Brief Risk Reduction Interview and Intervention Model (BRRIIM)

Indicated Prevention Services

Adolescent Interview Instrument

Riverside University HEALTH SYSTEM

Student Name: _____ Nickname: _____

School: _____ Grade: _____

Parent Name(s): _____ Conference Date: _____

_____

Educational Program: (i.e. Special Ed., GATE, 504, CP, HP, CTE/ROP, EL, etc.)

Hello, my name is _____, welcome to our offices, please come in.

- Please have a seat and make yourself comfortable.
- Welcome to our program. This program has been set up to help you get your child through this system safely and successfully.
- The way this process works is that I am going to ask you a bunch of questions and you can choose to answer them or not.
- The purpose is to get to know each other, and the questions help set up a dialogue. If I do my job well, you may trust me before you leave here.

Confidentiality:

- Everything you say in here is confidential and do you (youth) know what confidential means. (Youth responds however they define it, then follow with the basic definition)
- Confidentiality in this office means that what is said during this interview is kept here in this office; it does not go to your school administrators, teachers, or anyone else; they can't look at my notes. Everything you say here is confidential and what confidential means is that what you say here, remains here with two exceptions:
    - 1)If you are being harmed or tell me about someone being harmed; i.e. physical, sexual abuse
    - 2) If you plan to harm yourself or someone else.
- Now that we are ready to get started, my first question is: do you have any questions?

Educational Program Experience:

- Have you ever been in any kind of special education program? (Circle Above)
- If yes, what kind, and are you still in it? What about any kind of other education program, for example Sheltered language, GATE, honors, independent study, home school, vocational?

If referral is a conflict: aggressor, victim, or bystander. Sometimes when someone is referred because of a fight or other conflict, they want to tell me what happened right away. You can give me the whole story. When did the conflict start?

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SCHOOL DATA

Suspension History	#? Types?	School referral history problem? Yes/No	***S***: Have you ever been suspended before? What for? How many times? ***P***: Do you see these behaviors at home?	
Expulsion(s)	Ever expelled? Yes/No When, where, why?	Expulsion pending? Yes/No	Ever been expelled? Are they in the expulsion process now?	
Legal Issues	Yes/No Why?		Any involvement with the legal system?	
Probation	Yes/No If yes, name of P.O.:		Courts, probation, etc.? If yes, what is the status now?	
If suspended, reaction to suspension	Parent:	Student:	**P:** What was it like for you when your child was suspended? ***S***: What has it been like for you?	
School Interests	Favorite subject: Least favorite subject: Favorite teacher:		What's your favorite/least favorite subjects in school? Ever had a favorite teacher? Who?	
Feelings about school	(Hate it) 1 2 3 4 5 6 7 8 9 10 (Love it)		What are your feelings about school? Scale: 1 hate it, 10 love it.	
Graduation	(unimportant) 1 2 3 4 5 6 7 8 9 10 (important)		How important is graduation? Scale: 1 unimportant, maybe doesn't matter; 10 most important or got to have it!	
Likes	Music: Tv show:	Video games: Apps: Social media:	What are your favorites: music, tv, video games, social media, apps, podcast, etc.?	

**Right narrow column is used to check areas of strengths & concerns to consider during the plan.*

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SCHOOL DATA / RELATIONS

Extra-curricular and/or community	Sports, clubs, band, etc.? Hobbies, special interests, activities outside or school, etc?	Ever worked? Yes/no What?	Are you involved in extracurricular activities? What do you do for fun? Worked?	
Friends	First names of good friends? Parent's feelings about friends? If so, why?		**S**: Can you give me the first names of some of your closest friends? **P**: Do you know the friends? How do you feel about them?	
Trusted adults at school	Name:	Okay to contact?	Are there adults at school who you trust?	
Confidantes	*Who?*	*Relationship?*	*In your life, who do you trust? Anyone, anywhere i.e. friends, relatives…* *What is their relationship to you?*	
Career/ Future	Graduation: (easy) 1 2 3 4 5 6 7 8 9 10 (impossible) Know graduation requirements? Yes/no		How easy or hard do you think graduation will be? Scale 1: easy to 10: impossible. What do you want to do after high school? What kind of career might you want?	

FAMILY

Home relationships	Who lives in the house?	Who lives with you under the same roof?	
Parent/ guardian employment coverage	Student covered by Health Insurance?	Is the student covered by health insurance?	
Family members not at home	Why? Contacts? Where?	Any family any place else?	

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FAMILY

Family activities	What, where, how often? Church/Synagogue/Temple?		What sort of activities do you do as a family for fun? Attend church/synagogue…?	
Familial Concerns	How does family deal with conflict? Student ever runaway?		How does your family deal with conflict?	
Home Climate	What does it feel like to be home?		What does it feel like to be home?	
Family AOD History	Yes/no, if yes, who? Treatment?		Any history of AOD in your family?	
Family Violence History	Yes/no, if yes, who? Treatment? Yes/no, if yes, who, when, where, why?		Any history of violence in your family?	
Family Counseling Medications?	Yes/no, if yes, what? Diagnosis?		Any experiences with counseling?	
Family Stresses/ Adjustments	Deaths, illnesses, financial, legal, new living arrangements, etc.		Has the family undergone any major stressors?	
Depression/Suicide	Ever sad or depressed? If so, why? Ever so depressed considered suicide? Attempts? Plan? Imminent risk?	Anyone you know attempt suicide? If so, did they complete suicide? Relationship to you? Current affect?	Ever sad or depressed? If so, why? Ever so depressed that you considered suicide? If so, have you ever attempted suicide or developed a plan?	
ATOD Concerns	Yes/no, if yes, describe:		P: Have you ever been concerned that your child was involved in ATOD? Why?	

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WISHES

Student Wish		*If you could have one wish, what would it be?*	
Parent/ Guardian Wish		*(If P/G wants child to be happy, validate) If you could make one wish just for yourself what would it be?*	

At this point, I would like to meet with _____ alone.

Please step out outside. We have some materials out there for you

TOBACCO, ALCOHOL, OTHER DRUG HISTORY ***(Parent/Guardian leaves room for his part of Interview Process)***

Check in with Student	How are you doing so far?					
Parent/ Guardian Wish	Tell me about any ATOD use, even if only one time. If yes, continue with following ATOD section:					
	Alcohol	Tobacco	E-cigarettes	Marijuana	Rx	
First use						
Last use						
Frequency						
Likes						
Consequences of Use	Positive: Negative:					
Future Use	Plan for future use? More/Less/Same/Quit? Any reason to quit? Anyone concerned about you and your use? Yes/No Who? Quit scale: (easy) 1 2 3 4 5 6 7 8 9 10(impossible) How hard will it be to stay away from friends who use drugs? Easy/Medium/Hard					

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HEALTH

Health	How do you rate your health? (poor) 1 2 3 4 5 6 7 8 9 10 (excellent) Any issues (i.e. glasses, allergies, illnesses, injuries, cutting, etc.)?	
Diet	Ever Diet? If yes, what, how, why, diet supplements, etc.? Favorite food?	
Sleep	Any problems falling asleep, staying asleep? If yes, tell me about it. Good dreams, bad dreams? Same dream more than once?	
Safety	Where do you feel safest or most comfortable?	

MENTORS, HAPPINESS, BELIEFS

Mentors	Who do you admire, look up to (family, friends, heroes, etc.)? What about them do you admire?	
Happiness	What makes you happy?	
Beliefs	Do you believe in God or a higher power? If yes, do you pray? If no, what do you believe in?	

ANGER AND CONFLICT

Anger, Frustration, Disappointment	How do you deal with it?	
Angry People	How does it feel to be around angry people? Ever been fearful? If yes, who and what was happening?	

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Anger	What does your anger look like? Where in your body do you feel anger? Angry with anyone now?	
Fighting	Ever been in a fight? If yes, number of times, when why? What is worth fighting for?	
Bullying	Been bullied? If yes, describe: Been a bully? If yes, describe:	
Anger Issue	Do you feel you have an anger problem?	

RELATIONSHIPS

Sexual Activity	Age you want to become a parent? Sexually active even one time? Sexually active now? Safety (STDs, pregnancy, etc.)? In love now or ever?	
Sexual Knowledge	If sexually active, who, what, where do you go for information?	

OTHER CONCERNS

Any concerns not addressed so far?	
Ever a victim of crime or abuse?	

FINAL QUESTIONS

Any questions you would have wanted me to ask?	
Any questions you would like to ask me?	

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