

# **TRIPLE P - TEEN – Factors Influencing Teen’s Behavior**

11-15-16

Completed by: \_\_\_\_\_

Initial Date: \_\_\_\_\_

Parent/Caregiver(s) Name(s): \_\_\_\_\_

Name of Identified Teen: \_\_\_\_\_

## **1. Parenting Strategies**

What kinds of parenting strategies have been used by the parent/caregiver(s) with this teen?

What works? What doesn't work?

## **2. Teen Behavior**

Provide a brief description of the teen's current problem behavior. Describe the nature of the problem behavior, context in which it occurs, date of onset and any changes in the problem behavior over time. Check for any other difficulties the teen may have that may be associated with the problem behavior.

Establish approximate frequency of each problem behavior (per minute, hour, day, week, or month).

- 1.
- 2.
- 3.
- 4.
- 5.

Establish approximate duration of each occurrence of problem behavior.

- 1.
- 2.
- 3.
- 4.
- 5.

**Parenting strategies**

Note the kinds of parenting strategies used by the parent/s to deal with the problem behavior (How do the parent/caregiver(s) usually respond to the problem behavior? What works? What does not work?). If a parent/caregiver(s) reports a specific strategy does not work, clarify exactly how they implement the strategy and in what circumstances.

**Previous history of psychological help**

Note any previous help sought from other professional services for the teen’s behavior or adjustment (What kind of help was sought: Who was seen? How frequently? What was advised? What was the outcome?).

**3. Trauma History**

One of the factors that influences a teen’s behavior is any trauma your teen has experienced. Even trauma from a long time ago can still be influencing your teen’s behavior today.

Trauma is a word to describe a scary experience that your teen may have gone through in his/her life. This scary experience could have made your teen feel scared, overwhelmed, anxious, depressed, confused, unmotivated, or even helpless. Each teen is unique and can react differently than another teen to the same traumatic experience. It can also have a negative impact on your teen's behavior.

Can you think of a time when your teen had an experience that may have been traumatic to him/her?

**4. Educational History**

	NAME OF SCHOOL	LOCATION	DATES	Academic Performance
Primary				
Middle School				
High School				

How well does the teen adjust to school situations? (Circle one)

Poorly

Fairly well

Well

Excellent

List any significant events relating to school that may have a bearing on the teen's present problems.

Has any previous educational testing been done? If yes, when tested and what were the results?

Has the teen had any special education assistance? If yes, please explain.

5. **Diagnostic Information**

Does your teen have a diagnosis?

6. **Substance Use**

Has your teen had any involvement with recreational substances (marijuana, alcohol, opioids, etc.)?

7. **Family Circumstances and History**

Living arrangements (Who lives in the teen's home on a regular basis? Does the teen share a bedroom? Has the teen been subject to frequent changes of residence?).

Contact with extended family (What kind of contact is maintained with extended family? What kind of support is offered? Is there any interference in parenting routines by relatives?).

Supervision arrangements (What supervision arrangements does the family have? What adults other than the parents are significant to the teenager and might provide a supportive or supervisory role for the teen? Does the teen have multiple caregivers? Are difficulties experienced by them?).

Financial problems (Is the family experiencing problems due to unemployment, recent job loss or bankruptcy?).

Neighborhood (Is the neighborhood teen-friendly? Is the neighborhood a high crime area? Gang activity?).

Family history of behavior problems (Do other family members have a history of behavior problems?).