This guidance document for the AFR clinical interview provides **examples** of the types of questions you could ask.

**GUIDANCE:** **You can only ask about disclosed diagnoses, conditions, symptoms, and behaviors (D-C-S-B] on the ETA 653 or records in the E-Folder.** Prior to the interview, carefully review the materials below and make notes about the disclosed to identify diagnoses/conditions, symptoms, and behaviors of possible concern that you will ask about. **If an applicant discloses new health information during the interview, you should assess those if relevant.**

**Forms reviewed for disclosure of applicant’s conditions/diagnoses**:

[ ]  ETA 653 [ ]  CCMP(s) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  504/IEP [ ]  Other *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Introduce yourself and your role on center. Share that the purpose of the applicant file review process and interview is to gather information about the diagnoses, symptoms, and behaviors disclosed by the applicant to assess how they are doing at this time.

**IMPORTANT**:Try todetermine if the applicant will need **communication accommodations/supports** before starting the interview. If during the course of the interview, you determine that the applicant needs communication accommodations, please provide them and make notes at the bottom of page 10 (Mental Status Checklist) in case you decide to complete Form 2-04 or Form 2-05 to recommend denial.

**SPECIAL CONSIDERATIONS:** If you are aware or suspect that an applicant has **cognitive impairments**, you can assess adaptive functioning using questions from Appendix 1 (pages 9-10).

General Instructions:

* Brackets & underline indicate information that should be filled in such as [*disclosed diagnoses, conditions, symptoms, and behaviors (D-C-S-B)*].
* **Bold questions have follow-up questions. *Bold italics (If no…, If yes…)***indicate possible follow-up questions.
* *Blue italics* provide instructions about specific actions: what to ask or do, or which question to go to next.

**Intro/General Questions – DO NOT INCLUDE in the Applicant Interview Summary unless relevant.**

1. How did you get interested in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Corps Center? What makes you want to come here?
2. It has been a while since you completed the application for Job Corps. Has anything changed since you completed the paperwork with the Admissions Counselor (AC)? [ ]  Yes [ ]  No

***If yes*:** Tell me what’s changed:

1. Do you remember watching a video about Job Corps at the AC’s office? The video showed a typical day in Job Corps where students wake up early. What would it be like for you to get up at 6:30 am each day and have a structured routine?
2. What is a typical day like for you? *If needed, ask follow-up questions to find out if applicant has a regular routine and sleep habits, such as, “What do you spend most of your time doing? What time do you usually get up? What time do you usually go to bed?”*

**Academics/Social/Work History**

|  |  |
| --- | --- |
| 1. **Are you currently in school?**

***If yes:*** What has school been like for you?***If no:*** When did you leave school?What was school like for you?What caused you to leave school? | [ ]  Yes [ ]  No |
| 1. **Have you ever lived in a dormitory or room with other students?**

***If no*:** What do you think it would be like to have 1 to 3 roommates? ***If yes*:** What was that like for you?  | [ ]  Yes [ ]  No |
| 1. **What have you been doing with your time during the past year?**
 |  |
| 1. **Have you had a job or worked in the last year or so?**

***If yes:*** *(past tense is in parentheses)* | [ ]  Yes [ ]  No |
| a. How many jobs have you had?***If more than one job***: How long did you stay at each? Why did you leave?  |
| b. Who do (*did*) you work for and what kind of work do (*did*) you do? Do *(did)* you work alone, interact with coworkers or the public? |
| c. How do (*did*) you get along with your supervisor and co-workers? |
| d. Do (*did*) you have any problems on the job (such as trouble getting there on time, calling out or missing shifts, not being able to keep up with the pace of the work)? |
| e. What do (*did*) you find stressful about your job? How do *(did)* you handle that stress? |
| f. Have you ever been fired from a job? [ ]  Yes [ ]  No***If yes****,* what happened? |

**Stress/Coping**

1. Going through transitions, like starting at Job Corps, can be stressful. What kinds of things stress you out?
2. What do you do to handle stress? What have you tried that has been helpful? What things have you tried that were not helpful or didn’t work?

**Current Mental Health Symptoms**

**When you applied for Job Corps, you filled out a form or talked to the AC about your health. I had a chance to review that paperwork and any records the AC sent. I’d like to ask you some questions about the mental health conditions that you told us about or were in your medical or school records**.

1. From the paperwork you completed and the information that I reviewed in your applicant file, I see you have been diagnosed with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this correct? [ ]  Yes [ ]  No

***If no*:** It says that you have [*disclosed D-C-S-B*]in the paperwork you submitted. Do you know why it would say that?

Related to your [*disclosed D-C-S-B*]what symptoms or problems are you having right now?

*Allow applicant to respond, then give applicant choices about specific symptoms related to the specific disclosed diagnosis, condition, symptoms, or behavior(s).*

Are you still having trouble with[*symptom*]**?**

Examples:

* If depression => sad/irritable mood, sleep, energy, appetite, concentration, SI, etc.
* If anxiety => anxiety/worry, difficult to control worry, restless, fatigue, trouble concentrating, irritability, sleep, muscle tension, panic attacks
* If PTSD => distressing memories or dreams, flashbacks, reliving, avoiding cues of event
* If psychotic disorder => delusions/paranoia, hallucinations (observe disorganized speech/behavior, diminished emotional expression

*List specific symptoms/behaviors assessed:*

a)

b)

c)

d)

e)

1. I am going to go through a list of problems that some people may have. Let me know which ones you are currently having due to your any of your discussed mental health conditions/diagnoses Do you …?

|  |  |  |
| --- | --- | --- |
| **Symptom/Behavior** | **Response** | **IF YES,** |
| **How much of a problem on a scale of 1-10** *(where 1 is the least and 10 is the most)?* | **How often? (daily, weekly, monthly)** | **Last time this happened?** |
| Have a hard time being in large groups of people or in social situations? | [ ]  Yes [ ]  No |  |  |  |
| Have panic attacks? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time handling stress? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time managing feelings or moods such as anger or depression? | [ ]  Yes [ ]  No |  |  |  |
| Have trouble with mood swings? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time expressing what you want to say in words? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time understanding what other people are saying? | [ ]  Yes [ ]  No |  |  |  |
| Have problems concentrating or staying focused on something for a period of time? | [ ]  Yes [ ]  No |  |  |  |
| Have trouble handling it when things change or when things change unexpectedly? | [ ]  Yes [ ]  No |  |  |  |
| Have problems remembering things? | [ ]  Yes [ ]  No |  |  |  |
| Need help taking care of yourself (getting up in the morning, showering, dressing, etc.) | [ ]  Yes [ ]  No |  |  |  |
| Have trouble falling asleep or staying asleep? | [ ]  Yes [ ]  No |  |  |  |
| Have problems with getting tired easily? | [ ]  Yes [ ]  No |  |  |  |
| Get into trouble because of bad decisions? | [ ]  Yes [ ]  No |  |  |  |
| Have trouble solving or figuring out solutions to problems? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time taking directions from adults in charge? | [ ]  Yes [ ]  No |  |  |  |
| Have trouble getting along with others your age? | [ ]  Yes [ ]  No |  |  |  |
| Have problems getting or staying organized – like organizing your time or keeping up with your things (cell phone, keys, glasses)? | [ ]  Yes [ ]  No |  |  |  |
| Have problems with being sensitive to loud noises, lights, people touching you, or other things? | [ ]  Yes [ ]  No |  |  |  |

**Current and Past Mental Health Treatment(s)**

*Note: Past tense for questions is in parentheses.*

|  |  |
| --- | --- |
| 1. **Are you currently or have you recently been in counseling or therapy for any of the problems that we just talked about?**

***If no:*** *Go to question 16 (next page).****If yes*:** Tell me a little about it.*Ask, as needed:*a. How often do you go?b. Who is (*was*) your doctor/counselor/therapist?c. How does (*did*) your counselor/therapist help you with your *[disclosed D-C-S-B]*?d. Do you have any follow-up appts scheduled? ***If yes:*** When is your next appointment? | [ ]  Yes[ ]  No[ ]  Yes[ ]  No |
| 1. **Are you currently or have you recently been taking any medications for your** *[disclosed D-C-S-B]*

***If no,*** *Go to question 16 (next page).* ***If yes*:** 1. What are the names of the medications? [ ]  Doesn’t know/Not sure
 | [ ]  Yes[ ]  No |
|  b. Do you know the dose(s) and how often you are supposed to take it?Names/doses/frequency:  | [ ]  Yes[ ]  No |
|  c. Do (*did*) you take your medication(s) the way your doctor told you to?***If no:***Why not? | [ ]  Yes[ ]  No |
|  d. Does (*did*) anyone help you with your medications?***If yes****:* Who and how do (*did*) they help you? | [ ]  Yes[ ]  No |
|  e. Who prescribes (*prescribed*) your medication and checks to see how your medications are working for you? [ ]  Doesn’t know/Not sure |  |
|  f. Are there any other medications that you took in the past for your *[disclosed D-C-S-B]* that you stopped taking?***If no,*** *Go to question 16 (next page).****If yes,*** Can you tell me the names of any of the medications? [ ]  Does not knowNames/doses/frequency: Why did you stop taking them? | [ ]  Yes[ ]  No |
| 1. **Have you ever been hospitalized for treatment of your** *[disclosed D-C-S-B*]?

***If no:*** *Go to question 17.****If yes:***Tell me about that.a. When was the last time you were in the hospital?b. When you were released from the hospital, what kind of treatment did they tell you follow up with – like go to counseling or go see your regular doctor or go see a psychiatrist? Did they make any appointments for you*? (i.e., discharge recommendations)*c. Did you follow through with the treatment that was recommended for you after the hospital?***If no:*** Why not? | [ ]  Yes[ ]  No[ ]  Yes[ ]  No |
| 1. **Have you ever had any other kind of treatment for your***[disclosed D-C-S-B ]* (like going to a residential treatment center or group home or doing home remedies or cultural practices)?

***If no:*** *Go to question 18 if applicant has a disclosed history of suicidal ideation/attempts.**Go to question 19 if applicant has a disclosed history of physical aggression/violence.**Go to question 20 if applicant* ***does not have*** *a disclosed history of suicidal ideation/attempts or physical aggression/violence.****If yes:*** Tell me a little about it:Was it helpful to you?[ ]  Yes [ ]  No [ ]  Don’t know/Not sure | [ ]  Yes[ ]  No |
| **The next two questions should only be asked if there has been disclosed information about suicidal ideation/attempts or physical violence towards another person.** *Otherwise skip to Question 20****.*** |
| 1. **Have you ever had thoughts of wanting to die or end your life?**

***If no:*** *Go to question 19 (next page).****If yes:*** Tell me a little more about that. How often do you have had these kinds of thoughts?When was the last time you had these kinds of thoughts? | [ ]  Yes[ ]  No |
| a. Have you ever had a **plan** for how you would end your life?***If yes:***What were you thinking about doing?Why didn’t you go through with your plan? | [ ]  Yes[ ]  No |
| b. Have you **actually ever tried** to end your life?***If no:*** *Go to question 19 if applicant has a disclosed history of physical aggression/violence.**Go to question 20 if applicant* ***does not have*** *a history of physical aggression/violence.****If yes:*** Tell me a little more about that: *Ask*, *as needed:*When was that? Dates/years or ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have there been other times? [ ]  Yes [ ]  No ***If yes,*** how many times have you tried to end your life? Times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What happened afterwards – did you go to the hospital? | [ ]  Yes[ ]  No |
| 1. **Have you ever physically hurt another person?**

***If no:*** *Go to question 20.****If yes:***Tell me about a little more about that:*Ask*, *as needed:*a. When was the last time this happened? Dates/years or ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. How many times has that happened? Times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c. What happened afterwards? (Did you get in trouble?) | [ ]  Yes[ ]  No |
| **CLOSING QUESTIONS**1. **Is there anything else that I didn’t ask you about that you would like to share with me, anything that you think it would be helpful for me to know about you?**
 | [ ]  Yes[ ]  No |
| **Thank you for taking the time to answer all of my questions. Do you have any questions for me?** | [ ]  Yes[ ]  No |

**IMPORTANT NOTES**

* If an applicant voluntarily discloses a history of **treatment for alcohol or drug use**, discuss with your HWD whether the TEAP specialist will need to review the applicant file.
	+ Complete **Mental Status Exam** and **Communication Accommodations** on next page.

**Mental Status Exam Checklist**

N/A = Not applicable (telephone interview)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appearance** ☐ N/A | **Rapport** | **Behavior** ☐ N/A | **Mood** | **Affect** ☐ N/A |
| ☐ Appropriate hygiene & dress☐ Poor hygiene☐ Unkempt☐ Disheveled☐ Inappropriate dress☐ Body art/tattoos☐ Seductive | ☐ Cooperative☐ Engaged☐ Avoidant☐ Apathetic☐ Dismissive☐ Distant☐ Evasive☐ Guarded☐ Hostile☐ Mistrustful☐ Resistant |  ☐ Appropriate/WFL☐ Anxious/Tense☐ Restless☐ Impulsive☐ Hyperactive/fidgety☐ Agitated☐ Aggressive☐ Withdrawn☐ Lethargic☐ Yawning☐ Hair twirling☐ Nail biting☐ Picking☐ Histrionic☐ Bizarre☐ Tics☐ Tardive dyskinesia | ☐ Euthymic☐ Cheerful/positive☐ Anxious☐ Angry☐ Euphoric☐ Elevated☐ Expansive☐ Depressed☐ Irritable☐ Labile | ☐ Full range☐ Congruent w/ mood/content☐ Blunted☐ Constricted☐ Flat☐ Labile☐ Incongruent w/ mood/content |
| **Ideation** | **Insight** |
| **Eye Contact** ☐ N/A | **Alertness/Orientation** | ☐ Suicidal ideation☐ with plan☐ with intent☐ Homicidal ideation☐ with plan☐ with intent | ☐ WFL/age-appropriate☐ Fair☐ Lacking☐ Poor |
| ☐ Good☐ Intermittent☐ Poor☐ Avoidant☐ Intense | ☐ Alert & oriented x 4☐ Drowsy☐ Sedated☐ Not fully oriented ☐ Not assessed |
| **Speech** | **Language** | **Cognition** | **Thought Content** | **Perceptual** |
| ☐ Clear☐ Rate, prosody & volume WFL☐ Mumbled☐ Pressured☐ Rapid rate☐ Slow rate☐ Slurred☐ Halting☐ Stammering☐ Stuttering☐ Soft volume☐ Loud volume☐ Lack of prosody | ☐ Receptive/ comprehension WFL☐ Expressive WFL*Impaired:*☐ Delayed responses☐ Word-finding difficulties☐ Limited vocabulary☐ Circumlocution☐ Rambling☐ Excessive☐ Word salad | ☐ WFL*Impaired:*☐ Attention/ distractibility☐ Concentration☐ Abstract thinking☐ Judgment☐ Recent memory☐ Remote memory | ☐ Logical, coherent & goal-directed☐ Concrete☐ Disorganized☐ Tangential☐ Incoherent☐ Perseverative☐ Flight of ideas☐ Loose associations☐ Paranoia☐ Ideas of reference☐ Bizarre☐ Delusional☐ Depersonalization☐ Derealization☐ Dissociation | ☐ WFL*Hallucinations:*☐ Auditory☐ Visual☐ Tactile☐ Other☐ Not assessed |
| **Sensory/Physical** |
| ☐ No limitations☐ Visual☐ Hearing☐ Physical☐ Speech☐ Self-reported |

**Were communication accommodations needed?** [ ]  Yes [ ]  No

**If yes, please check which accommodations were provided**:

* Slower rate of speech [ ]  Yes [ ]  No
* Repetition of questions [ ]  Yes [ ]  No
* Rephrasing questions [ ]  Yes [ ]  No
* Use of simpler language [ ]  Yes [ ]  No
* Provided more time for processing or responses [ ]  Yes [ ]  No
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Yes [ ]  No

**Appendix 1: Adaptive Behavior Questions**

Now I’d like to ask you about some tasks that people do every day. I want to know how much help, if any, you need from other people to do these tasks. There are no right or wrong answers. It is important for me to get a clear idea of how much help you might need if you come to Job Corps.

Do you need any help at all, even if it is just a little bit, with:

| **Activity** | **No** **Assistance Needed** | **Some Assistance** | **Complete Assistance** | **Not Able to Do** |
| --- | --- | --- | --- | --- |
| ***Who helps you with that?*** |
| 1. **Bathing:** How do you do with things like washing your face, taking a shower or bath, brushing your teeth, and washing your hair?

Do you need help or reminders to do these things?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Grooming:** How do you do with combing or brushing your hair and putting on deodorant (Females – taking care of your monthly period?)

Do you need help or reminders to do these things?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Eating:** How do you do with going through a cafeteria line and picking out food to eat? What about picking out food at place/restaurant that you have never been to before?

Do you need help to do these things?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Shopping:** Are you able to buy what you need at Walmart or the grocery store like soap, shampoo, deodorant, clothes, and shoes?

Do you need help or reminders to get what you need?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Finding information:** Let’s say you needed to find a phone number that you don’t have(like to a drug store)? How would you find the number? What about if you needed to find out what time a certain store closes? How would you find that information?

Do you need help to do these things?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Housework:** Do you make up your own bed? Do you know how to wash dishes? Do you know how to use a broom or mop or a vacuum cleaner? Do you know how to clean a sink or toilet?

Do you need help or reminders about cleaning up?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Laundry:** Do you wash your own clothes? Do you know how to sort clothes and use a washer and dryer?

Do you need help or reminders for washing your clothes? [ ]  Yes [ ]  No |  |  |  |  |
| 1. **Managing money:** Do you manage your own money? Do you pay any of your own bills like your cell phone bill?

Do you need help or reminders for washing your clothes? [ ]  Yes [ ]  No |  |  |  |  |
| 1. **Driving/transportation:** Do you know how to drive? Can you get where you want to go using a city bus or other public transportation? How would you get to a place that the bus doesn’t go if you need to?

Do you need help getting to places you want to go?[ ]  Yes [ ]  No |  |  |  |  |
| 1. **Controlling anger:** Do you have trouble controlling your anger? Do you get mad when plans change or when things don’t go your way? What things do you to do to stay in control when you are angry?

Do you need help or reminders to keep your anger under control? [ ]  Yes [ ]  No |  |  |  |  |
| **Social Functioning** | **No Assistance**  | **Some Difficulty** | **Significant Difficulty** | **NotAble** |
| 1. **Adjusting behavior:** When you know that other people are busy or in the middle of doing something, can you give them space and not interrupt? Do people ever have to remind you a lot not to interrupt?
 |  |  |  |  |
| 1. **Social:** In a social or group situation, how can you tell if it is OK to try to join a group or if it is a group that you should stay away from? (Pause). How would you know if a group is using alcohol or doing drugs or doing something dangerous?
 |  |  |  |  |
| 1. **Planning:** Do people ever tell you that you need to think before acting—that you get into trouble because you do things without stopping to think about it first?
 |  |  |  |  |
| 1. **Safety:** Have you ever wandered away or found yourself in an unsafe situation? For example, have you ever gotten lost and didn’t know your way back home? Have you ever found yourself in an unsafe situation with people you don’t know or in a place where you should not have gone?
 |  |  |  |  |
| 1. **Safety:** Have you ever been tricked into doing something that could hurt or harm you? For example, has someone ever dared you to do something and you got in trouble or got hurt? Has someone tricked you out of your money?
 |  |  |  |  |