**Sample Applicant Interview Questions for TEAP**

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

**Guidance:** In preparation for the clinical interview, carefully review the materials below to identify disclosed diagnoses, symptoms, and behaviors of possible concern.

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

[ ]  ETA 6-53 [ ]  CCMP(s) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Education/Occupational**

1. Are you currently in school or have a job?
2. What have you been doing with your time during the past year?
3. 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?”*
4. What would it be like for you to get up at 6:30 am each day and have a structured routine?

**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?

**Substance Use History**

1. Are you currently or have you recently been in counseling?

How often do you go?

Who is/was your doctor/counselor/therapist?

How does/did your doctor/counselor/therapist help you with your [diagnosis/condition]?

Do you have any follow-up appts scheduled?

*If yes:* When is your next appointment?

1. From the paperwork you completed and from our discussion, I see you have been diagnosed with

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

Is this correct? [ ]  Yes [ ]  No

*If no*: It says that you have [disclosed condition/diagnosis]in the paperwork you submitted. Do you know why it would say that?

*If yes:* When did that first start? Around what age were you diagnosed?

Related to your [disclosed condition/diagnosis]what symptoms or problems are you having right now? *Give applicant choices about symptoms related to the specific disorder(s).*

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 [disclosed condition/diagnosis].Do you …?

*Check all positive responses and complete columns.*

|  |  |  |
| --- | --- | --- |
| **Symptom/Behavior** | **Response** | **IF YES,** |
| **Last time this happened?** | **How often? (daily, weekly, monthly)** | **How much of a problem on a scale 1-10?** |
| Have trouble getting along with others your age? | [ ]  Yes [ ]  No |  |  |  |
| Have trouble getting along with adults? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time being in large groups of people or in social situations? | [ ]  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 |  |  |  |
| Get into trouble because of bad decisions? | [ ]  Yes [ ]  No |  |  |  |
| Have problems with remembering things? | [ ]  Yes [ ]  No |  |  |  |
| Have problems with concentrating or staying focused on something for a period of time? | [ ]  Yes [ ]  No |  |  |  |
| Have trouble falling asleep or staying asleep? | [ ]  Yes [ ]  No |  |  |  |
| Have problems with getting tired easily? | [ ]  Yes [ ]  No |  |  |  |
| Need help taking care of yourself (getting up in the morning, showering, dressing, etc.) | [ ]  Yes [ ]  No |  |  |  |
| Have trouble handling it when things change unexpectedly – when things switch up? | [ ]  Yes [ ]  No |  |  |  |
| Have problems with organizing things or staying organized – like organizing your time or keeping up with your things (cell phone, keys, glasses)? | [ ]  Yes [ ]  No |  |  |  |
| Have a hard time taking directions from adults in charge? | [ ]  Yes [ ]  No |  |  |  |

1. How do the substance use issues that we just talked about get in the way of you doing your everyday activities or other things you want to do (going to school, getting a job, etc.)?
2. Have you ever been in substance use counseling at all for any reason?

How often did you go?

What it helpful?

1. Are you currently or have you recently been taking any medications for your substance use condition?

Do you know the dose(s) and how often you take it?

Do you take your medication(s) the way your doctor told you to?

Does anyone help you with your medications?

Do you have a doctor or someone else who checks to see how your medications are working for you?

1. Have you ever been hospitalized for treatment of your substance use condition?

When was the last time you were in the hospital?

When you were released from the hospital, what kind of treatment did they recommend for you?

Did you follow through with this treatment?

1. Have you ever experienced an overdose on a substance?
2. Do you currently use drugs?
3. Do you currently use alcohol?
4. If there anything else that I didn’t ask you about that you would like to share with me, anything you think it would be helpful for me to know about you?

Thank you for taking the time to answer all of my questions. Do you have any questions for me?