telephone calls	Yes No	1	2	3	4	5
2. Time for going to bed	Yes No	1	2	3	4	5
3. Cleaning up bedroom	Yes No	1	2	3	4	5
4. Doing homework	Yes No	1	2	3	4	5
5. Putting away clothes	Yes No	1	2	3	4	5
6. Using the television	Yes No	1	2	3	4	5
7. Cleanliness (washing, showers, brushing teeth)	Yes No	1	2	3	4	5

(continued)

Adapted from *Negotiating Parent-Adolescent Conflict* by Arthur L. Robin and Sharon L. Foster. Copyright 1989 by The Guilford Press. Reprinted in *Defiant Teens: A Clinician's Manual for Assessment and Family Intervention, Second Edition*. Copyright 2014 by The Guilford Press. Permission to photocopy this form is granted to purchasers of *Defiant Teens* for personal use only (see copyright page for details).

Issues Checklist for Parents and Teenagers (page 2 of 3)

Topic			How many times?	A little angry				
				Calm				Angry
8. Which clothes to wear	Yes	No		1	2	3	4	5
9. How neat clothing looks	Yes	No		1	2	3	4	5
10. Making too much noise at home	Yes	No		1	2	3	4	5
11. Table manners	Yes	No		1	2	3	4	5
12. Fighting with brothers or sisters	Yes	No		1	2	3	4	5
13. Cursing	Yes	No		1	2	3	4	5
14. How money is spent	Yes	No		1	2	3	4	5
15. Picking books or movies	Yes	No		1	2	3	4	5
16. Allowance	Yes	No		1	2	3	4	5
17. Going places without parents (shopping, movies, etc.)	Yes	No		1	2	3	4	5
18. Playing stereo or radio too loudly	Yes	No		1	2	3	4	5
19. Turning off lights in house	Yes	No		1	2	3	4	5
20. Drugs	Yes	No		1	2	3	4	5
21. Taking care of computer accessories and games, toys, and things	Yes	No		1	2	3	4	5
22. Drinking beer or other liquor	Yes	No		1	2	3	4	5
23. Buying computer accessories and games, toys, and things	Yes	No		1	2	3	4	5
24. Going on dates	Yes	No		1	2	3	4	5
25. Who should be friends	Yes	No		1	2	3	4	5
26. Selecting new clothing	Yes	No		1	2	3	4	5
27. Sex	Yes	No		1	2	3	4	5
28. Coming home on time	Yes	No		1	2	3	4	5
29. Getting to school on time	Yes	No		1	2	3	4	5
30. Getting low grades in school	Yes	No		1	2	3	4	5
31. Getting in trouble in school	Yes	No		1	2	3	4	5
32. Lying	Yes	No		1	2	3	4	5

(continued)

Issues Checklist for Parents and Teenagers (page 3 of 3)

Topic			How many times?	A little angry				
				Calm				Angry
33. Helping out around the house	Yes	No		1	2	3	4	5
34. Talking back to parents	Yes	No		1	2	3	4	5
35. Getting up in the morning	Yes	No		1	2	3	4	5
36. Bothering parents when they want to be left alone	Yes	No		1	2	3	4	5
37. Bothering teenager when he/she wants to be left alone	Yes	No		1	2	3	4	5
38. Putting feet on furniture	Yes	No		1	2	3	4	5
39. Messing up the house	Yes	No		1	2	3	4	5
40. What time to have meals	Yes	No		1	2	3	4	5
41. How to spend free time	Yes	No		1	2	3	4	5
42. Smoking	Yes	No		1	2	3	4	5
43. Earning money away from house	Yes	No		1	2	3	4	5
44. What teenager eats	Yes	No		1	2	3	4	5

Check to see that you circled "Yes" or "No" for every topic. Then tell the interviewer you are finished.

PARENT HANDOUT FOR STEP 2

Principles of Behavior Management

FOUR-FACTOR MODEL OF TEEN MISBEHAVIOR

Teen factor

Parent factor

Stress

Parenting style

ABC'S OF BEHAVIORAL MANAGEMENT

Anticipate → Behavior ← Consequences

REQUESTS AND CONSEQUENCES

Specific Meaningful

Immediate Frequent

Consistent Balanced