Journey with Children in Conflict with Law : Entering a new paradigm

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ABOUT THE BOOK

This book is our attempt to challenge the contemporary social perception and existing ideas about the well-being of the Children in Conflict with Law (CCL). It would seek to further the goal of attaining a holistic and comprehensive perspective and an integrated plan of action for them through the amalgamation of music and psychology. A new paradigm of thought and subsequent scientific steps were felt to be indispensable to address the emerging needs and difficulties of the CCL. All the chapters of this book have been suitably developed to help readers understand this marginalized section from all aspects deemed to be of therapeutic relevance.

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Chapter 8

Adaptive Behavior Scale for Children in Conflict with Law

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The Juvenile Justice Act (2015) makes provision for placing children in conflict with law (CCL) under institutional care to facilitate their rehabilitation and provide for support to help them to re-integrate them with the mainstream society. As these children have been placed in the child care institutions, they have to learn to adapt to the demands being imposed on them in the new environment. Their degree of functioning depends on whether they can engage in various tasks independently and fulfill their personal and social responsibilities based on the regulations set by the institutional authorities which determines their adjustment or maladjustment in their institution and later for larger society. Hence, it is a necessary prerequisite for institutionalized children to learn and engage in adaptive skills to meet the existing and new demands in the society.

Adaptive behaviour refers to the repertoire of conceptual, social, and practical skills that have been acquired through learning and are performed by people in their everyday lives (Schalock et al., 2010). The construct of adaptive behaviour was introduced for the diagnostic criteria to assess severity of intellectual disability; previously referred to as mental retardation (American Association on Intellectual and Developmental Disabilities; AAIDD, 1959). Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (American Psychiatric Association, 2013) considers adaptive behaviour to be a

response for intellectual functioning and laid more emphasis on adaptive levels of adaptive behaviour than on an evaluation of intellectual functioning. The DSM-5 has laid down the criteria of intellectual disability with impairments in general mental abilities and impairments in adaptive functioning in the following three domains (a) The conceptual domain comprises various areas of language, reading, writing, arithmetic, comprehension, reasoning, knowledge, and memory (b) The social domain refers to empathy, social judgment, interpersonal communication skills, the ability to build and maintain friendships and other social skills such as cooperation, leadership (c) The practical domain includes areas of self-help such as personal care, vocational responsibilities, managing one's own finances, leisure activities and organizing school and work tasks. These domains can be assessed through scales such as Vineland Adaptive Behavior Scale-Second Edition (Sparrow et al., 2005), Scale of Independent Behavior (Woodcock et al., 1997), Adaptive Behavior Assessment System- Second Edition (Harrison and Oakland, 2003), Diagnostic Adaptive Behavior Scale (Tassé et al., 2017). These scales assess adaptive behaviour which gives us an insight into deficits in developmental milestones with reference to neurotypically developing children.

Although there is an availability of standardized instruments, the need for assessing the adaptive behaviour is not focusing on whether child in conflict with law has acquired their age- appropriate developmental milestones or for diagnosis of neurodevelopmental disorders among them, rather the focus of the present scale is to conceptualize the adaptive behaviour of these children in context to fulfilling the dynamic demands of any social situation. The dynamicity of adaptive behaviour cannot be attributed merely to the external environment; adaptive skills are also found to be varying based on the presence of intellectual functioning deficit as well as clinical manifestations indicating internalizing and externalizing behaviours.

The present study assesses adaptive behaviour as a psychosocial construct. Psychosocial adaptation can referred to as "the process of putting oneself in harmony with the changing circumstances of life so as to enhance one's sense of well-being and long term survivorship."(Baker and Wee, 2011). Children in conflict with law have to adapt to new experiences in the institution. Such adaptation is possible when one learns to integrate new information with existing information structures (assimilation) and modifying the existing information to accommodate new information (accommodation) (Piaget, 1967). Successful adaptation results in having the motivation to maintain good health, life satisfaction, improved mental health, positive outlook towards life, meaningfulness and purpose in life as well as stable personality characteristics (Baker and Wee, 2011).

There exists a dearth of studies in assessing psychosocial adaptive behaviour from the lens of children with conflict with law. The researchers have made an attempt to address the gap in the existing knowledge with regard to the application of such adaptive skills which could facilitate well being and address rehabilitation interventions for CCL. The researchers have constructed the scale with consideration to the DSM-5 (APA, 2013) domains and conceptualising adaptive behaviour as a multidimensional construct. The need for such a scale arises from developing adaptive skills among the CCL in their youth so that the utilization of such skills could not only lead to an increased sense of well-being but also help them in gaining a sense of autonomy and developing vocational competence for the future. Hence, the tool was to be constructed to assess whether the child can partake in their daily activities and meet intrapersonal, interpersonal and societal demands while residing in the child care institutions.

Method for constructing the present scale

The success of any research depends on the scientific formulation of its method and the tools and techniques used for the successful completion of the research. The objective of the researcher was to create a standardized scale assessing the adaptive behaviour of CCL and to establish the reliability, validity of adaptive behaviour of the children. To portray the dimensions of 'adaptive behaviour', five domains were selected for construction of adaptive behaviour scale. The present research comprises six phases which are explained below:

Phase 1: Defining what to measure: Operational definition of the construct 'Adaptive Behaviour'

The criteria of adaptive behaviour as stated by Grossman (1983) included effectiveness in meeting the standards of maturation, learning, personal independence, or social maturity as expected as the basis of age level and cultural expectations. Similarly, he mentioned that in early adolescence, adaptive behaviour includes application of acquired academic skills in daily life, application of appropriate reasoning and judgment in mastery of the environment and social skills.

Thus, when we mentioned 'adaptive behaviour of children in conflict with law', the idea was to portray whether they possess the skills/competencies needed to deal effectively with their immediate environment. The domains made adhere to the DSM-5 criteria which comprises the conceptual, social and practical domains. The domains included under the 'Adaptive Behaviour of Children in Conflict with Law' include:

- ***Personal Competence:*** Personal competence includes the ability to adaptively and to flexibly respond to a situation. It also includes flexibly responding to the needs of a situation. It also incorporates concepts like following a schedule of daily living activities.
- ***Vocational Competence:*** This domain includes different range of activities which can help CCL to make a living for them. This domain assesses the degree to which CCL, during their stay in the child care institution, acquires the knowledge and expertise to engage in different activities which later in life will help to earn a living for them.
- ***Emotional Competence:*** Saarni (2004) defined emotional competence as the ability of human beings to retain their functional capacities despite undergoing an emotional event. The components of emotional competence includes the following components: awareness of own emotions, Ability to comprehend the emotions others are experiencing, ability to verbally express own emotions, to be able to exhibit empathetic expression, to adaptive cope in the face of distressing situations and to be able in empathetically relate to people.
- ***Social Competence:*** According to Orpinas (2010), social competence is ability to respond adaptively in social situations. It also includes the ability to meaningfully relate to others and to handle interactions effectively. This *skill* is especially very important for CCL as lack of social competence often leads to law violation.
- ***Persistence:*** One of the most basic competencies of everyday life, persistence also helps in adaptive behaviour. According to Mesbern and Hoyle (2021), persistence is the resistance against the urge to give up and initiation of goal directed behaviour. For being able to persist on a task, it is important to remove distractions, using reminders, using implementation intentions, and habit formation. CCLs find it difficult to engage in pursuits, often leaving them midway. One of the aims of the skill-based intervention programme was to enhance their level of persistence.

Phase 2: Item writing and editing of items

The scale consisted of statements called items. A statement can be defined as any attribute of a psychological object. The test developers constructed 60 items with the help of experts (professors in the discipline of psychology and psychologists). After thoughtful consideration and discussion of items with other psychologists who have been a part of forensic evaluations and have worked in the discipline of forensic psychology for minimum 5 years, some

- ***Personal Competence:*** Personal competence includes the ability to adaptively and to flexibly respond to a situation. It also includes flexibly responding to the needs of a situation. It also incorporates concepts like following a schedule of daily living activities.
- ***Vocational Competence:*** This domain includes different range of activities which can help CCL to make a living for them. This domain assesses the degree to which CCL, during their stay in the child care institution, acquires the knowledge and expertise to engage in different activities which later in life will help to earn a living for them.
- ***Emotional Competence:*** Harris (2000) defined emotional competence as the ability of human beings to retain their functional capacities despite undergoing an emotional event. The components of emotional competence includes the following components awareness of own emotions, Ability to comprehend the emotions others are experiencing, ability to verbally express own emotions, to be able to evaluate empathetic expressions, be adaptive cope in the face of distressing situations and to be able to sympathetically relate to people.
- ***Social Competence:*** According to Orpinas (2003), social competence is ability to respond adaptively to social situations. It also includes the ability to meaningfully relate to others and to handle interactions effectively. This skill is especially very important for CCL as lack of social competence often leads to law violation.
- ***Persistence:*** One of the most basic competencies of everyday life, persistence also helps in adaptive behaviours. According to Malkiewicz and Hoyle (2011), persistence is the resistance against the urge to give up and initiation of goal directed behaviours. For being able to persist on a task, it is important to remove distractions, avoid reminders, using implementation intentions, and habit formation. CCLs find it difficult to engage in pursuits, often leaving them midway. One of the aims of the skill-based intervention programme was to enhance their level of persistence.

Phase 2: Item writing and editing of items

The main constituent of statements is verbal items. A statement can be defined as any attribute of a psychological object. The item development commenced with the help of experts (professors in the discipline of psychology and psychologists). After thoughtful consideration and discussion of issues with other psychologists who have been a part of forensic evaluations and have worked in the discipline of forensic psychology for numerous years, some

were used first. Respondents would be considered as any personnel from authority of child care institution [like counselor, superintendent for assessing adaptive behaviour of these children. A few items were removed based on the suggestions received from them as well and further the items were edited based on Edwards' Criteria (Wang, 1932; Thurstone and Chave, 1929; Likert, 1932; Bird, 1940; Edwards and Kilpatrick, 1948) such as avoid making statements which refer to the past or can be ambiguously interpreted or irrelevant to the construct and to ensure that the statements are clear and direct and the underlying construct behind each item can be understood when administered to participants in the study. After preparation of items, response categories would be considered as a 4 point scale with ratings ranging from "Not at all" or "Very slightly" (1), "Occasionally" (2), "Sometimes" (3) and "Frequently" or "Always" (4). For reverse items as per construct, it is rated in the reverse manner with the ratings ranging from "Not at all" or "Very slightly"(4), "Occasionally" (3), "Sometimes" (2) and "Frequently" or "Always" (1). For the star items (no. 4, 8, 10 of emotional competence), if unsuitable such behaviour would be observed, psychology interventions should be immediately introduced. Based on the elated judgment and expertise of the scale developers along with help from other experts (clinical psychologists), 8 items were removed from the test as 3 items were not relevant to the construct being measured and 2 items were considered to be duplicate.

Phase 2: Content Validity Index

After item construction, 8 experts give their expert judgement on the degree of relevance of each item of different domains to assess the content validity of the test. The recommended number of experts with regard to the respective cut off score of CVI is 3 to 5 experts for adequate content validation (Polit and Beck, 2006; Polit et al., 2007). The experts were encouraged to give feedback and suggestions on improving the relevance of items to the relevant domain. The response categories of scores ranged from 1 = the item is not relevant to the measured domain; 2= the item is somewhat relevant to the measured domain; 3= the item is conceptually relevant to the measured domain, but rewording or restructuring of sentence is required; 4= the item is relevant in original form to the measured domain. Response categories of 3 and 4 were denoted as '1' and 2 and 2 response categories was denoted as '0'.

Then sum of the relevant ratings were provided by all experts for each item were calculated. The Item-Content Validity Index (I-CVI) was calculated through measuring sum up the relevant rating provided by all experts or majority of experts. High CVI refers to high consensus of relevant judgment among judges, i.e., items measure the construct what they claim to measure as per context. The CVI ranges from –1 to +1 and a zero value means that

half of the panel rated the item as essential. Items with lower values were reported (Wolraver et al., 2015). The I-CVI score was found to be 1 for all items as all 6 raters gave judgement within 3 and 4 response categories which lead to some linguistic modifications in the items on the test. The CVI was hence found to be satisfactory as its content was found to assess what the test claims to measure.

Phase 4: Item Analysis

The discrimination power of items was calculated through item analysis. Despite the researcher having an understanding of the prior theoretical background and empirical evidence regarding the construct being assessed through the scale, the scale has to be administered to the appropriate target population for whom the scale is being developed (i.e., CCL) (Irving and Hughes, 2018). Only the items that remain valid are retained and the rest are removed based on the discrimination index. An item is considered to be valid only if it can discriminate between higher and lower groups with regard to the construct based on the total score/summation of responses on all items of the scale). Hence, the discrimination would serve the purpose of seeing whether those high in adaptive behaviour and low in adaptive behaviour can be distinguished through the scale.

Statistical analysis of the data was done using the SPSS (IBM SPSS statistics version 28). Item- total correlations were computed using the Pearson's Product Moment Correlation to show the association between individual item and total score of items of the scale which indicates the significant contribution made by that specific item on the total score of all items on the adaptive behaviour scale. Items having positive and higher item-total correlations (at 0.05 and 0.01 levels of significance) were included in the final set of items for adaptive behaviour scale as they were better discriminators of the target construct. Similarly, item domain correlations were also computed to see whether the different domains of adaptive behaviour could be discriminated from among each other.

Phase 5: Measuring Internal consistency

The reliability of any measurement depends on the extent to which it provides for consistent results. For measuring internal consistency, Cronbach alpha was calculated. Cronbach alpha value of 0.70 to 0.95 has been considered to be an acceptable value in assessing reliability (Nunnally and Bernstein, 1994; Bland and Altman, 1997; DeVellis, 2003).

Phase 6: Clinical Validity

Adaptive behaviour in early childhood and adolescence has been predicted by internalizing and externalizing symptoms (Bernstein, Hahn and Sawilosky, 2018). Clinical features of internalizing and externalizing disorders interfere with adaptive behaviour (Esquivel et al., 2010). Children in the child care institutions were administered CBCL/Child Behavior Checklist), which assesses behavioural and emotional difficulties in children through which the researcher formed varying clinical judgements. The researcher assessed the scores on the adaptive behaviour scale to see whether a similar clinical picture has been depicted as the CBCL thus discriminating between high and low levels of adaptive behaviour indicating that the constructed tool will have satisfactory clinical validity and can be used further for clinical purposes in the future. Among the institutionalized children, 53 were found to have externalizing symptoms and 9 were found to have internalizing symptoms; 18 who had both internalizing and externalizing symptoms and 36 who had an absence of internalizing or externalizing symptoms. The measure of adaptive behaviour was administered to these children to assess how adaptive behaviour differs across these children with varying symptoms.

These entire steps of scale construction were empirically tested based on children with conflict with law.

Participants

The intervention programme included 93 children, all of whom were males within the age range of 12-17 years. The CCL had at least resided 15 days in the child care institution and all of them were under trial for having violated laws were considered as inclusion criteria for inclusion of participants in group. Among these children, 26 children were excluded as they could not complete the intervention programme along with 11 adolescents whose intellectual functioning was below average to be included in the study.

Procedure

Judicial and state government authorities permitted the researchers to conduct the study by following requisite government protocols. The study also gained approval from the Institutional Ethics Committee in 2016. Initiation of the research study took place in a Correctional Home at West Bengal, India, in 2017. Preliminary psychological assessments were conducted which facilitated the researchers to have an in-depth understanding of the behavioural problems that the children faced that led to the identification of key areas that needed to be addressed in the construction of the adaptive behaviour scale.

Findings related to scale construction process

Section 1: Review of domains of adaptive behaviour

In this section, consensus of experts' judgment on four point rating scale with respect to content of each item in relation to adaptive behaviour of CCL were taken into consideration. In the process of logical review of all items, item – content validity index (I- CVI) were done. 3 and 4 responses of most of the judges' scores higher chances of I-CVI score. For all the 34 items in the tool, the I-CVI was found to be 1.00 and hence, all items in the tool were included in the final scale. The high I-CVI indicates that the adaptive behaviour scale has high content validity. Hence, all the 34 items under the 5 domains of the tool was administered on CCL as a process of item analysis.

Section 2: Item analysis based on discrimination index

The relevant judgments of experts on the items of the tool were empirically explored to assess whether they are representative of target population to find the discrimination power of each item. Discrimination value, measured in terms of item-domain total correlation and item- total correlation of each item were presented in Table 8.1.

Items of adaptive behaviour scale were significant at 0.01 level. Item total

TABLE 8.1 : SHOWING ITEM ANALYSIS BASED ON ITEM DOMAIN TOTAL CORRELATION OF EACH ITEM OF ADAPTIVE BEHAVIOUR SCALE

Domains of adaptive behaviour	Items	Item-domain total correlation	Item-total correlation
(a) Personal Competence (3 items)	1	.807**	.726**
	2	.654**	.758**
	3	.755**	.772**
(b) Vocational Competence (2 items)	1	.877**	.803**
	2	.815**	.741**
(c) Emotional Competence (17 items)	1	.730**	.717**
	2	.745**	.735**
	3	.744*	.708**
	4	.828*	.777**
	5	.804**	.754**
	6	.870*	.778**
	7	.783**	.746**
	8	.792*	.785**
	9	.755*	.761**

(Table continued from page 129)

TABLE 4.1 : SHOWING ITEM ANALYSIS BASED ON ITEM DOMAIN TOTAL CORRELATION OF EACH ITEM OF ADAPTIVE BEHAVIOUR SCALE

Dimension of adaptive behaviour	Items	Item-domain total correlation	Item total correlation
	10	.387*	.703**
	11	.563*	.804**
	12	.572**	.820**
	13	.804**	.849**
	14	.819**	.754**
	15	.771*	.745**
	16	.821**	.682**
	17	.786**	.725**
(d) Social Competence (9 items)	1	.747**	.787**
	2	.812**	.713**
	3	.661**	.705**
	4	.728**	.664**
	5	.942**	.787**
	6	.381**	.777**
	7	.765**	.765**
	8	.739**	.739**
	9	.802**	.798**
(e) Persistence (3 items)	1	.720*	.710**
	2	.731**	.700**
	3	.618**	.830**

* (r 4.00, ** p r 0.01)

correlation of 34 items were significant at 0.01 level thus showing that the items were capable enough to discriminate the distribution of total score of domains under adaptive behaviour. Hence these thirty four items were included in the final set of items.

Section 3: Clinical Validity of Scale

With respect to the domain of personal competence, mean and standard deviation of adaptive behaviour are 6.457 (+ 1.151), 6.875 (+ 1.141), 6.22 (+ 0.44) and 5.2 (+ .876) in groups with mixed, non-internalizing and non-externalizing, internalizing and externalizing symptoms respectively. In the domain of vocational competence, mean and standard deviation of adaptive behaviour are 5.872 (+ 1.024), 5.432 (+ 1.04), 4.33 (+ .76) and 3.2 (+ .976) in groups with mixed, non-internalizing and non-externalizing, internalizing

and externalizing symptoms respectively. The mean and standard deviation of adaptive behaviour with regard to the domain of emotional competence are 30.37 (± 7.35), 34.43 (± 5.21), 33.00 (± 5.04) and 31.8 (± 4.6) in groups with mixed, non-internalizing and non-externalizing, internalizing and externalizing symptoms respectively. With regard to the domain of social competence, mean and standard deviation of adaptive behaviour are 15.12 (± 5.5), 15.9 (± 3.92), 17.77 (± 4.23) and 18.2 (± 2.14) in groups with mixed, non-internalizing and non-externalizing, internalizing and externalizing symptoms respectively. Finally, for the domain of persistence, the mean and standard deviation of adaptive behaviour are 7.687 (± 1.637), 8.66 (± 1.5), 8.44 (± 1.615) and 8.18 (± 1.77) in groups with mixed, non-internalizing and non-externalizing, internalizing and externalizing symptoms respectively. Significant differences were found among four groups for all the domains of adaptive behaviour except for the domain of persistence; hence Kruskal Wallis values of the domains of personal competence, vocational competence, emotional competence, social competence were found to be 22.593, 22.178, 31.712 and 24.438 respectively and are significant at 0.05 level of significance. Despite all children residing in child care institutions, the personal competence, vocational competence, emotional and social competence were found to be varying among them with respect to their clinical manifestation.

Section 4 : Internal Consistency

The Cronbach's alpha was found to be 0.9 for the adaptive behaviour scale thus indicating high reliability of the scale. The sub-domains also have been found to have satisfactory reliability for the domains of personal competence (0.743), vocational competence (0.698), emotional competence (0.71), social competence (0.687) and persistence (0.443).

Discussion

The present study was conducted to construct a scale on adaptive behaviour and for this purpose, five domains enlisting all the 38 items were selected based on expert judgements and empirical findings. The scale provides a holistic understanding of the adaptive behaviour of CCL through the composite score of all the sub-domains. Each domain has items that are capable of tapping into wider range of skills and competencies of the children that falls within the continuum of adaptive behaviour. The personal competency domain encompasses skills ranging from daily living skills such as eating and washing to having the ability of comprehending complexity of situations to considering multiple perspectives. Vocational competence comprises skills looking into how efficiently CCL can carry out vocational activities as well as the enhancement of their everyday knowledge that could enrich their vocational skills

Emotional competence comprises items that give an insight into the motivation of responses that could indicate emotional adjustment (e.g., ability to verbally express emotional reactions to maladjustment, e.g., consumption of harmful substances as a coping strategy). Social competence domain looks at a wider range of social skills and behaviours such as cooperation and leadership skills to measuring whether they understand the distress of other children. This scale has been specifically constructed with specific consideration about the social and emotional needs and demands that need to be met by the CCL, not from the lens of age wise developmental milestones.

The scale can measure the adaptive behaviour of CCL through a plethora of activities ranging from easy daily living activities to complex, engaging tasks that are a part of their responsibilities and obligations within the child care institutions (such as Items under personal competence domain that assess how well the children can execute their daily life activities as per their schedule). Adaptive behaviour is being measured not merely as ability among children residing in the institutions but rather as the performance of these children in areas of personal, vocational, emotional and social competence as well as persistence. As a whole, this scale provides current condition of different aspect of adaptive behaviour of any child outside in child care institute. If same child can be measured twice, two conditions of same domains can be comparable. So, the measures of this scale can be used as outcome measures of any intervention programme to validate the efficacy of the intervention applied to children in conflict with law. Clinicians can also assess the extent to which the children implement the coping strategies being taught by the therapists in intervention programmes with the help of this scale. Effects of rehabilitation through intervention programmes can be considered to be a success if assessments on the improvement in their adaptive behaviour would be found. For this reason, these subdomains for adaptive behaviour are effective measures in case of integrative intervention programme.

The scale (such as no. 4, 5, 10 of emotional competence) also draws immediate attention to behavioural problems in the children that would need to be addressed by mental health professionals so, it can be said that the scale has screening property for early identification of risky behaviour.

After the domains were identified, the psychometric properties of the scale had to be assessed so as to establish its reliability and validity in measuring the construct of adaptive behaviour. The scale was found to have high internal consistency and high content and clinical validity in assessing the adaptive behaviour of CCL in West Bengal. The established clinical validity indicates that the scale can assess adaptive behaviour as well as discriminate between levels of adaptive behaviour among those in the clinical population with internalizing, externalizing or an amalgamation of both the symptoms from

the non-clinical population. So, it can state that the scale would be relatively relevant for assessing the extent to which the CCL are able to adapt to the behaviour of other children around them as an important measure of their adaptive behaviour in child care institutions.

The research study has been conducted on a small sample comprising in CCL and hence cannot be said to have satisfactory construct validity. Always number of participants would facilitate researchers in exploring the factor structure behind the construct being measured.

Adaptive Behavior Scale for CCL

Instructions

The scale contains of 34 items under the domains of personal competence, vocational competence, emotional competence, social competence and permissions as measures of adaptive skill for CCL. Items would be judged based on four point rating scale; ratings ranging from: 'Not at all' or 'Very slightly', 'Occasionally', 'Sometimes', to 'Frequently' or 'Always'.

I. Personal competence

1. The child/adolescent executes daily life activities like bathing, eating, washing properly etc. in correctional homes. (+)
2. The child/adolescent readily follows a schedule throughout the day. (+)
3. The child/adolescent can think of a situation from different perspectives. (+)

II. Vocational competence

1. The child/adolescent is reported to put in effort in vocational activities like horticulture, agriculture, cooking, handicraft, dusting etc.(+)
2. The child/adolescent satisfies themselves by reading a variety of books in child care institutes/ The child/adolescent assign a specific time to academics every day.(+)

III. Emotional competence

1. The child/adolescent is easily emotionally aroused when facing distressing situations.(–)
2. The child/adolescent reacts negatively to emotionally vulnerable situations such as inflicting harm on one self or others.(–)
3. The child/adolescent blames/punishes oneself harshly for their own mistakes.(–)
4. The child/adolescent threatens to commit suicide.(–)

5. The child/adolescent engages in deliberate self-harm. (–)
6. The child/adolescent engages in behaviour where they inflict harm on others such as bullying, causing physical harm or by damaging property. (–)
7. The child/adolescent devises plans to permit engaging in deviant behaviour. (–)
8. The child/adolescent can rationalise harmful substances in order to avoid distressing situations. (–)
9. The child/adolescent engages in any of the three behaviours which contribute for enhancing well-being: (+)
   (a) sleeping *adequately*
   (b) sleeping at proper time
   (c) having food at proper intervals discussing regularly
10. * The child/adolescent is able to cope with any three expressions of mood such as: (+)
   (a) constant apprehension regarding close ones
   (b) reduced or disturbed sleep
   (c) irritability
   (d) unwillingness to eat
   (e) difficulty initiating activities spontaneously
11. The child/adolescent is able to express their emotional reactions verbally. (+)
12. The child/adolescent develops a sense of acceptance of their reality (+)
13. Despite their suffering, children are able to engage in different constructive activities (minimum any two) like: (+)
   (a) coloring or related art activities
   (b) engaging in indoor games
   (c) writing down thoughts and feelings
   (d) engaging in conversation with others
14. Despite their suffering, children are able to distract themselves from distressing situations (e.g., watching TV, listening to songs, sleeping). (+)
15. Children are able to leave the place temporarily from distress-provoking situations. (+)
16. The child/adolescent themselves approach therapists and counsellors/ authorities to share their grievances. (+)
17. The child/adolescent tolerates gentle teasing or sarcasm from other children. (+)

IV. Social Competence

1. The child/adolescent eagerly engages in social activities assigned to them by the authority like participating in team activities including dancing, singing and playing with others.(+)
2. The child/adolescent cooperates with each other in all activities assigned to them. (+)
3. The child/adolescent is able to understand when any fellow inmate is going through significant distress (+)
4. The child/adolescent learns to use leadership skills in a more productive way (+)
5. The child/adolescent protects each other in case any conflicting situation arises. (+)
6. The child/adolescent expresses their willingness to help and assists the family members of another child on being released.(+)
7. The child/adolescent expresses their gratitude for being helped.(+)
8. The child/adolescent expresses concern for the health and wellbeing of others.(+)
9. When the child/adolescent faces distress, other children try to cheer him up. (+)

V. Persistence

1. When faced with challenging tasks introduced in the child care institutions, the child/adolescent give up easily.(–)
2. The child/adolescent continues to persist with their tasks even in the absence of any external reward. (+)
3. The child/adolescent is able to sit longer in sessions(+)

Instructions for Scoring

The scoring of (+) items are ranging from "Not at all" or "Very slightly" (1), "Occasionally" (2), "Sometimes" (3) to "Frequently" or "Always" (4). The scoring of (–) items are ranging from "Not at all" or "Very slightly" (4), "Occasionally" (3), "Sometimes" (2) to "Frequently" or "Always" (1).

"This item mandates concern for the children and it is necessary to seek immediate help from mental health professionals.

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