

AHARTT EXIT INTERVIEW

For use with clients (ages 12-21 years old) of clinicians who received AHARTT-sponsored training in Functional Family Therapy or Cognitive Behavior Therapy

DECEMBER 2014 RELEASE

The paper version of the AHARTT exit interview is for educational purposes only. Use the online data collection program by logging in to the secure client information system at: <https://ukcdar.uky.edu/kykids>

If you must complete the interview on paper (i.e., internet is down, meeting with youth away from computer access), please enter the information into the online data collection program **within 7 days** of the interview date to maintain validity of data.

Clinician/staff member, please answer the following questions before beginning the interview with the client.

All client information is confidential (with identifiers stored separately from intake responses), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff. This information is used for matching service event data.

1. Client's name: First _____ Last _____
2. What is the client's date of birth? ____/____/____
3. Who is filling out this survey? **(Circle one)**
 - a. Clinician/staff person
 - b. Client

PRELIMINARY QUESTIONS

Please answer the following questions *before* beginning the interview with the client.

1. **Date of Discharge Interview** [Date this Discharge Interview was actually completed with the client]:
_____MM/_____DD/_____YYYY

Note: If you are recording the interview responses on the paper version, please enter the interview data into the web data collection survey within 7 days.

2. **Date of discharge for this treatment episode** [Date the client was discharged from this treatment episode]: _____MM/_____DD/_____YYYY

Note: In the web data collection survey, you will be asked to verify the discharge interview date.

3. The client has self-reported substance use that is typical of persons with a substance use disorder
0 = No 1 = Yes
4. The client reports being exposed to a traumatic event (i.e., one that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others) during their lifetime.
0 = No 1 = Yes

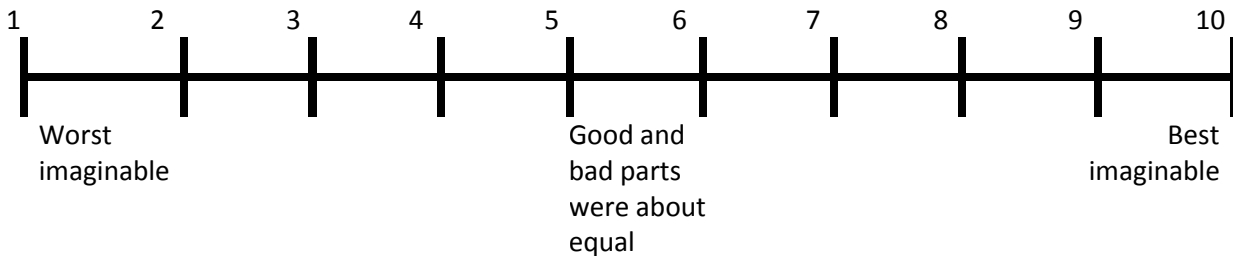
5. The client has self-reported characteristics that are typically found in persons with Posttraumatic Stress Disorder or Acute Stress Disorder. 0 = No 1 = Yes

Now, please begin the interview with the client.

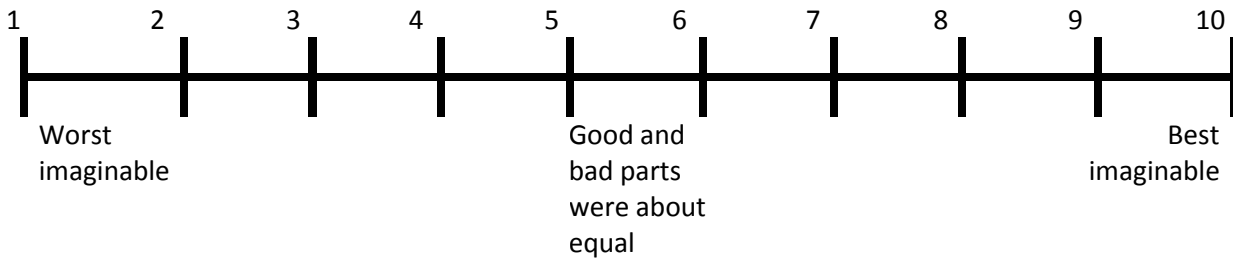
I. QUALITY OF LIFE, EDUCATION, & EMPLOYMENT

First, you will be asked some questions about how your school experiences, and any jobs you may be working, which are important information for understanding program outcomes.

1. How would you rate your quality of life **when you entered this program**?



2. How would you rate your quality of life **today**?



3. What type of schooling do you currently receive? ("Currently" means during the most recent school year or semester.) **Select one:**

- 1 = Public school
- 2 = Private school
- 3 = Home school
- 4 = Alternative school
- 5 = Home bound (i.e., child has a mental/physical condition that prevents them from attending school)
- 6 = Day treatment
- 7 = GED classes
- 8 = Officially withdrawn
- 9 = Other: Specify other type of schooling _____

(Skip 1a, unless client is officially withdrawn from school)

- 3a. When did you withdraw from school (Month/Year)?

_____ Year _____ Month *(Skip to #5)*

4. Overall, how satisfied are you with your experience in your current school situation (e.g., quality of classes, quality of teaching, relationships with peers)?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither dissatisfied or satisfied	Satisfied	Very satisfied

5. How many years of education have you completed?

0 = Never attended

1 = 1st grade

2 = 2nd grade

3 = 3rd grade

4 = 4th grade

5 = 5th grade

6 = 6th grade

7 = 7th grade

8 = 8th grade

9 = 9th grade

10 = 10th grade

11 = 11th grade

12 = 12th grade

13 = GED

14 = Some college

15 = Some voc/tech school

6. Are you currently participating in vocational/technical courses? 0 = No 1 = Yes

7. What was your grade average on your last report card?

1 = A (Excellent)

2 = B (Above average)

3 = C (Average)

4 = D (Below average)

5 = F or E (Failing)

8. In the period since beginning treatment in this program, have you attended school? 0 = No 1 = Yes
(If no, skip to # 15 on current employment)

Since you began treatment in this program have you missed any school for the following reasons:

9. Skipped at least one class? 0 = No 1 = Yes

10. You were in detention or in-school suspension? 0 = No 1 = Yes

11. You were suspended (out of school) or expelled? 0 = No 1 = Yes

12. You were out of school due to involvement in juvenile court or social services? 0 = No 1 = Yes

13. You missed school for any other reason (including illness)? 0 = No 1 = Yes

14. In the period since beginning treatment in this program, how often did you participate in any school-sponsored extracurricular or leisure activities (e.g., school clubs, sports, band, chorus, dance, youth groups, volunteer work, etc.)?
- 0 = Not at all
 - 1 = Once a week
 - 2 = 2-4 times a week
 - 3 = Daily
15. What is your current employment status? Include all jobs to figure your total hours worked per week on average.
- 0 = Not currently employed (*Skip to Section II*)
 - 1 = Fulltime (35+ hours per week)
 - 2 = Part-time (<35 hours per work)
 - 3 = Occasional, from time to time, or seasonal work (e.g., occasional babysitting)
- 15a. How many hours do you work per week on average? _____ hours/week

II. MORE ABOUT YOUR FAMILY AND LIVING SITUATION

The next set of questions will ask you to tell us more about you and your living situation. Family and living situation can be risk or protective factors for recovery.

1. Who is your primary caregiver currently?
- 1 = Biological parent
 - 2 = Step-parent, or boy/girlfriend of biological parent
 - 3 = Grandparent
 - 4 = Other family (including kinship care; e.g., uncle, aunt, adult sibling)
 - 5 = Foster parent – Non Kinship
 - 6 = Adoptive Parent– Kinship
 - 7 = Adoptive Parent – Non Kinship
 - 8 = Other: Specify the relationship to your other primary caregiver _____

2. Please think about your primary caregiver mentioned in #1 [*insert category selected in #1*], when asking the next several questions. How close do you feel to your primary caregiver?

1	2	3	4
Not very close	Fairly close	Very close	Extremely close

3. Does your primary caregiver give you:

1	2	3	4
No affection	Much less affection than you want	Slightly less affection than you want	All the affection you want

	Never/ Rarely	Sometimes	Often
4. How often do you and your primary caregiver do things together that you enjoy?	1	2	3
5. When you have done something especially good, how often does your primary caregiver tell you that he/she is proud or happy?	1	2	3
6. When you have done something wrong, how often does your primary caregiver talk to you about what you did wrong?	1	2	3

7. Please think about your living situation since you began treatment in this program.

In the period since you began treatment in this program, did you live with the following persons or in the following places?	0 = No	1 = Yes
a. Home with biological parents	0	1
b. Other family (including foster kinship care)	0	1
c. School dormitory	0	1
d. Foster care (i.e., non-kinship care, therapeutic foster care)	0	1
e. Health care setting (e.g., medical hospital, inpatient psychiatric hospital)	0	1
f. Group home, group emergency shelter	0	1
g. Residential treatment program	0	1
h. Juvenile detention center	0	1
i. Independent living (i.e., own apartment, home)	0	1
j. Street/outdoors	0	1
k. Other living situation Please specify: _____	0	1

Controlled Environments

8. In the past 30 days, how many nights were you in a facility where you were **not free to come and go** as you pleased like a residential drug treatment program (not a shelter), hospital, or jail?

_____TOTAL nights

III. SUBSTANCE USE

The next group of questions is about your substance use since you began treatment in this program. **NOTE: Non-prescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of drugs.**

1. In the past 30 days, how many days did you:	# of days in the past 30 days
a. Smoke tobacco products (e.g., cigarettes, cigars, pipes, bidis, or cigarillos)? <i>(If zero, skip to c, smokeless tobacco use)</i>	# of days
b. On the days you smoke cigarettes, how many cigarettes on average do you smoke a day (20 in a pack)?	# cigarettes
c. Use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)?	# of days
e. Drink any alcohol ? [Alcohol includes beer, wine, wine coolers, liquor and grain alcohol.] <i>(If zero, skip to h, marijuana use)</i>	# of days
f. Drink alcohol to intoxication ?	# of days
g. Have 5 or more (4 or more if you are female) alcoholic drinks in a period of about 2 hours? [One drink is equivalent to a 12-ounce beer or wine cooler, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.]	# of days
h. Marijuana	# of days
i. Opiates/opioids, analgesics, pain killers not prescribed for you	# of days
<i>If any use, please check all drugs that were used.</i>	1=Morphine 2=Dilaudid 3=Demerol 4=Pcet / dan/Oxy/ Roxi 5=Darvon 6=Codeine (Tyl 2, 3, 4) 8 =Lortab/hydrocodone 9 =Ultram/Tram 10 =Fentanyl 11=Opana 12=Other: (e.g., Zohydro, Moxduo)
j. Methadone not prescribed for you	# of days
k. Subutex®/Suboxone® or buprenorphine that was not prescribed for you	# of days
l. Heroin	# of days

In the past 30 days, how many days did you:	# of days in the past 30 days
m. Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you	# of days
<i>If any use, please check all drugs that were used.</i>	1 = Benzos (valium®, Ativan®, Xanax®) 2 = GHB 3 = Ketamine 4 = Muscle Relaxants 5 = Other tranq:
n. Barbiturates not prescribed for you	# of days
o. Stimulants not prescribed for you	# of days
<i>If any use, please check all drugs that were used.</i>	1=Meth, speed, crank, crystal 2=Amphetamine, Adderall®, Dexedrine® 3=MDMA/Ecstasy 4= Ritalin®, Concerta®
p. Cocaine/crack	# of days
q. Hallucinogens/psychedelics	# of days
r. Inhalants	# of days
s. Synthetic/designer drugs	# of days
<i>If any use, please check all drugs that were used.</i>	1 = synthetic marijuana 2 = bath salts

IV. EMOTIONAL HEALTH

The next questions are about common emotional health problems. This is an opportunity for you to describe problems you may have had in the past 30 days. Please answer the next questions with how often you experienced these problems, using the response options: 0-Never, 1-Sometimes, and 2-Often.

1. In the past 30 days, how often did you:	Never	Sometimes	Often
a. Feel fidgety, unable to sit still?	0	1	2
b. Act as if you were driven by a motor? (<i>Often on the go</i>)	0	1	2
c. Daydream too much?	0	1	2
d. Distract too easily?	0	1	2
e. Feel sad, unhappy?	0	1	2
f. Feel hopeless?	0	1	2
g. Have trouble concentrating?	0	1	2
h. Fight with your peers (other kids)?	0	1	2
i. Feel down on yourself (<i>felt you were no good, couldn't do anything right</i>)?	0	1	2
j. Worry a lot?	0	1	2
k. Seem to be having less fun than is normal for you?	0	1	2
l. Not listen to (<i>or follow</i>) rules?	0	1	2
m. Not understand other people's feelings?	0	1	2
n. Tease others?	0	1	2
o. Blame others for your problems?	0	1	2
p. Take things that did not belong to you?	0	1	2
q. Have trouble sharing with others?	0	1	2
r. Destroyed things belonging to others?	0	1	2
s. Threatened to hurt people?	0	1	2

2. In the past 30 days, did you:	0 = No	1 = Yes
a. Make yourself sick because you felt uncomfortably full?	0	1
b. Believe yourself to be fat when others said you were too thin?	0	1
c. Lose more than a few pounds?	0	1
d. Harm yourself on purpose, like cutting or burning yourself?	0	1
e. Have thoughts of killing yourself?	0	1
f. Ever try to kill yourself?	0	1

3. The next set of questions asks about how you usually handle upset feelings. Thinking about the past 30 days, please answer each question with one of the following responses: 1-Strongly disagree, 2-Disagree, 3-Not sure, 4-Agree, and 5-Strongly agree.

When you are upset or bothered by something,..	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
a. You rethink your thoughts or beliefs.	1	2	3	4	5
b. You take your feelings out on others verbally (e.g., shouting, arguing).	1	2	3	4	5
c. You think about people better off and make yourself feel worse.	1	2	3	4	5
d. You bully other people.	1	2	3	4	5
e. You rethink your goals or plans.	1	2	3	4	5
f. You take your feelings out on others physically (e.g., fighting, lashing out).	1	2	3	4	5
g. You ask others for advice.	1	2	3	4	5
h. You put the situation in perspective.	1	2	3	4	5
i. You harm or punish yourself in some way.	1	2	3	4	5
j. You dwell on your thoughts and feelings (e.g., it goes round and round in your mind).	1	2	3	4	5
k. You keep the feeling locked up inside.	1	2	3	4	5
l. You talk to someone about how you feel.	1	2	3	4	5
m. You try to make others feel bad (e.g., being rude, ignoring them).	1	2	3	4	5
n. Things feel unreal (e.g., you feel strange).	1	2	3	4	5
o. You concentrate on a pleasant activity.	1	2	3	4	5
p. You plan what you could do better next time.	1	2	3	4	5
q. You take your feelings out on objects around you (e.g., break something, punch something).	1	2	3	4	5
r. You seek physical contact from friends or family (e.g., a hug, hold hands).	1	2	3	4	5

V. LEGAL INVOLVEMENT

In this section you will be asked to answer questions about your involvement with the justice system in the period since you entered treatment in this program. Involvement in the justice system can change over time and this information will help us understand how involvement changes.

1. Are you currently on probation? 0 = No 1 = Yes
2. Are you currently in a drug court program? 0 = No 1 = Yes
3. Are you currently in a court ordered diversion program (other than drug court)? 0 = No 1 = Yes
4. In the **period since you entered this treatment program**, have you been arrested for any offense? 0 = No 1 = Yes
5. In the **period since you entered this treatment program**, were you incarcerated in a detention center, jail, or prison? 0 = No 1 = Yes

VI. RECOVERY SUPPORTS

The final set of questions is about the recovery support you have available to you in the last 30 days. Recovery supports are important to understand the recovery process over time.

1. In the **past 30 days**, how many times did you attend AA, NA, MA or other recovery self-help group meetings? (Please count the number of meetings attended) _____meetings
2. Thinking about your situation today, how many people can you count on for recovery support when you need it?
_____people
3. Thinking about the level of support you have for recovery in your life, how satisfied would you say you are?

1	2	3	4	5	6
Extremely dissatisfied	Fairly dissatisfied	A little dissatisfied	A little satisfied	Fairly satisfied	Extremely satisfied

**Thank you for answering these questions.
Your information helps improve substance abuse treatment in Kentucky.**