

INTRODUCTION **Introductory Form**

To the Reader: This form is used to interview the parents. After each question, there are spaces (multiple blank lines) for the therapist to write in the answers. Not all questions are asked for each section as long as the therapist can obtain salient information in each section.

Relations at Home

1. Who is living in the home? (Optional Informal Genogram)
2. What do you feel are the biggest problems at home?
3. How is _____ causing problems for your family?
4. What is it like for you in the home right now?
5. How does _____ get along with other children in the neighborhood?
6. What are his/her friends like?

School Behavior/Academic Problems

1. Are there any major problems at school (such as fighting, talking back, poor grades, skipping school)?
2. How do you think your child is doing in school?
3. How are his grades? How about homework?
4. (If applicable) How have you been managing the situation with the teachers, principal, etc.?
5. How are school problems affecting you and the rest of the family?
6. How does _____ get along with his classmates?
7. What is your child's educational history? Has _____ ever failed a grade or been left behind? Is he receiving special services?

Disciplinary Methods

1. How have you been handling _____ 's problems at home?
2. What do you do when _____ does (behavior)?
3. What seems to work the best in managing the problems?
4. What doesn't work at all?
5. Do you hit?

Marital Relationships and Parental Disagreement N/A _____

1. What do you and your partner/husband think of each other's methods of discipline?
2. How does disagreement over _____ affect other areas of your relationship?
3. Sometimes children who have behavioral issues cause friction between parents. I was wondering if this was the case with you at all?
4. What are some of the areas that cause the most amount of disagreement?

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It is important for you to work together as you learn new skills. Marital disagreements will be dealt with only in terms of negotiating ways of dealing with specific child behaviors.

Marriage/Significant Other

1. How much support can you expect from your spouse during _____'s treatment here? Will he or she be coming in?
2. (If applicable) You mentioned before that your marriage hasn't been going too well. Can you tell me more about how this is affecting you?
3. Have you discussed separation or divorce?

Multiple Problems/Crises and Stresses

Our program requires a commitment on your part. Are there any difficulties that might interfere with working on _____'s problems? Is there anything coming up for you or your family that will change the way things are going? This could include a job change, a new baby, moving, a crisis in your extended family, and illness, or marital changes. (If applicable) "It sounds like all these problems get overwhelming at times; how do you cope with them? What friends or family members could help you in coming to treatment?"

General Climate

1. Do you have any family in the area?

Mother _____	Spouse's siblings _____
Father _____	Aunts _____
Step-mother _____	Uncles _____
Step-father _____	Nieces _____
Mother-in-law _____	Nephews _____
Father-in-law _____	Boyfriend's family _____
Siblings _____	Other _____

Out of the area? _____
2. Do you see them often?
3. Do you feel that your family spends enough time together?
4. What interferes with your family spending time together?
5. What kinds of things do you do together?
6. What do you wish your family could do more of?
7. Does your child's behavior limit your family's activities?

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Current and Anticipated Care-taking/Parent Stressors

1. What is your work situation like?
2. How have you been managing these problems?
3. How long do you work?
4. What do you get to do in your free time?
5. Do you get support from your spouse (partner/other adult) at home?

Legal Issues: Department of Family Services (Interventions, Court Battles, Other)

1. Are you involved in any legal proceedings or court issues involving your child? Other members of your family? Any social services?

Psychological Treatment: Prior Treatment, Any Special Issues

1. Has (child's name) been in any other form of treatment for his behavior (describe any form of psycho-social therapy, medication, hospitalization, counseling, special programs at school, and other)?

Other Information