

Psychosocial & Mental Health Assessment for Children in Conflict with the Law

Community Child & Adolescent Mental Health Service Project

Dept. of Child & Adolescent Psychiatry, NIMHANS

In Collaboration with Dept. of Women & Child Development, Govt. Of Karnataka

- *Information is required to be collected on ALL sections of this assessment proforma.*
- *Sections of the assessment proforma marked *(Ask Child) are to be administered to children only; information for other sections may be collected from the child or institution staff/caregiver or both.*

Section 1: Basic Information (including alleged offence)

Assessment done by (Name of Individual & Agency):

Child's Name:

Date of Assessment:

Age:

Sex:

Location/ Place of Origin:

Reasons for current institutionalization (circumstances of coming to the institution, incl. offence for which child is in institution- According to institution staff and police complaint)

Number times the child has been in conflict with the law (previously has the child come in conflict with law/ come to the observation home/police station – if so what were the circumstances, incl. offence for which child was in conflict with the law)

Section 2: Social History (Family/School/Institution/ Peers)

2.1. Family Issues Identified (Child's living arrangements/parental relationships/ child's emotional relationship & attachment to parents/ illness & alcoholism in parents/ single-parenting, any loss experience suffered by child...)

2.2. Institutional History

If the child has lived in other places than family home (where child has been/lived, for what periods of time, experiences & difficulties; include child's police station stay and experience there/ places of stay for labour as well as hostels).

2.3. Schooling History

(Was the child attending school/Last grade/class attended current grade/class/if child was not attending school, reasons for child not attending school, including child refusing to go to school).

2.4. Work Experiences

(Child labour experiences: why child had to work/ how child found place of work (trafficking?)/where the child was working, hours of work, amount of remuneration received/whether this was regular, any form of abuse encountered at the place of work/ how the owner and others treated child.)

2.4. Peer Influence

a) Do you have a lot of friends? (Yes/No)

b) Which group of friends do you spend more time with?

- i. School/ Classmates
- ii. Friends in your neighborhood – incl. cousins, extended family etc.
- iii. Work place
- iv. Others

c) Time spent with peers...True or False?

i)	I spend far more time with my friends/peer group than at home/ with my family.	
ii)	I sometimes go out with my friends and stay out all night.	
iii)	I sometimes spend days with my friends without coming back home.	

d) Age of friends?

"Most of them are...."

- i. Older than you
- ii. Younger than you
- iii. Same age as you

e) What kind of activities or games you do or play with your friends?

f) Extent of influence of peers

I will read you some statements about your relationship with friends and family tell me whether you strongly agree, strongly disagree or agree to some extent.

SI no.	Statements	Strongly Agree	Agree to some extent	Strongly Disagree
i	My friends influence my decision to go to/ continue school and studies.			
ii	My friends influence my actions to do with stealing and breaking rules.			
iii	My friends influence my actions about smoking.			
iv	My friends influence my actions about alcohol use.			
v	My friends influence my actions about drugs.			
vi	My friends influence my actions about sexuality.			

g) Consequences of peer influences

Have you ever got into trouble with your school, parents or police/ other authorities because of your activities done with your friends? (Tell me about it).

Section 3: Trauma Experiences: Physical, Sexual & Emotional Abuse Experiences *(Ask Child)

3.1. Loss, Death & Grief

Have you ever lost someone in your family/someone you were very close to, either through death or separation? Do you still think of this person a lot and feel very sad and upset? Tell me about it (when it happened/ how/ your feelings now...)...

3.2. Physical, Emotional & Sexual Abuse

Sometimes people behave in ways that are hurtful to children (incl. police/ teachers/ family members/ peers...). Tell me about anyone/ people who have behaved in ways that have:

a) Physically hurt you and caused you injury?

b) Said things to make you feel hurt/sad/ angry/humiliated?

c) Touched you in ways that made you feel uncomfortable or shown you sexually explicit pictures/ videos?

Section 4: Mental Health Concerns *(Ask Child)

4.1. Anxiety

U1. (Screening Questions)

For the past six months...

Have you worried a lot or been nervous?	No	Yes
Have you been worried or nervous about several things, (like school, your health, or something bad happening)?	No	Yes
Have you been more worried than other kids your age?	No	Yes
Do you worry most days?	No	Yes

If any of the answers to U1 are 'yes', then administer U2 & U3. If 'NO', stop and proceed to next section on Depression.

U2. Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing?	No	Yes
U3. When you are worried, do you, most of the time:	No	Yes
a. Feel like you can't sit still?	No	Yes
b. Feel tense in your muscles?	No	Yes
c. Feel tired, weak or exhausted easily?	No	Yes
d. Have a hard time paying attention to what you are doing? Does your mind go blank?	No	Yes
e. Feel grouchy or annoyed?	No	Yes
f. Have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	No	Yes

If 1 or more U3 answers are coded 'Yes', then mark 'Yes' for Generalized Anxiety Disorder Diagnosis.

Generalized Anxiety Disorder: Yes/ No

4.2 Depression Issues

C1. (Screening Question) Have you felt sad or depressed, or felt down or empty, or felt grouchy or annoyed, most of the time, for the past year?	No	Yes
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If 'YES', administer C2 and C3. If 'NO', stop and proceed to next section on ADHD.

C2. In the past year OK r, have you felt OK for two months or more in a row? (Means not always being grouchy or free of depression).	No	Yes
C3. During the past year , most of the time:	No	Yes
a. Were you less hungry than you used to be? Were you more hungry than you used to be?	No	Yes
b. Did you have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	No	Yes
c. Did you feel more tired than you used to?	No	Yes
d. Did you feel less confident of yourself? Did you feel bad about yourself?	No	Yes
e. Did you have trouble paying attention? Did you have trouble making up your mind? Did you feel that things would never get better?	No	Yes

If two or more C3 items coded 'Yes', then mark 'Yes' for Depression diagnosis.

Depression Issues: Yes/ No

If 'Depression Issues' marked 'YES', administer below 2 questions.

- Have you ever felt like you do not want to live? Yes/ No
- If yes, have you ever acted upon this thought to not live? Yes/ No

Suicidal Thoughts: Yes/ No
Suicidal Attempts: Yes/ No

4.3. Attention Deficit Hyperactive Disorder (ADHD)

O2.	In the past 6 months...	No	Yes
a)	Have you often not paid enough attention to details? Made careless mistakes in school?	No	Yes
b)	Have you often had trouble keeping your attention focused when playing or doing schoolwork?	No	Yes
c)	Have you often been told that you do not listen when others talk directly to you?	No	Yes
d)	Have you often had trouble following through with what you were told to do (Like not following through on schoolwork or chores)?	No	Yes
e)	Did this happen even though you understood what you were supposed to do?	No	Yes
f)	Did this happen even though you weren't trying to be difficult?	No	Yes
g)	Have you often had a hard time getting organized?	No	Yes
h)	Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you hate or dislike things that make you concentrate or think hard?	No	Yes
i)	Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys?	No	Yes
j)	Do you often get distracted easily by little things (Like sounds or things outside the room)?	No	Yes
k)	Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?	No	Yes

O3.	In the past 6 months...	No	Yes
a)	Did you often fidget with your hands or feet? Or did you squirm in your seat?	No	Yes
b)	Did you often get out of your seat in class when you were not supposed to?	No	Yes
c)	Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't?	No	Yes
d)	Have you often had a hard time playing quietly?	No	Yes
e)	Were you always "on the go"?	No	Yes
f)	Have you often talked too much?	No	Yes
g)	Have you often blurted out answers before the person or teacher has finished the question?	No	Yes
h)	Have you often had trouble waiting your turn?	No	Yes
i)	Have you often interrupted other people? Like butting in when other people are talking or busy or when they are on the phone?	No	Yes

04.	Did you have problems paying attention, being hyper, or impulsive before you were 7 years old?	No	Yes
05.	Did these things cause problems at school? At home? With your family? With your friends?	No	Yes

If 6 or more answers are coded 'Yes' in O2 AND/OR 6 or more answers are coded 'Yes' O3, mark 'Yes' for ADHD diagnosis. (Also ask O4 and O5—for intervention purposes).

Attention Deficit Hyperactivity Disorder (ADHD): Yes/ No

4.4. Conduct Disorder

P2. In the Past Year...	No	Yes
a. Have you bullied or threatened other people (excluding siblings)?	No	Yes
b. Have you started fights with others (excluding siblings)?	No	Yes
c. Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object?	No	Yes
d. Have you hurt someone (physically) on purpose (excluding siblings)?	No	Yes
e. Have you hurt animals on purpose?	No	Yes
f. Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching?	No	Yes
g. Have you forced anyone to have sex with you?	No	Yes
h. Have you started fires on purpose in order to cause damage?	No	Yes
i. Have you destroyed things that belonged to other people on purpose?	No	Yes
j. Have you broken into someone's house or car?	No	Yes
k. Have you lied many times in order to get things from people? Or Tricked other people into doing what you wanted?	No	Yes
l. Have you stolen things that were worth money (Like shoplifting or forging a cheque?)	No	Yes
m. Have you often stayed out a lot later than your parents let you? Did this start before you were 13 years old?	No	Yes
n. Have you run away from home two times or more?	No	Yes
o. Have you skipped school often? Did this start before you were 13 years old?	No	Yes

If in P2, 3 or more answers are coded 'Yes' with at least one present in the past 6 months, then mark 'Yes' for Conduct Disorder Diagnosis.

Conduct Disorder: Yes/ No

4.5. Substance Abuse: Adolescent Alcohol and Drug Involvement Scale: AADIS

A. DRUG USE HISTORY

For each drug I name, please tell me if you have ever tried it. Then, if you have tried it, tell me how often you typically use it [before you were taken into custody or enter treatment]. Consider only drugs taken without prescription from your doctor; for alcohol, don't count just a few sips from someone else's drink.

Interventions →	No Intervention		Brief Intervention			Intensive Intervention		
	Never Used	Tried But Quit	Several Times a Year	Several Times a Month	Week-Ends Only	Several Times a Week	Daily	Several Times a Day
Substances ↓								
Smoking Tobacco (Cigarettes, cigars)	0	1	2	3	4	5	6	7
Alcohol (Beer, Wine, Liquor)	0	1	2	3	4	5	6	7
Marijuana or Hashish (Weed, grass)	0	1	2	3	4	5	6	7
LSD, MDA, Mushrooms Peyote, other hallucinogens (ACID, shrooms)	0	1	2	3	4	5	6	7
Amphetamines (Speed, Ritalin, Ecstasy, Crystal)	0	1	2	3	4	5	6	7
Powder Cocaine (Coke, Blow)	0	1	2	3	4	5	6	7
Rock Cocaine (Crack, rock, freebase)	0	1	2	3	4	5	6	7
Barbiturates, (Quaaludes, downers, ludes, blues)	0	1	2	3	4	5	6	7
PCP (angel dust)	0	1	2	3	4	5	6	7
Heroin, other opiates (smack, horse, opium, morphine)	0	1	2	3	4	5	6	7
Inhalants (Glue, gasoline, spray cans, whiteout, rush, etc.)	0	1	2	3	4	5	6	7
Valium, Prozac, other tranquilizers (without Rx)	0	1	2	3	4	5	6	7
OTHER DRUG _____	0	1	2	3	4	5	6	7

B. AADIS

These questions refer to your use of alcohol and other drugs (like marijuana/weed or cocaine/rock). Please answer regarding the time you were living in the community before you were taken into custody or entered treatment. Please tell me which of the answers best describe your use of alcohol and/or other drug(s). Even if none of the answers seem exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, tell me and we will leave it blank.

1. How often do [did] you use alcohol or other drugs (such as weed or rock) [before you were taken into Custody/entered treatment]?

a.	never	0
b.	once or twice a year	2
c.	once or twice a month	3
d.	every weekend	4
e.	several times a week	5
f.	every day	6
g.	several times a day	7

2. When did you last use alcohol or drugs? [Before you entered treatment or were taken into custody]

a.	never used alcohol or drugs	0
b.	not for over a year	2
c.	between 6 months and 1 year [before]	3
d.	several weeks ago [before] custody]	4
e.	last week [the week before]	5
f.	yesterday [the day before]	6
g.	Today [the same day I was taken into.	7

3. I usually start to drink or use drugs because: (TELL ME ALL THAT ARE TRUE OF YOU)

a.	I like the feeling	1
b.	to be like my friends	2
c.	I am bored; or just to have fun	3
d.	I feel stressed, nervous, tense, full of worries or problems	4
e.	I feel sad, lonely, sorry for myself	5

4. What do you drink, when you drink alcohol? (CIRCLE ALL MENTIONS)

a.	wine	1
b.	beer	2
c.	mixed drinks	3
d.	hard liquor (vodka, whisky, etc.)	4
e.	A substitute for alcohol	5

5. How do you get your alcohol or drugs? (CIRCLE ALL THAT YOU DO)

a.	Supervised by parents or relatives	1
b.	from brothers or sisters	2
c.	from home without parents' knowledge	3
d.	get from friends	4
e.	buy my own (on the street or with false ID)	5

6. When did you first use drugs or take your first drink? (CIRCLE ONE)

a.	never	0
b.	after age 15	2
c.	at ages 14 or 15	3
d.	at ages 12 or 13	4
e.	at ages 10 or 11	5
f.	before age 10	6

7. What time of day do you use alcohol or drugs? (CIRCLE ALL THAT APPLY TO YOU)

a.	at night	1
b.	afternoons/after school	2
c.	before or during school or work	3
d.	in the morning or when I first awaken	4
e.	I often get up during my sleep to use alcohol or drugs	5

8. Why did you take your first drink or first use drugs? (CIRCLE ALL THAT APPLY)

a.	curiosity	1
b.	parents or relatives offered	2
c.	friends encouraged me; to have fun	3
d.	to get away from my problems	4
e.	to get high or drunk	5

9. When you drink alcohol, how much do you usually drink?

a.	1 drink	1
b.	2 drinks	2
c.	3-4 drinks	3
d.	5 -9 drinks	4
e.	10 or more drinks	5

10. Whom do you drink or use drugs with? (CIRCLE ALL THAT ARE TRUE OF YOU)

a.	parents or adult relatives	1
b.	with brothers or sisters	2
c.	with friends or relatives own age	3
d.	with older friends	4
e.	alone	5

11. What effects have you had from drinking or drugs? (CIRCLE ALL THAT APPLY TO YOU)

a.	loose, easy feeling	1
b.	got moderately high	2
c.	got drunk or wasted	3
d.	became ill	4
e.	passed out or overdosed	5
f.	used a lot and next day didn't remember what happened	6

12. What effects has using alcohol or drugs had on your life? (CIRCLE ALL THAT APPLY)

a.	none	0
b.	has interfered with talking to someone	2
c.	has prevented me from having a good time	3
d.	has interfered with my school work for using alcohol or drugs	4
e.	have lost friends because of use	5
f.	has gotten me into trouble at home	6
g.	was in a fight or destroyed property	7
h.	has resulted in an accident, an injury, arrest, or being punished at school	8

13. How do you feel about your use of alcohol or drugs? (CIRCLE ALL THAT APPLY)

a.	no problem at all	0
b.	I can control it and set limits on myself	2
c.	I can control myself, but my friends easily influence me	3
d.	I often feel bad about my use	4
e.	I need help to control myself	5
f.	I have had professional help to control my drinking or drug use.	6

14. How do others see you in relation to your alcohol or drug use? (CIRCLE ALL THAT APPLY)

a.	can't say or normal for my age	0
b.	when I use I tend to neglect my family or friends	2
c.	my family or friends advise me to control or cut down on my use	3
d.	my family or friends tell me to get help for my alcohol or drug use	4
e.	my family or friends have already gone for help about my use	5

AADIS SCORING RESULTS

AADIS SCORE: _____ (Score of 37 or above requires a full assessment)

DO YOU RECOMMEND FULL ASSESSMENT (Regardless of the AADIS score)?

- 1. NO
- 2. YES

COMMENTS:

Scoring and Diagnosis of Substance Dependence: (Notes for facilitator)

- Under section A, for any given substance, if a child falls in the categories:
 - 'Never Used' and/or 'Tried but Quit', he/she requires **NO INTERVENTION.**
 - 'Several Times a Year', 'Several Times a Month' and/or 'Week- Ends Only', he/she will require **BRIEFINTERVENTION.**
 - 'Several Times a Week', 'Daily' and/or 'Several Times a Day' he/she will require **INTENSIVEINTERVENTION.**
- Under Section B, for each item 1-14, add the weights associated with the highest category circled [weights are the numbers in square brackets]. The higher the total score, the more serious the level of alcohol/drug involvement.
 - If a child **drinks alcohol**, score him/her on a **scale of 37.** A Score of **37** or above requires further depth assessment, including referral to tertiary healthcare (specialized) facilities.
 - If a child does **NOT drink alcohol**, score him/her on a **scale of 35.** A Score of **35** or above requires further depth assessment, including referral to tertiary healthcare (specialized) facilities.

4.6. Behavioural Addictions

A. Pathological Gambling

1. Have you ever won/lost money on games of chance like lottery, cards, cricket / football betting/ horse racing?

1 = Yes

2 = No

(If yes please answer questions below)

2. Which of the below games do you play most often?

	(Tick the game you play most)
1. Lottery	
2. Online lottery	
3. Cards	
4. Horse racing	
5. Cricket/Football betting	
6. Satta (Gambling with numbers)	
7. Gambling during special festivals	
8. Online poker or other online gambling	
9. High risk Stock trading	
10. Others	

3. Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?

1 = Yes

2 = No

4. Have you ever tried to stop, cut down, or control your gambling?

5. Have you ever lied to family members, friends or others about how much you gamble or how much money you lost on gambling?

1 = Yes

2 = No

6. In the last 3 months, how many times have you gambled?

1 = Never

2 = Once or twice

3 = Once in a month

4 = Weekly

5 = Daily

B. Internet Gaming Disorder:

1. Do you feel that you are playing games on the internet excessively in the past 12 months to an extent that it caused significant distress/dysfunction to you or the people who care for you?
 1 = Yes
 2 = No

(If yes please answer questions below)

2. How many hours in a day on an average do you spend on online gaming in the last one month? _____

Questions	1= Yes 2 = No
In the past 12 months	
3. Do you feel preoccupied with your behavior?	
4. Do you feel more irritability, anxiety or even sadness when you try to either reduce or stop your activity?	
5. Do you feel the need to spend increasing amount of time engaged in order to achieve satisfaction or pleasure?	
6. Do you systematically fail when trying to control or cease your activity?	
7. Have you lost interests in previous hobbies and other entertainment activities as a result of your engagement with the activity?	
8. Have you continued your activity despite knowing it was causing problems between you and other people?	
9. Have you deceived any of your family members, therapist or others because the amount of your activity?	
10. Do you play / use internet in order to temporarily escape or relieve a negative mood (e.g., helplessness, guilt, anxiety)?	
11. Have you jeopardized or lost an important relationship, job or an educational or career opportunity because of your activity?	

C. Other Behavioral Addictions

Do you feel that you are indulging in any of the following activities excessively in the past 12 month (unrelated to work) to an extent that it caused significant distress to you or the people who care for you?

		1= Yes	2= No
a.	Social network site use		
b.	Watching streaming videos		
c.	Watching Pornography		
d.	Online shopping		

Section 5: Potential for transformation*(Ask Child)

a) Child's Account of Alleged Offence (Circumstances of coming to the institution, incl. offence for which he/she is in institution)

b) Child's insight: (What is the problem according to you/What is your understanding of why you are here?)

c) Motivation for change

i) One reason for staying out of trouble may be because you don't want to get put into an institution. What are some other reasons to not engage in the actions/ behaviours that brought you to the institution in the first place?)

ii) If a genie were to appear and grant you 3 wishes...saying you could have anything you wanted...what would you wish for? Your dreams and long term goals...(Before and after this incident/offence in case they are different).

d) Skills to avoid (re) offending: What are your future plans in terms of staying out of trouble? What are some things you may do to ensure it?

Section 6: Life Skills Deficits & Other Observations of the Child

6.1. Life Skills Needs & Deficits

a)	Emotional Regulation (Management and control of anger & anxiety)	
b)	Development of empathy/enhancing interpersonal relationships	
c)	Coping with Stress (Coping with financial difficulties at home/ finding alternatives to running away from home or school...)	
d)	Assertiveness (Ability to say 'no' to peers when necessary.)	
e)	Problem Solving and Conflict Resolution (When confronted with difficult situations, to be able to generate alternatives/ evaluate them and select the appropriate option).	
f)	Decision-making in various life contexts (Evaluate available options and select appropriate ones in a given situation).	
g)	Decision-making in contexts of romance/ relationships/ sexuality (making decisions about sexual/ relational issues with due consideration to health, safety, consent, emotional contexts of relationships)	

6.2. Other Observations

(Physical/Locomotor disabilities and impairments/ Significant Time-place orientation/ cognitive/ thought processes/ cooperativeness, rapport, social responsiveness/ attentiveness& activity level/ speech and language skills).

Section 7: Summary and Intervention Plan

7.1. Summary

Based on the above assessment, summarize the main problems and concerns of the child, including **Vulnerability**¹, **Pathology**² and **Consequence**³. Highlight areas for immediate assistance/ response.

¹ Vulnerability: abuse/ neglect/ family pathology/ school drop-out issues that make children vulnerable to emotional & behaviour problems

² Pathology: Externalizing Disorders—ADHD/Conduct Disorder; Internalizing Disorders— Depressive Disorders/ Anxiety Disorders (incl. OCD & PTSD) that are trauma-related; Severe mental illness—psychosis/ mood disorder; Life Skills Deficits—symptoms that do not meet diagnostic criteria but are life skills related; Physical and Sensory Disabilities/Impairments.

³ Consequences—Pathways to institutionalization & 'criminality'

7.2. Care Plan

List actions taken or planned by the assessment agency/ case worker to assist the child, such as psychosocial interventions, emergency actions/ measures to address immediate concerns, referrals made to other agencies.(Attach extra sheets to continue documentation).