



A Lawyer's Guide to Psychological Assessment of Adolescents

Mental health assessments are routinely requested in juvenile cases. They are used to assess a wide range of issues such as competence to waive Miranda rights, competence to stand trial, sanity, amenability to treatment. Assessments may be requested at various stages of the juvenile court process, from detention to transfer to adult court and dispositional planning. Psychological assessment consists of interpreting information about an individual's mental state, intellectual functioning, personality characteristics, and behavior adjustment. Each assessment will vary according to the referral questions and the complexity of the psychological issues, but the overall process is usually the same.

Information is gathered from multiple sources. A typical method used to gather information is through administering formal psychological tests. Background information is necessary for interpreting psychological test results or forming diagnostic conclusions. Interviewing the child provides another important source of information. The interview includes a "mental status examination" which considers the child's behavior during the evaluation, mood, speech, the presence of delusions, hallucinations, obsessions or suicidal thoughts, and insight. In addition, evaluators should, but often do not, interview the child's parents (or other family members/legal guardians), and other individuals who are familiar with the child such as teachers, employers, coaches, therapists, case workers, and probation/parole officers. A detailed review of history is important and should always be, but is not, done. It should include: 1) delinquency and dependency history and records, 2) current arrest report, 3) school records, 4) prior mental health evaluations and records, and 5) medical records.

Psychological Tests

Psychological tests are formalized methods to measure characteristics of an individual (e.g., mood, intelligence, adaptive behaviors, memory) in a way that allows for comparisons to be made between the individual and others. They come in a variety of formats including written, verbal, and computer administered. Most psychological tests are standardized, meaning that the test: 1) has *Uniformity and Objectivity* with respect to administration and scoring procedures; 2) will yield *Quantitative Scores*, for which 3) *Normative Data* is available.

Uniformity and Objectivity - Standardized assessments contain detailed directions for administering the test such as the exact method for item presentation, how much clarification can be given, how to score errors, etc. Many tests require specialized training in administration and scoring. Directions for test administration and scoring are found in the individual test manuals.

Quantitative Scores - Standardized tests generally yield scores that are quantifiable, i.e. numeric scores.

Normative Data - Standardized tests undergo a research and development phase prior to release for clinical use. The process of standardizing consists of administering the proposed test to a large, representative sample of persons for whom the test was designed ("normative group" or "standardization sample"). The normative group serves to both establish the norms as well as the degrees of deviation above and below the average.

Standardized tests are described in terms of their *Reliability* and *Validity*.

Reliability - refers to how accurately the test measures some trait. In other words, test reliability refers to the consistency of scores obtained by the same person when retested with the identical test or with an equivalent form of the test. For example, if a child was given a particular test on Monday and obtained a score of 110 but when retested on Friday scored 80, assuming all the conditions were identical, the test would not be considered reliable as you couldn't put confidence in either score.

Validity - refers to the degree to which the test actually measures what it claims to measure. For example, the validity of an IQ test is based on how well it measures intelligence.

Types of Test Scores

Standardized instruments compare individual performance to that of others on the same measures. Three common methods of reporting performance results on psychological tests are *Developmental Scores*, *Percentiles*, and *Standard Scores*.

Developmental Scores - usually "mental age" and "grade equivalents" but can also include age-equivalent scores. For example, a "reading grade equivalent of 5th grade" means that the child's raw score (or the number correct) was equivalent to that of the mean or average raw score for other 5th graders. A grade equivalent score of "3.2 grade" refers to the average scores of children in the second month of third grade. Age equivalent scores can be broken into fractions of years (i.e., 7 years, 11 months).

Percentile Scores - provide an index of where an individual stands relative to others on a scale of 1 to 100. The score describes what percentile of the norm group was exceeded by the individual's performance. For example, a percentile rank of 23 indicates that the individual's score exceeds 23 of 100 persons in the norm group.

Standard Scores - report performance in standard deviation (SD) units from the mean normative sample, in other words, how many standard units above or below the mean the individual's score falls. Some tests report z scores, which indicate SD units. Thus, a z score of 0 means the child scored exactly at the mean of the normative sample, a score of +1.0 means the child scored 1 SD above the mean, a score of -0.2 means the child scored 0.2 SD below the mean. Most tests do not present z scores and therefore one must know the mean and the SD of the scale on which it is based in order to interpret standard scores.

Types of Psychological Tests

The major types or categories of psychological tests are *Intelligence Tests*, *Academic Achievement Tests*, *Personality Tests* and *Neuropsychological Tests*. Some evaluators also use behavior checklists and specialized assessments (e.g., ADHD, substance abuse or sexual deviance). The charts on the following pages list the main characteristics of the more commonly used test in each category.

Cultural Considerations

There are major barriers to obtaining valid and reliable evaluations of minority youth, both in putting the child at ease in the evaluation and accurately interpreting information about him/her. Widely used psychological tests have not been normed on large numbers of low-income minorities or girls, although the evaluations typically fail to report this limitation when giving test results. Michael Lindsey's *Culturally Competent Assessment of African American Clients* describes skills that could help all evaluators interviewing minority youth and questions whether existing instruments measure the correct attributes.¹

Assessment of individuals from different cultural or ethnic groups can be especially challenging. Attempts have been made to develop "culturally-fair" psychological tests that limit the degree of cultural influences inherent in many tests. These tests "limit or completely avoid the use of language, timing, reading, and stimuli that may have greater flexibility in one culture relative to another." For example, the *Leiter International Performance Scale, Revised* is an untimed test designed to assess intellectual ability, memory and attention in children, adolescents, and young adults (ages 2 – 20) with whom traditional intelligence tests could not be used. This test can be used for individuals with English as a Second Language (ESL) as well as those with communication disorders, cognitive delay, hearing impairments, traumatic brain injury, attention-deficit disorder, and certain types of learning disabilities. The test is administered with essentially no verbal instructions and instead presents examples through simple pantomime.

Cultural influences can also impact diagnostic impressions. The DSM-IV cautions evaluators when using the DSM-IV classification to evaluate an individual from a different ethnic or cultural group, "A clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to an individual's culture."²

Diagnostic Assessment: Overview of The DSM-IV Classification System for Mental Disorders

The standard diagnostic reference text for mental disorders is the *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)*. It describes the diagnostic features, prevalence rates, specific age, culture, and gender features, and other information for all categories of mental disorders. Each diagnosis given to an individual has a page in the DSM-IV that lists the criteria to be met if giving that diagnosis. Evaluators will most often record disorders that an individual may have using a "multi-axial" system. The multi-axial system uses five axes, each of which refers to a different domain of information relevant to the assessment of the individual.

Many forensic assessments focus only on Axis I, II and III as Axis IV and V are more relevant to treatment planning considerations.

Sample diagnostic impressions, and a summary of the disorders and conditions classified under each axis follow:

Axis I: Attention-Deficit/Hyperactivity Disorder, Conduct Disorder

- This is the domain where all clinical mental disorders and conditions except personality disorders and mental retardation are recorded. It includes depressive disorders, anxiety disorders, schizophrenia, and all disorders (other than mental retardation) usually first diagnosed in infancy, childhood, or adolescence.
- Also contains other "conditions that may be a focus of clinical attention," otherwise known as "V-codes." These conditions include physical abuse of a child, sexual abuse of a child, parent-

child relational problems, malingering, noncompliance with treatment, academic problems, etc...

- It also includes a category for "Child or Adolescent Antisocial Behavior" to be used when a child or adolescent has engaged in *isolated* antisocial activity but not a *pattern* of antisocial behavior and the behavior is not the result of a mental disorder such as Conduct Disorder.

Axis II: R/O³ Mental Retardation

- Axis II is where personality disorders and developmental disorders are recorded. Personality disorders are pervasive, inflexible aspects of an individual's personality that deviate markedly from the relevant cultural expectations and are typically not expected to change over time (e.g., Antisocial Personality Disorder, Borderline Personality Disorder).
- A personality disorder diagnosis should only be given to children or adolescents in situations in which the personality traits have been present for at least one year and appear "pervasive, persistent and unlikely to be limited to a particular developmental stage or an episode of an Axis I disorder." A diagnosis of Antisocial Personality Disorder should NEVER be given to a person under the age of 18, because they are still developing.

Axis III: Seizure Disorder

- General medical conditions or physical disorders that may be relevant to understanding the mental disorder. When the general medical condition is the direct cause of the mental disorder, Axis I should note Mental Disorder Due to General Medical Condition and Axis III should include the particular medical condition. For example, seizure disorders or traumatic brain injuries would be recorded under Axis III.

Axis IV: Current Stressors

- Psychosocial and environmental problems that may affect the mental disorder are recorded here. This section would include familial or interpersonal stressors (deaths/divorce/removal from home), inadequate social supports, homelessness, unsafe neighborhood, academic problems, issues with teachers or other students, and trouble with the legal system.

Axis V: Current Global Assessment of Functioning (GAF): 30

- This is the examiner's judgment of the individual's overall level of functioning ranging from 0 – 100. The information is useful in planning treatment and measuring its impact for example, by comparing GAF scores from the time of admission to a psychiatric facility to the time of discharge.

Conclusion

There are a variety of psychological assessments that are useful for advocacy at many stages of the juvenile court process. Evaluators may think that the court wants a diagnosis and for years may have written reports to the court that reported the results of IQ tests, inventories and projective tests and diagnoses. The findings of these traditional evaluations may not provide sufficient help in understanding the alleged offense, determining a child's ability to assist counsel, and/or designing a disposition that will result in the child stopping their delinquency. Thus, it is important to ask the evaluator to answer questions about youth's immaturity, disability and trauma and to apply these findings to the juvenile court system. With an understanding of some of the key concepts in psychological assessments, attorneys can more effectively review client evaluations and ultimately provide higher quality representation.

*R/O - Rule-out. Some traits of the listed disorder were exhibited, but a full examination is required to confirm or eliminate.

Assessment of Personality

Personality tests are designed to evaluate an individual's thoughts, emotions, attitudes and behavioral traits. There are two types of personality tests: self-report "objective" inventories or loosely structured "projective" techniques.

Objective Tests – In general, objective tests include a variety of questionnaires, self-report measures, inventories and rating scales. Some objective tests call for "true" or "false" responses to questions (e.g. "At times I am full of energy," "I am afraid of losing my mind"). Some are incomplete sentences to fill in the blank. Other tests ask the individual to respond to various descriptions of behavior, e.g. "withdraws from others", on a continuum from "never happens" to "sometimes happens" to "frequently happens". A few of the objective instruments commonly used with adolescents are the Beck Depression Inventory (BDI) and the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A).

Projective Tests - In contrast to objective tests, projective tests are unstructured and rely on highly ambiguous stimuli (inkblots or pictures). The underlying principle of projective tests is that aspects of an individual's personality will be reflected in that individual's responses. The three most common categories of projective tests used are storytelling, inkblots and projective drawing.

Objective Tests

Beck Depression Inventory (BDI)	Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
<ul style="list-style-type: none"> Used with adolescents and adults ages 13 and older. 21-item inventory that measures the degree of depressive symptoms. Scales include: sadness, pessimism, sense of failure, suicidal ideas, social withdrawal, work difficulty, etc. 	<ul style="list-style-type: none"> Adolescent version of the adult MMPI. Used with children and adolescents up to age 18. Standardized questionnaire comprised of 13 scales. Three relate to validity. 10 relate to clinical or personality indices. Score based on these 13 different categories of responses and is represented in graph form on a profile sheet that is usually computerized.

Projective Tests

<div style="background-color: #4a7ebb; color: white; padding: 2px; text-align: center; font-weight: bold;">Thematic Apperception Test A Storytelling Technique</div> <ul style="list-style-type: none"> Ages 4 to adult. Uses sets of black and white picture depicting various scenes. Stories are generally interpreted in the context of what is known about the child. Inferences about social relationships and interpersonal interactions are made. Clinicians usually do not use standardized procedures for administration and scoring of responses. 	<div style="background-color: #4a7ebb; color: white; padding: 2px; text-align: center; font-weight: bold;">House-Tree-Person A Projective Drawing Technique</div> <ul style="list-style-type: none"> Child is asked to produce separate drawings of a house, tree and person. Interpretations are made from characteristics and features of the drawing (e.g. relative size and placement of objects). 	<div style="background-color: #4a7ebb; color: white; padding: 2px; text-align: center; font-weight: bold;">Rorschach Most Popular Inkblot Test</div> <ul style="list-style-type: none"> Ages 10 to adult. Child asked to identify or interpret what they see from a series of inkblot cards. Individual responses are compared to normative samples. Still considered controversial by some.
<div style="background-color: #4a7ebb; color: white; padding: 2px; text-align: center; font-weight: bold;">Children's Apperception Test A Storytelling Technique</div> <ul style="list-style-type: none"> Ages 3 to 10. Depicts cartoon-like pictures of animals in human situations that relate to various developmental themes (e.g. toilet training, feeding, sibling rivalry). 	<div style="background-color: #4a7ebb; color: white; padding: 2px; text-align: center; font-weight: bold;">Kinetic Family Drawing A Projective Drawing Technique</div> <ul style="list-style-type: none"> Child is asked to draw a picture of his/her family doing something together. Interpretations are made in terms of the distances between individuals and the degree of interaction. 	

Assessment of Neuropsychological Functioning

Neuropsychological tests assess a wide variety of cognitive functions and are often used to identify and measure brain dysfunction and brain damage. In evaluation of children and adolescents, however, neuropsychological tests are also used to assess an individual's cognitive functioning. A comprehensive assessment measures various aspects of cognitive functioning, including intelligence, attention and concentration, verbal and visual memory, language functioning, visual spatial functioning, motor abilities, sensory-perceptual processing, abstract reasoning, executive functioning (e.g., planning, self-monitoring, inhibition of impulses, and mental flexibility), and academic functioning. Some widely used neuropsychological tests are the Nepsy, Luria-Nebraska, and the Halstead-Reitan.

NEPSY		
<ul style="list-style-type: none"> • A newer neuropsychological test battery. • Developed specifically for children ages 3-12 • Designed to detect subtle deficits in five functional domains: <ul style="list-style-type: none"> Language and communication Sensorimotor functions Visual-spatial abilities Learning and memory Executive functions <ul style="list-style-type: none"> • attention • planning • problem solving 	<ul style="list-style-type: none"> • Separate tests for children ages 3 to 4 and for children ages 5 to 12. • The four scholastic aptitude clusters include: <ul style="list-style-type: none"> Reading Mathematics Written Language Knowledge 	<ul style="list-style-type: none"> • The Cognitive Ability Battery Standard contains seven tests, each measuring a different aspect of intellectual ability: <ul style="list-style-type: none"> Long-term retrieval Short-term memory Processing speed Auditory processing Visual processing Comprehension-knowledge Fluid reasoning • The Cognitive Ability Battery-Supplemental contains 14 additional measures.

Luria-Nebraska
<ul style="list-style-type: none"> • More highly structured in content, materials and administration and scoring than the Halstead-Reitan. • Battery includes 269 items that can be administered in less time than the Halstead-Reitan. • Scales assess cognitive processes and functions. • Form one consists of 11 scales including: <ul style="list-style-type: none"> Motor Functions Rhythm Tactile Visual Receptive Speech Expressive Speech Writing Reading Arithmetic Skills Memory Intellectual Processes • Form two contains a twelfth scale, Intermediate Memory, which assesses delayed recall of some of the previously administered short-term memory items.

Halstead-Reitan
<ul style="list-style-type: none"> • A different version for children. • Comprehensive manuals to facilitate score interpretation. • Administration requires highly trained evaluator. • Requires a full day to complete. • Offers examiners some flexibility in the number and selection of tests to be administered. • The core battery consists of five tests yielding seven scores. • Examiners will often include memory tests and other tests or relevant specific functions. • Other tests recommended for this battery Include: <ul style="list-style-type: none"> Trail Making Test - Connect numbers and letters as rapidly as possible; measures speed, visual scanning, and ability to process information in sequence. Sensory-Perceptual Examination - Child receives information on one side of the body and then the other in a variety of sensory modalities such as touch, hearing and vision; determines whether stimuli presented on one side of the body are perceived when presented alone and also to determine whether competition with other stimulation reduces the perception of the stimulus. WISC-R - Weschler Intelligence Scale for Children - Revised. MMPI - Minnesota Multiphasic Personality Inventory

Assessment of Intellectual Functioning

Intelligence tests usually follow uniform testing protocols and the scores can be interpreted in relation to established norms. Intelligence test scores are generally considered stable in terms of predicting future functioning, although the degree of stability improves with the age of the subject. Assessments given to preschoolers are much less predictive than assessments done in later childhood. IQ scores are related to education and as a result can be biased against individuals who have not progressed in school or have attended poor schools.

Kaufman Adolescent and Adult Intelligence Test- (KAIT)

- Designed to measure general intelligence from ages 11 through adult.
- Composed of two scales:
- Crystallized Scale - measures acquired concepts (i.e. related to environment and schooling).
- Fluid Scale - measures ability to solve novel problems
- Organized into a 6-subtest Core Battery and a 10-subtest Expanded Battery.

Core Battery is used to assess cognitive strengths and weaknesses and to determine current levels of functioning on crystallized and fluid tasks: definitions, logical steps, auditory comprehension, mystery codes, and double meanings.

Expanded Battery incorporates the Crystallized and Fluid Scales along with the four additional subtests.

Stanford-Binet Intelligence Scale- Fourth Edition (SB-IV)

- Usually used with younger children.
- Composed of 15 subtests.
- Covers four major areas:
 - Verbal Reasoning
 - Abstract/Visual Reasoning
 - Quantitative Reasoning
 - Short-term Memory
- Standard age scores, as opposed to IQ, are given as a composite score, and for each of the four cognitive areas.
- A score of 100 is average.

Test of Nonverbal Intelligence (TONI)

- Culture-free assessment of intelligence, aptitude, abstract reasoning and problem-solving.
- Designed to measure intelligence using a language-free method for all ages.
- Ideal for use assessing individuals with impaired linguistic skills (i.e. non-english speakers) or are socially/economically disadvantaged or with impaired motor skills (i.e. hearing impaired or disabled).
- Instructions and answers can be given verbally or pantomime, utilizing pictures and geometric patterns, and subject can indicate the answers verbally or by pointing.
- Not designed to replace, but to compliment standard tests when language or motor difficulties are an issue.
- Three cognitive abilities are measured: analogies, categorical associations or classifications, and sequential or successive reasoning.

Kaufman Brief Intelligence Test (KBIT)

- Used for ages 4 through adults.
- Quick screening instrument designed to estimate intellectual functioning
- Consists of two subtests: vocabulary and matrices:
- Vocabulary subtest measures verbal, and school-related skills by assessing word knowledge and verbal concept formation.
- Matrices measure nonverbal skills and ability to solve new problems using picture and design items.
- Useful when a quick assessment of overall cognitive functioning is needed but limited scope makes it less appealing as a clinical instrument.

**Weschler Intelligence Scale for Children-
Third Edition (WISC-III)**

- Most used test in this category for children ages 6-16
- Consists of two major scales: Verbal and Performance
- Each scale contains six subtests:

The verbal subtests do not require reading or writing by the examinee. Instead, they require a verbal response. They are administered orally by the examiner, and except for the math subtests they are untimed.

The scales and measures for the verbal subtests are:

- Information - general comprehension of facts
- Similarities - logical and abstract thinking ability and verbal concept formation
- Mathematics
- Vocabulary
- Comprehension - practical knowledge and social judgment
- Digit span - attention and rote memory

- Each subtest is given a score:

- 1-5 Mentally Handicapped
- 6-8 Slow Learner
- 9-11 Average
- 12-14 Superior
- 15-20 Very Superior

The performance subtests are timed and primarily involve visual perceptual organization, motor speed and coordination, visual motor integration, and reasoning abilities.

The scales and measures for the performance subtests are:

- Picture Completion - visual alertness and visual memory
- Picture Arrangement - interpretation of social situations
- Block Design - analysis and formation of abstract design
- Object Assembly - ability to synthesize concrete parts into wholes and visual-motor coordination
- Coding - Speed of mental reactions and eye-hand coordination
- Mazes - Ability to plan and follow a visual pattern

- Scores are given for each measure of a subtest as well as a composite score (Full Scale IQ-FSIQ). A composite score of 100 is average. The FSIQ is the best indicator of overall functioning unless there is a significant difference between the verbal and performance scores (11 points or more). In these cases, other factors, such as an underlying language or perceptual motor problem, should be considered.

Assessment of Academic Functioning

Academic tests are designed to assess skills such as reading, spelling, vocabulary, arithmetic and writing. Schools typically use group-administered general achievement batteries such as the Comprehensive Tests of Basic Skills, IOWA Tests of Basic Skills, and the Stanford Achievement Tests. These scores will be in almost every school record and indicate, for example, that a student in 8th grade was reading worse than 90% of 8th graders nationally or doing computation better than 55% of 8th graders nationally. Academic functioning can also be measured through individually administered tests. A person's academic functioning should fit with measured intelligence. Thus, a significant discrepancy between IQ and the standard scores on the academic achievement tests (with academic achievement being lower than expected given IQ) – may indicate learning difficulties.

Wechsler Individual Achievement Tests (WIAT)	Woodcock Johnson Psycho-Educational Battery Revised - (WJEB-R)	Wide Range Achievement Test Third Edition (WRAT-III)
<ul style="list-style-type: none"> • Used with children ages 5 to 19. • Only achievement battery directly linked with the Wechsler scales. • Test was developed and normed along with the WISC-III. • Allows for comparisons to be made between intellectual and academic functioning. • Provides comprehensive coverage of the areas of learning specified in the Education for All Handicapped Children Act. • Three of the subtests (Basic Reading, Spelling and Mathematics Reasoning) can be broken out and used as a brief screening instrument, the WIAT Screener. • The full version of the test contains additional tests of: <ul style="list-style-type: none"> Reading Comprehension Numerical Operations Listening Comprehension Oral Expression Writing Expression 	<ul style="list-style-type: none"> • Used for ages 2 through adults. • Consists of battery of standardized tests measuring cognitive abilities, scholastic aptitudes, and achievement. • Considered the most comprehensive individual academic achievement battery. • 21 Cognitive ability tests. • Areas assessed include long and short-term memory, auditory and visual processing, processing speed, comprehension, and reasoning. • 18 Achievement tests. • Assess levels of functioning, word-attack skills, reading comprehension, letter-word identification and vocabulary. 	<ul style="list-style-type: none"> • Used for ages 5 years and older. • Measures grade level in reading, spelling and arithmetic. • Does not measure reading comprehension. • Test does not identify learning difficulties such as reading comprehension, language difficulties and writing problems. • Test items range in difficulty from preschool level (e.g. naming letters, counting) to problems beyond high school level.

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National Juvenile Defender Center

Statement of Beliefs



NATIONAL
JUVENILE
DEFENDER
CENTER

*ensuring excellence in juvenile defense and
promoting justice for all children*

All the children in the justice system must have ready and timely access to capable, well-resourced, well-trained legal counsel.

All children are entitled to legal representation that is individualized, developmentally and age appropriate, and free of racial, ethnic, gender, social, and economic bias.

All children have strengths and the potential to become productive members of society and each has the right to constitutional and statutory protections.

The juvenile defense bar must build its capacity, develop leadership and demonstrate a commitment to professionalism.

The juvenile defense bar must promote accountability and bring about reform in the juvenile justice system.

The juvenile defense bar's role in the justice system will be advanced through collaboration and partnerships.

The juvenile defense system will be enhanced by greater community involvement.

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