

Assessment Question Guide for Juveniles

- ___ Referral Question: Why are you here?
- ___ In all cases, where relevant, get age of youth at time of events and incidents.

Family History

- ___ Who is in your family?
- ___ Father, mother: names.
- ___ Step-father, step-mother.
- ___ Current relationships with parents.
- ___ Current or most recent contact with parents.
- ___ Siblings (full, half, adopted, and step): names, ages, current location.
- ___ Current relationships with siblings.
- ___ Current or most recent contact with siblings.
- ___ Who is currently living with whom?
- ___ Role of important extended family members: grandparents, uncles, aunts, cousins, etc. Maternal or paternal.
- ___ Sexually or physically victimized by family member?
- ___ Witness to domestic violence.
- ___ Substance abuse in parents or siblings.
- ___ Mental health issues for parents or siblings.

Family Relationships

- ___ How do you feel about your parents?
- ___ How do your parents feel about you?
- ___ Are you close to your parents?
- ___ Who else are you close to in your family?
- ___ Current relationship and contact with parents.
- ___ Current relationship and contact with siblings.
- ___ Current relationship and contact with other important family members.

Personal History

- ___ Number of family or personal moves.
- ___ Important life shaping experiences or events.
- ___ Greatest problems.
- ___ History of physical victimization.
- ___ History of sexual victimization.
- ___ Traumatic experiences (as defined by youth).
- ___ Can you create a time line (by age and year) of important things that have happened in your life, including where you lived, what sort of things happened to you, what you've done, places you've been, and other things that can help us to understand how your life has developed and some of the important things that have happened in your life, and why they happened?
- ___ Any special anniversary dates that are important to the youth, and if so, when and why?

Strengths and Weaknesses

- ___ Strengths, favorite activities, interests: sports, music, art, acting, etc.
- ___ Favorite things to do.
- ___ Other strengths and interests.
- ___ Greatest difficulties.

Behavioral History

- ___ Ages and circumstances in all cases.
- ___ Special problems in the community.
- ___ Special problems in school.
- ___ Legal problems or arrests.
- ___ Theft, including shoplifting.
- ___ Aggression or violence to others.
- ___ Physical harm to others.
- ___ Property destruction.
- ___ Harm or cruelty to animals.
- ___ Fire setting.
- ___ Describe your best or proudest experience.
- ___ Describe your worst behavior, or the behavior you're most ashamed of.
- ___ Probation or parole.

Social Life

- ___ Friendships and ages.
- ___ Closeness to others, and who.
- ___ Time spent with others, with whom, and their ages.
- ___ Favorite things to do.
- ___ Isolated or connected to others.
- ___ Important adults/older persons.
- ___ Are you the sort of person that other peers want to know?
- ___ What would you like others to know about you that they might not already know?

School Experiences

- ___ School experiences.
- ___ Behaviors in school.
- ___ Behavioral problems in school.
- ___ Held back or pushed forward in grade.
- ___ Tardiness and absences.
- ___ Detentions, suspensions, or expulsions.
- ___ Academic strengths, favorites, and interests.
- ___ Academic difficulties or weaknesses.
- ___ Academic grades.
- ___ Sports and recreation strengths and interests.
- ___ Other special strengths, favorite activities, and interests.
- ___ Relationships with teachers.
- ___ Relationships with other youths.

Spiritual

- ___ Religious or spiritual beliefs.
- ___ Connected to a church or religious community.

Honesty

- ___ How honest are you, on a 1-10 scale?
- ___ When are you likely to be the most honest?
- ___ When are you likely to be the most dishonest?
- ___ What helps you to be honest?
- ___ What are your fears about being honest?

Treatment History

- ___ Previous experience in therapy.
- ___ Reason(s) for previous treatment.
- ___ Age when first in treatment.
- ___ Type of previous treatment: outpatient, day treatment, psychiatric hospitalization, group care, residential, and ages.
- ___ Other out of home placement location, and age.
- ___ Relationships with previous treatment providers.
- ___ Use of psychiatric medication, age, and reason.
- ___ Did you find treatment useful?
- ___ What was the best or most useful part of treatment?
- ___ What was worst or least useful part of treatment?

History of Substance Use

- ___ Use of alcohol or drugs.
- ___ Type of alcohol (beer, hard liquor, etc.).
- ___ Type of drugs (marijuana, hash, cocaine, crack cocaine, opiate such as heroin, amphetamine (methamphetamine), hallucinogenic, PCP, inhalants, sedatives, tranquilizers).
- ___ First use, by age.
- ___ Most recent use, by age.
- ___ Frequency of use.
- ___ Amount of substance used.
- ___ Increased use over time.
- ___ Isolated or social use.
- ___ Unsuccessful attempts to quit or cut back.
- ___ Previous treatment for substance abuse.
- ___ Attendance at AA, NA, etc.

Diagnostic History and Current Diagnostic Functioning: *May use Children's Interview for Psychiatric Syndromes (CHIPS)*

- ___ Affective disorders, including depression, dysthymia, and bipolar disorder.
- ___ Anxiety disorders, including anxiety, phobias, and PTSD.
- ___ Attention disorders, including attention deficit/hyperactivity disorder.
- ___ Compulsive disorders, including obsessive-compulsive disorder.
- ___ Developmental disorders, including mental retardation and borderline intellectual functioning.
- ___ Dissociative disorders.
- ___ Eating disorders, including anorexia and bulimia.
- ___ Elimination disorders, including encopresis and enuresis.
- ___ Impulse disorders, including explosive anger.
- ___ Pervasive developmental disorders, such as Asperger's disorder.
- ___ Psychotic disorders, including delusions, hallucinations, paranoia, and racing thoughts.
- ___ Stereotypic disorders, including facial or vocal tics.
- ___ Suicidal ideation and/or behaviors
- ___ Self-injurious ideation and/or behaviors

Sexual Development (Non-Offending): Use Sexual History Questionnaire

- ___ Ever had a girlfriend or boyfriend.
- ___ Age at first sexual experience.
- ___ Nature of first sexual experience.
- ___ Range and extent of sexual experiences: touching, oral sex, masturbation of or by others, digital penetration, vaginal or anal penetration.
- ___ Nature and ages of sexual partners.
- ___ Use of phone sex lines or chat rooms.
- ___ Use of pornography, and type.
- ___ Age of first pornography use.
- ___ Frequency of pornography use.
- ___ Age of first masturbation.
- ___ Current frequency of masturbation.
- ___ Current masturbation fantasies.
- ___ Sexual behavior of other family members.

Sexual Victimization

- ___ History of being sexually abused.
- ___ Perpetrator(s), including name, age, and relationship.
- ___ Circumstances of sexual victimization.
- ___ Details of sexual victimization.
- ___ Prosecution of perpetrator.
- ___ How did youth feel about sexual victimization when it was occurring.
- ___ Did youth find the experience traumatizing (dystonic), pleasurable (syntonic), or neutral.
- ___ Effect of sexual victimization have on youth's later sexual development.
- ___ Effect of sexual victimization have on youth's later sexually abusive behavior.

Sexual Identity

- ___ Do you think of yourself as attractive or not attractive to others, in a sexual or a romantic way?
- ___ Sexual orientation: heterosexual, homosexual, bisexual, not sure.

Sexually Abusive Behavior: Use Victim Disclosure Page

- ___ What happened, and with whom.
- ___ Age of youth.
- ___ Name and age of victim.
- ___ Relationship to victim.
- ___ Number of victims.
- ___ Age at each offense.
- ___ Description of each offense: what, where, when, how, and why.

Sexual Interest and Arousal: Use Self-Report Sexual Arousal Graph and Sexual History Questionnaire

- ___ Sexual interests: gender, age, appearance.
- ___ Sexual fantasies
- ___ Masturbatory fantasies

Victim Empathy and Awareness: First spend time defining the concept of "victim"

- ___ Do you think that you may have harmed the people you had sex with?
- ___ In what way(s) do you think you might have harmed your victim(s)?
- ___ Do you think about the victim(s) of your sexually abusive behavior?
- ___ Do you think your victim(s) need any help dealing with the effects of your sexual behavior with them?
- ___ How do you feel about what happened between you and your victim(s)?
- ___ Who do you think is responsible for what happened between you and your victim(s)?
- ___ Do you think that your victim(s) had any responsibility for what happened?
- ___ Do you think your victim(s) deserved what happened?
- ___ How important is what you did to your victim(s), from very important to not very important?
- ___ Can any of your own experiences help you to understand what your victim(s) may feel?
- ___ Do you feel sorry about what you did to your victim(s)?
- ___ Do you feel sorry for your victim(s)?

Presentation and Response to the Assessment Process: Including Mental Status Exam

- ___ Level of participation and cooperation provided by the youth during the assessment process.
- ___ Youth's behaviors, interactions, attitudes, etc. with the evaluator during the assessment process.
- ___ Youth's behaviors, interactions, attitudes, etc. on the unit and in school during the assessment period.

Mental Status Exam

- ___ Appearance and Behavior. Assess age appropriate dress, grooming, physical appearance, facial expression; motor behaviors such as slow, restless, agitated; attitude: and unusual mannerisms, tics, etc.
- ___ Speech. Assess volume, rate, rhythm, spontaneity, impairments, word-finding problems, pressure, etc.
- ___ Mood and Affect. Assess subjective state of predominant emotional feeling, including range of emotions, flatness, blunted, normal, labile, and inappropriateness of affect to content. Note eating or sleeping problems.
- ___ Stream of Thought. Assess rate of thoughts, as slow or fast, and content as coherent, tangential, loose, or flight of ideas.
- ___ Thought Content. Assess for worry, preoccupation, fears, phobias, obsessions, compulsions, ideas of reference, persecutory or other delusions, grandiosity, jealousy, and somatization, auditory, visual, or other hallucinations.
- ___ Orientation and Concentration. Assess for orientation to person, place, and time, attention skills, and distractibility. Assess ability to do serial 7's or 3's, basic arithmetic skills, and spelling, such as "world" backwards.
- ___ Memory. Assess for immediate recall of digits, objects, and interviewer's name, recent memory for digits and three objects after five minutes, and remote memory for historical details like past presidents.
- ___ Judgment, Insight, and Abstraction. Assess based on information from interview, past decisions, and proposed social situations, assess for awareness of current problems, concreteness, and analysis of age appropriate metaphors.
- ___ Suicidal Ideation. Assess current and previous thoughts and behaviors. If positive, assess for plan and intent to act on it.
- ___ Homicidal Ideation. Assess current and previous thoughts and behaviors. If positive, assess for plan and intent to act on it.