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PERSONALITY AND CLINICAL TESTS IN SPANISH FOR ASSESSING JUVENILE OFFENDERS

Lorena Wenger[1,2,3] and Antonio Andres-Pueyo[1,2]
[1]*Grupo de Estudios Avanzados en Violencia (GEAV).* [2]*Universidad de Barcelona.* [3]*Universidad de La Frontera, Chile*

La evaluación psicológica de los adolescentes infractores es imprescindible en diversas etapas de su recorrido por los servicios de justicia juvenil. Gracias a esta evaluación se garantiza la exigencia legal y la eficiencia de las medidas judiciales y educativas que se prescriben en estos servicios. En el presente trabajo se revisan las principales pruebas de evaluación psicológica en español disponibles para profesionales de la psicología que trabajan con adolescentes infractores en los diversos servicios de justicia juvenil de los países hispanohablantes. Clasificaremos estas herramientas en tres grupos: Personológicas adecuadas para cualquier contexto profesional de la Psicología, Clínicas, cuya utilidad inicial se circunscribe al trabajo con adolescentes que presentan necesidades de salud mental y Forenses, aquellas desarrolladas especialmente para su uso en adolescentes atendidos en los servicios penales. Los instrumentos forenses se describen en la segunda parte de este artículo (en este mismo número de la revista). Para cada apartado se presentan y revisan los instrumentos más importantes y de utilidad contrastada.
Palabras clave: *Evaluación psicológica, Justicia juvenil, Personalidad, Clínica, Forense.*

The psychological assessment of offenders throughout the different stages in the juvenile justice system is essential. It ensures the adequacy of the legal and educational measures to be applied in the process. This paper reviews the main tests of psychological assessment available in Spanish, suitable for use by psychology professionals who work with young offenders in the juvenile justice services in Spanish-speaking countries. We classify these tools into three groups: a) personological, i.e. generic tools, suitable for any professional context in psychology, b) clinical, i.e. tools whose initial use has been limited to working with adolescents with mental health needs, and c) forensic, tools that have been specially developed for use in the juvenile justice population. This last group is described in the second part of this article (which appears in this same issue). The most important instruments of proven utility are presented and reviewed for each group.
Key words: *Psychological assessment, Juvenile justice, Personality, Clinical, Forensic.*

The procedures of applied psychology in juvenile justice processes are in a state of change and improvement with the aim of achieving substantial progress in all services dealing with juvenile offenders (Heilbrun, 2016). These changes are in line with the developments that are taking place in developmental criminology, psychology of the life cycle, clinical psychology and neuroscience, as these disciplines are discovering mechanisms and processes that give us a better understanding of why the antisocial behaviour of adolescents begins, continues and ends (Farrington, 1992; Grisso, 1998; Moffitt & Caspi, 2001; Steinberg, Cauffman, Woolard, Graham, & Banich, 2009). Among the most prominent advances and the ones of great professional significance are those relating to practices in the assessment of antisocial and violent behaviour, personality traits, clinical states and many other criminological characteristics typical of juvenile offenders (Andrews & Bonta, 2010). These advances include reconsidering the use of the classic psychological tests, and the introduction of new tools for the risk assessment and management of violence and juvenile recidivism (Dematteo, Wolbransky, & Laduke, 2016; Morizot, 2015). Many benefits are being obtained with this renewal, derived from the application of psychology as a complementary and indispensable science in juvenile justice services as efficiencies are achieved, since the tests and other assessment tools guarantee a professional performance of greater rigour, objectivity and transparency (Grisso, 1998).

The psychological evaluation of adolescents in general and offenders in particular, is a demanding challenge, since as well as the difficulties of psychological assessment, applying the assessment tools to adolescents involves dealing with a number of individual psychological attributes and characteristics subjected to processes of rapid change and constant development, in which large inter- and intra-individual variabilities are observed (Lemos-Giráldez, 2003; Sroufe & Rutter, 1984; Vincent & Grisso, 2005). These processes of change and development occur simultaneously (sometimes in an un-

Correspondence: Lorena Wenger. *Grupo de Estudios Avanzados en Violencia (GEAV). Facultad de Psicología. Universidad de Barcelona. Passeig Vall Hebron 171. 08035 Barcelona. España*
Email: lwengeam8@alumnes.ub.edu

synchronised way) in different areas such as the biological, emotional, attitudinal or cognitive areas, and they are not always linear processes, but rather they have discontinuities in their course, as well as very idiosyncratic accelerations or decelerations (Steinberg et al., 2009; Vincent & Grisso, 2005). The change from childhood to adulthood is a basically pre-programmed process, common to all adolescents, but it is also very individualised, with significant inter- and intra-individual variations. This changing reality greatly complicates the psychological evaluation and increases the probability of error when, due to ignorance or lack of expertise in the subject, generalisations are made regarding adolescent behaviour, not taking into account all the difficulties and considerations necessary for its rigorous evaluation. In spite of this, adolescents also have permanent individual characteristics that can be evaluated, although they may not yet have acquired their final form and they tend to be mixed with attitudes and behaviours that may be transient in young people's process of development. This is precisely what makes it possible for adolescents to be a dynamic group with clear potential to respond to intervention (Grisso, 1998).

It has been known since the beginning of applied psychology that every professional field represents a challenge to the procedures and techniques of psychological evaluation. The forensic field is no exception, and has its peculiarities of great importance due to the legal regulation and the consequences all juvenile justice processes have for the adolescents. For example, if the evaluation is carried out during the trial where a young man faces a custodial sentence of eight years in a closed centre, as a possible legal response, their emotional state may show the effect of this punitive measure significantly, raising the indicators of anxiety or depression, which in turn automatically affect the evaluations. Another phenomenon of this professional field is the understandable tendency of the adolescents being evaluated to lie, pretend or even give answers of acquiescence and conformity which does nothing to help their situation regarding the educational measures that are applied to them or other effects specific to passing through juvenile justice services (Archer, Stredny, & Wheeler, 2013; Echeburúa, Muñoz, & Loinaz, 2011).

If we ask which psychological characteristics specific to adolescents are important and should be evaluated in the context of juvenile justice, the answer will depend largely on the stage the adolescent is at, within the individualised circuit of the justice services (Cano & Andres-Pueyo, 2012; Grisso, 1998). For example, if they are starting the judicial process, i.e., in the pre-sentence phase, and they demonstrate serious difficulties in their competence to appear as a defendant, the forensic professionals should evaluate issues such as cognitive impairment or the presence of severe and chronic psychopathological disorders. For these purposes, in addition to the appropriate psychological interviews and examinations, one can use tests that measure cognitive abilities and intelligence, instruments that assess mental and/or emotional disorders and even protocols for preventing and managing the risk of recidivism (Grisso, 1998). In the decision process that implies that the adolescent is deserving of a sanction or educational measure, psychological evaluations help suggest to the judge which measure may be more suited to the conditions and life situation of adolescents; or if the adolescent has directly been given a punishment or educational measure, whether in a closed, semi-open or community regime, an assessment is generally required that individualises their needs, in order, firstly, to regulate the intensity of the intervention (in cases of measures to be applied in closed regimes it can help the classification of the adolescent within the enclosure) and, subsequently, the treatment characteristics. At each of these moments we suggest that, among other more specific assessments, at least one mental health and/or emotional assessment of the teenager should be considered, incorporating a screening for mental health or personality and/or psychopathology, in addition to an assessment that includes the risk assessment of recidivism in the immediate or medium term future (Grisso & Underwood, 2004).

The aim of this review is to present generically the main tests of psychological evaluation available in Spanish, for use by psychology professionals who work with young offenders in Spanish speaking countries. We will classify these tools into three groups a) personological, generic tools for use in any specific professional context of psychology, and which are also useful in juvenile justice, such as assessment scales of intelligence and personality, b) clinical, that is, those whose origins and properties are based on work with the adolescent population who have mental health needs, such as MACI, and c) finally those that have been developed particularly for use with forensic populations, such as the SAVRY or PCL-YV among others. For each group, we expose, at considerable length, the characteristics of the instruments and the objectives of their use in the context of juvenile justice, together with a number of recommendations for their correct use. Naturally the most comprehensive description will be made of the group of specialised tests for criminological and forensic use, because these are newer.

Paradoxically, despite the importance of the assessment of psychological constructs in juvenile offenders (Grisso,

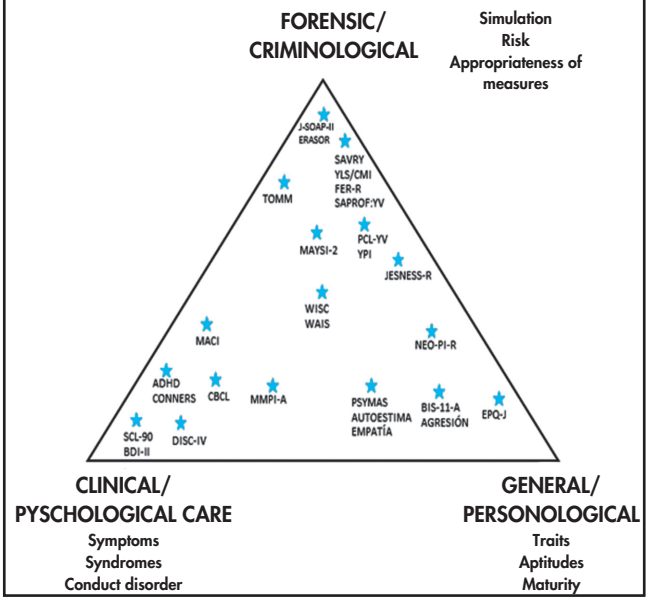
1998; Hoge, 2012), no such reviews have been published in Spanish (Latin America or countries with Hispanic minorities) that describe the tests and other psychological instruments. We hope that this review – which is necessarily summarised and schematic – will enable professionals to know which tools are available today to address the assessment needs demanded by the legal professionals in the framework of juvenile justice services.

Psychological tests have a well-known spectrum of technical possibilities which represent an important variety of procedures: interviews, observations and behavioural records (or similar), objective and performance tests and self-reports and rating scales. These procedures have their particular adaptations that deal with variables such as age and other personal circumstances specific to adolescents and the forensic context. In addition to these variations in the resources of psychological evaluation in the forensic and criminological field, the fit between the demands made of psychologists and the nature of the tests should be analysed. Thus we understand that in the forensic area when the demands are concentrated on understanding capabilities (intelligence, attention, reading fluency, etc.), dispositional traits and other psychological attributes (extroversion, impulsivity, self-esteem, leadership, etc.), one can use "personological" tests, as they are appropriate to this demand. For the demands that require knowledge of the individual reality of the adolescent with regards to the moment, the level of maturity and the development deserve special mention, these assessments remain in the field of general test, with tests being used such as the BASC (Reynolds, Kamphaus, & González Marqués, 2004) or the SENA (Fernández-Pinto, Santamaría, Sánchez-Sánchez, Carrasco, & Del Barrio, 2015) that can be used in school or clinical settings as well as forensic ones. Second, if the demands made of psychologists refer to the states and clinical situations of the adolescent -more or less transitory- then it is appropriate to use the huge plethora of techniques and procedures in this field, from the multiple scales of detection and diagnosis of psychopathological syndromes in adolescents such as the Conners Scales (Amador-Campos, Idiazabal-Alecha, Sangorrín-García, Espadaler-Gamissans, & Forns i Santacana, 2002; Conners, 2008) for ADHD- to the more specific follow-up tests and evaluation of specific symptoms or disorders (such as anxiety, depression, or adjustment disorders). Neuropsychological examinations such as NEPSY-II (Korkman, Kirk, & Kemp, 2014) can also be incorporated here. These give us knowledge of a spectrum of brain disorders with major impact on the antisocial behaviour of adolescents. All these tests are grouped under the heading of clinical tests, and although they were not initially designed for forensic contexts, they are commonly used and, bearing in mind their limitations, they are appropriate for forensic practice in juvenile justice. Finally the third group, specifically the forensic and criminological tests, assigned to this group for a combination of three reasons: a) they have been designed to assess specific constructs such as the risk of recidivism or psychopathy, b) they take into account the possible intentional and distorting manipulation on the part of the subjects being evaluated, involved in the majority use of evaluation procedures, and c) the situation of stress and imbalance of the adolescent subject to court rules and proceedings (Archer et al, 2013; Echeburúa et al, 2011; Esbec & Gómez-Jarabo, 2000; Grisso, 1998; Otto & Heilbrun, 2002). The combination of these requirements has led to what we can consider specifically forensic tests.

Considering the three types of tests and assessment tools, and their degree of specificity for use in professional contexts of juvenile justice, we can depict them on a graph with three vertices: forensic, clinical and personological. In this space, according to their professional suitability, the tests can be located in one place or another, closer to or further away from the three vertices of the triangle. Figure 1 shows this distribution and identifies the tests that will be covered below.

Another point of relevance in the use of psychological

FIGURE 1
REPRESENTATION OF PSYCHOLOGICAL TESTS ACCORDING TO ORIGIN



tests relates to their availability and ease of access, especially when one wishes to access their Spanish versions. We understand that psychological tests are distributed, firstly, through commercial, publishing and distribution companies such as TEA Ediciones, Pearson and others that today can be obtained in virtually any country - and very quickly - thanks to their distribution via the Internet, such as the international distribution companies PAR or MHS, who although they market their materials in English also sometimes have versions suitable for Hispanic populations which may be useful. In addition to these commercial circuits, there are additional resources that one can turn to when searching for evaluation materials, on the one hand we refer to the youth justice services of certain governments or states that have developed their own instruments, such as the Youth Justice Board of England and Wales, or also to laboratories, groups and research teams specialised on the topic of juvenile justice (and similar) from universities or consortia that promote or build specific tools for use in this field, for example, the case of MAYSI -2 (Grisso, Barnum, Fletcher, Cauffman, & Peuschold, 2001) and its development in the European Union through the international research network Inforsana. Finally, another way of accessing original versions or adaptations to Spanish of tests is via their publication in specialist journals.

"PERSONOLOGICAL" ASSESSMENT TESTS

This refers to all generic tests developed to evaluate psychological constructs of general interest in the different areas of applied psychology (school, work, clinical, organisational, legal or community). We have called these tests "personological" assessment tests because we wish to highlight their usefulness in evaluating traits, aptitudes, competences, abilities and even general attitudes. In this type of evaluation the main formats are self-report tests that are interested, notably, in the most stable and reliable psychological characteristics that we can evaluate considering the psychological individuation of adolescents. This group includes intelligence tests and those of other similar skills, tests of traits and personality types, competencies and abilities as well as neuropsychological[1] type tests, although the latter could occupy their own space among the clinical type tests. For the area of juvenile justice there are a number of generic tests that are useful and relevant, particularly those that allow us to cater to direct or indirect assessment demands aimed at determining the competencies of the adolescent in the judicial context, their basic mental abilities and their basic personality structure. The "personological" tests are useful in the context of juvenile justice, but it must be borne in mind that they must be adjusted to the peculiarities characteristic of adolescents, as individuals developing and in transition to adulthood, and that most of these tests tend to be assessment batteries (eg. Weschler scales) or multi-trait tests (e.g., NEO-PI-R), but there are also single-trait tests, such as the Basic Scale of Empathy (Jolliffe & Farrington, 2006) or the Barratt Impulsiveness Scale or BIS (Patton, Stanford & Barratt, 1995). Here we review some of these generic assessment tools for use in juvenile justice.

The importance of the evaluation of intelligence and cognitive abilities is well known in this field of juvenile justice because of the role of this psychological characteristic in terms of guilt, as well as the susceptibility of treatment and change in adolescent offenders. The Wechsler scales are the instruments most used in evaluations conducted by forensic psychologists (Archer et al, 2013; Borum & Grisso, 1995, Viljoen, McLachlan, & Vincent, 2010) and were designed to assess general intelligence, naturally including relevant information on different intellectual capabilities. But they have also demonstrated their relevance in auxiliary and additional assessment in psychiatric diagnoses, since aspects such as brain damage, psychotic impairment and emotional problems can affect some specific intellectual functions (Anastasi & Urbina, 1998). Because of the overlap in age limits on the adolescent and adult Wechsler scales in relation to our interest group, we will briefly review the characteristics of both scales. The Wechsler Intelligence Scale for Children IV or WISC-IV (Wechsler & Corral, 2011; Wechsler, 2003), developed for children and adolescents from years 6 years O months to 16 years 11 months, consists of a total of 15 tests (10 main and 5 elective). It provides a measure of total IQ (an estimate of the overall intellectual capacity), plus four more specific composite scores: the Verbal Comprehension Index, assessing crystallised intelligence which represents the ability to reason with previously learned information; the Perceptual Reasoning Index, a measure of fluid reasoning and visual processing; the Working Memory Index, a measure of short-term memory; and the Processing Speed Index, which represents the ability to perform simple tasks (Flanagan, Kaufman, & Seisdedos Cubero, 2006). The Wechsler Adult Intelligence Scale III or WAIS III (Wechsler, 2001) measures general verbal and non-verbal intelligence, through its Verbal scale, composed of the Verbal Comprehension and Working Memory factors;

[1] These are not dealt with in the article due to their high degree of specificity which restricts their use, but does not overrule it, to demands of this nature.

and its Performance scale, composed of the factors Perceptual Organization and Processing Speed; which together produce the Full Scale IQ Score. The WAIS III consists of 11 different tests, organised in the two scales already mentioned, and it takes an average of 60 to 90 minutes to complete. The age range for its application is between 16 and 89 years (Kaufman & Lichtenberger, 2002). In light of these findings, if cognitive development involves the maturation process of mental and intellectual functions such as memory, information processing or reasoning, which together allow adolescents not only to acquire new knowledge but also new ways to understand and interact in the world (Borum & Verhaagen, 2006), the assessment of cognitive ability in adolescents is justified to be carried out in forensic contexts, where the main uses of the Wechsler scales are associated with determining the skills that allow them to cope with the judicial process and adjusting treatment to their cognitive

TABLE 1
PERSONOLOGICAL EVALUATION TESTS

Clinical Instrument	Original Authors	Adaptations in Spanish	Objective	Age range
Wechsler Intelligence Scale for Children IV or WISC-IV	Wechsler (2003)	Wechsler and Corral (2011)	Cognitive abilities, gives a general measure of intelligence (IQ)	6 years 0 months to 16 years 11 months
Wechsler Adult Intelligence Scale III or WAIS III	Wechsler (2001)	Wechsler (2001)	Cognitive abilities, gives a general measure of intelligence (IQ)	16 - 89 years
Test of Memory Malingering or TOMM	Tombaugh (1996)	Vilar-López, Pérez and Puente (2012)	Simulation	Adolescents and adults
NEO-PI	Costa and McCrae (1992)	Costa et al. (2008)	Personality assessment	16 and over
Eysenck Personality Questionnaire - Revised (EPQ-R)	Eysenck and Eysenck (1991)	Spain: Eysenck et al. (2001)	To measure the dimensions of personality proposed by Eysenck through the scales of Neuroticism, Extraversion and Psychoticism	16-70 years
Eysenck Personality Questionnaire - Junior (EPQ-J)	Eysenck and Eysenck (1978)	Spain: Eysenck et al. (1992)	Three basic personality dimensions, like the EPQ-R. Antisocial Behavior scale	8-15 years
Cuestionario de Madurez Psicológica [Questionnaire of Psychological Maturity] (PSYMAS)	Morales-Vives et al. (2012)	Original version in Spanish	Psychological maturity	15 -18 years
Rosenberg Self-Esteem Scale	Rosenberg (1973)	Spain: Atienza et al., (2000); Martín-Albo et al. (2007); Argentina: Gongora and Casullo, (2009); Gongora et al., (2010); Chile: Rojas-Barahona et al. (2009)	Self-esteem	12 years onwards
Basic Empathy Scale (BES)	Jolliffe and Farrington (2006)	Oliva et al. (2011)	Emotional and cognitive empathy	12-17 years
Interpersonal Reactivity Index (IRI)	Davis (1980)	Mestre et al. (2004)	Emotional and cognitive empathy	13-18 years
Test de Empatía Cognitiva y Afectiva [Cognitive and Affective Empathy Test] (TECA)	López-Pérez et al. (2008)	Original version in Spanish	Affective and cognitive empathy	16 and over
Barratt Impulsiveness Scale (BIS)	Patton et al (1995)	Chile: Salvo and Castro (2013). Spain: Martínez-Loredo et al. (2015)	Impulsiveness	Adolescents and adults
Aggression Questionnaire by Buss and Perry	Buss and Perry (1992)	Spain: Andreu et al. (2002). El Salvador: Sierra and Gutiérrez (2007). Colombia: Chahín-Finch et al. (2012). Peru: Matalinares et al. (2012). Mexico: Pérez et al. (2013)	Aggression	Adolescents and adults

abilities (Grisso & Underwood, 2004; Grisso, 1998). As for its weaknesses, it is a test that takes a long time to be administered, and when there are suspected neuropsychological disorders, the person responsible for conducting the evaluation must have experience in the area or consult an expert (Roesch, Viljoen, & Hui, 1997).

With regards to the neuropsychological instruments that are useful in juvenile justice, we could present many of these, because these tests are very diverse and heterogeneous. They are specifically recommended when, in the case of adolescents, either due to their general physical or mental condition –a result of their evolutionary course or isolated incidents– they have evidence of brain damage, sequelae of intoxication or signs of degenerative diseases of genetic origin or acquired. Such assessments are halfway between clinical and generic assessments, but they should always be considered after anamnesis or if due to indirect knowledge of the adolescent one aims to examine mechanisms or neuropsychological processes in great depth (selective attention, short term memory, etc.). However a new protocol, partially neuropsychological in nature and used in the forensic context (especially with adults when there is probable brain damage of an accidental or organic nature) is the Test of Memory Malingering or TOMM (Tombaugh, 1996). This is a memory test of visual recognition that allows us to distinguish between subjects that are simulating memory problems and those who really are suffering from these types of problem. The author states that the ability to detect simulation (deception or exaggeration) in memory problems is relevant in cognitive assessment, as impairment may be associated with a wide range of organic-based damage. Its usefulness is based on the fact that memory image recognition is a skill that shows a low rate of involvement in healthy people and in various neurological disorders (Rees & Tombaugh, 1998). The test consists of 50 items of individual application and requires an administration time of 15 to 20 minutes. It can be used with adolescents and adults, people with low education levels and from different cultures (Tombaugh, 1996) and there is an adaptation for use in Spain by Vilar-López, Pérez & Puente (2012).

One of the more general demands, and more unspecific in a forensic sense, concerns the psycho-legal questions related to the personality traits of the juvenile offender and the possible link with both criminal behaviour and their adaptive capacity. This demand is sometimes explicit, when asked to describe the "personality or psychological profile" of an adolescent offender, but at other times it is implicit when trying to describe the strengths and weaknesses of an adolescent in order to report on the accused, to design a program intervention or to predict the immediate future of the case. Unlike the assessment of cognitive abilities, personality assessment using tests did not reach a level of widespread acceptance until about 20 years ago. This change was produced by the creation of the Big Five traits model and the revitalisation of classic tests such as the 16PF or EPQ (Morizot, 2015). This change has made it easier for psychology professionals to have new tools for personality assessment such as the NEO PI-R (Costa & McCrae, 1992), and the ZKPQ (Zuckerman, 2002) among others.

The assessment of personality traits in the context of intervention with juvenile offenders becomes especially relevant with regards to the alleged relationship these traits have with antisocial behaviour. According to Morizot (2015) there are three types of classical theories that establish explanatory relationships between personality and crime, the first indicates that personality traits are descriptive variables that allow us to differentiate, for example, between criminals and non-criminals; others point out that personality traits may influence the decision to commit a crime or not; and finally, there are those where the characteristics include predispositions that emerge early (i.e., temperament) and have a direct or indirect explanatory influence on the onset of criminal behaviour, i.e., personality seen as a risk factor. A more current conceptual model is that of remission and desisting, which considers the impact of changes in personality traits in the processes of withdrawing from crime, which could be considered as maturity of personality. This means considering the role of personality in a more dynamic way and not just as an initiator or maintainer/aggravator of criminal behaviour (Blonigen, 2010; Morizot, 2015). In any case the usefulness of personality assessment, understood as a stable set of characteristics and temperamental and characterological dispositions (Andrés-Pueyo, 1997), is to have a pattern of the stable and consistent structure of individual characteristics that affect conduct which is fairly permanent and predetermined in the adolescent under evaluation. Below we will describe several multifactorial instruments such as the NEO-PI-R, the EPQ-J and PSYMAS, among others, which are broad and well-established tools for evaluating personality and psychological maturity.

The NEO PI-R (Costa & McCrae, 1992) is one of the most well-known tests assessing normal personality and it is also one of the most used around the world today. It provides an estimate of the five major dimensions of personality, also known as the "big five" factors, plus a set of 30 facets, which as a whole provide us with a profile of characteristics (some more generic and others

more specific) and offer a comprehensive view of the adult personality, and also to a certain extent that of adolescents (De Fruyt, Mervielde, Hoekstra, & Rolland, 2000). The test can be applied individually or collectively, with an average administration time of 40 minutes, applicable from the age of 16 onwards. It consists of 240 items that are answered on a Likert scale of five options, through which it measures the Extraversion scale assessing positive emotionality; Agreeableness relating to interpersonal relationships; the Conscientiousness scale related to impulse control; Neuroticism referring to negative emotionality and Openness to Experience, which relates to the interest in culture and preference for novelty. In turn, each of these traits are subdivided into six facets that enrich the configuration of relevant individual differences. These 30 factors provide us with an individual profile for each person evaluated which is extremely useful in application (for details see Costa & McCrae, 1992). The NEO PI-R has weightings available for Spain, Colombia, Costa Rica and Guatemala (Costa et al., 2008). In addition, there is a newer version, called NEO PI-3 (McCrae, Costa, Jr., & Martin, 2005), which can be used with subjects from the age of 12 years onwards. The commercial version is still only available in English, but there are adaptations to Spanish in the self-report version with samples from Peru, Puerto Rico, Argentina and Chile (De Fruyt, De Bolle, McCrae, Terracciano, & Costa, 2009), and its version written in the third person (to be answered by others who know the subject under evaluation) adapted in Argentina (Leibovich & Schmidt, 2006).

Another well-known self-report instrument for assessing personality is the Eysenck Personality Questionnaire - Revised or EPQ-R (H. Eysenck & Eysenck, 1991). This consists of 100 items with dichotomous (yes/no) responses that measure three dimensions of personality proposed by Eysenck, through its scales Neuroticism, Extraversion and Psychoticism. It also has a control scale called the Lie scale. The age range for use is 16 to 70 years (H. Eysenck, Eysenck, Ortet i Fabregat, & Seisdedos Cubero, 2001). This questionnaire has been translated, adapted and validated in 39 countries (H. Eysenck et al., 2001; H. Eysenck, Eysenck, Seisdedos Cubero, & Cordero, 1992; S. Eysenck & Barrett, 2013). There is also a version for teenagers called EPQ-Junior (H. Eysenck et al., 1992), applicable for the age range between 8 and 15 years and requiring approximately 20 minutes to administer. In its 81 items it evaluates, like the EPQ-R, the three basic personality dimensions together with the control scale. In addition, the junior version includes a scale consisting of items of the 3 personality scales called Antisocial Behaviour, which evaluates the propensity for Antisocial Behaviour. In Spain, the EPQ-J has been adapted and validated and it has standards that facilitate its use, however, the Antisocial Behaviour scale requires further development and the current version is not recommended for diagnostic purposes (H. Eysenck et al., 1992). In specific studies with the adolescent population, it has been observed that during this period anti-social behaviour is related to higher Psychoticism, whereas in emerging adulthood the relationship with Psychoticism is presented as a predictor only in cases of serious criminal acts (Heaven, Newbury, & Wilson, 2004).

In addition to the multi-trait personality questionnaires, as we have said before, there are also what are known as "single-trait" tests, which generally evaluate one particular trait, such as self-esteem or aggressiveness, briefly, as they usually contain between 15 and 30 items. The administration is very quick (five to ten minutes). There are several single-trait scales that may be of interest in the field of juvenile justice, but due to the length restrictions of this review we have chosen the most commonly used ones for the relevant constructs in the area. One of the most used is the Rosenberg Self-Esteem Scale (1973), a concept that the author defines as an evaluative attitude that a person has towards themselves, or the affective component of the attitude towards oneself. It consists of 10 items focused on feelings of self-respect and self-acceptance, which are answered in Likert format. The scale can be administered individually or collectively with adolescents from the age of 12 years onwards, with an average time of 5 minutes. It has adaptations for the adolescent and adult population in countries such as Spain (Atienza, Moreno, & Balaguer, 2000; Martín-Albo, Núñez, Navarro, Grijalvo, & Navascués, 2007), Argentina (Gongora & Casullo, 2009; Góngora, Fernandez, & Castro, 2010) and Chile (Rojas-Barahona, Zegers, & Forster, 2009), with weightings for interpretation, differentiated by age and sex, developed in a Spanish adolescent population (Oliva, Hernández, & Antolín, 2011).

Another interesting characteristic to evaluate in the context of juvenile justice is empathy (Jolliffe & Farrington, 2004), which has been described, for example, as being related to the inclination to prosocial attitudes and having an inhibitory function in relation to aggressiveness (Mestre, Frías, & Samper, 2004). There are various scales that have been constructed for this purpose, such as the Basic Empathy Scale (BES), a self-report of 20 items in Likert format developed by Jolliffe and Farrington (2006) which includes a measure of global empathy, plus two independent measures of cognitive empathy (perception and understanding of others) and affective empathy (emotional reaction caused by the feelings of other

people). This scale has a version adapted to the Spanish population between the ages of 12 and 17 years by Oliva et al. (2011) which, after filtering the original items, was finally established with 9 items, maintaining the composition of the score (global, affective and cognitive empathy). This adaptation is administered in 5 minutes and is weighted in percentiles by age and sex, as there is evidence of gender differences in the measurement of empathy. Specifically women obtain higher scores on empathy (Jolliffe & Farrington, 2006; Mestre et al., 2004). Another single-trait self-report scale is the Interpersonal Reactivity Index or IRI (Davis, 1980) which measures empathy multi-dimensionally, through 28 items divided into the following subscales: Perspective taking, Fantasy, Empathic concern and Personal Distress. This allows us to measure both cognitive and emotional aspects of empathy. The IRI is one of the most widely used instruments for measuring empathy, with an adaptation and validation in Spanish population with adolescents of both sexes aged between 13 and 18 (Mestre et al., 2004). A final test worth mentioning is the *Test de Empatía Cognitiva y Afectiva* or TECA (López-Pérez, Fernández-Pinto, & Abad, 2008), because it is the only published assessment tool for empathy. It is composed of 33 items with a Likert type scale, rapid administration (5 to 10 minutes) and it measures empathic capacity from a cognitive and emotional approach, offering an overall score of empathy and four specific scales: Adopting Perspectives, Emotional Understanding, Empathic Stress and Empathic Joy. It has weighting scales for the general Spanish population differentiated by gender, from 16 years onwards.

For the evaluation of impulsivity we have the BIS (Partan et al., 1995), one of the most used self-report instruments in both the clinical and research fields for this construct. There are several versions of the scale, the most current being the BIS-11-A (adolescents), with adaptations to Spanish in Chile (Salvo & Castro, 2013) and Spain (Martínez-Loredo, Fernández-Hermida, Fernández-Artamendi, Carballo & Garcia-Rodríguez, 2015). The BIS-11-A, like the adult version, has 30 Likert items through which subjects must report the frequency of different behaviours, producing an overall score of impulsivity, and three sub-scores of attentional impulsivity, motor impulsivity and nonplanning. The BIS-11 has shown a high predictive value for assessing risk behaviours, such as symptoms of conduct disorder, attention deficit disorder, substance use and suicide attempts (Salvo & Castro, 2013; Stanford et al, 2009; Von Diemen, Szobot, Kessler, & Pechansky, 2007)

Finally the Aggression Questionnaire by Buss and Perry (1992), evaluates Aggression and other related constructs. It consists of 29 items, in a 5-point Likert format that provides a total score of Aggression, as well as 4 subscale scores: Physical Aggression and Verbal Aggression, both measuring the motor component of aggression by which subjects injure or harm others. The Anger subscale assesses psychological activation and preparation for aggression, representing the emotional component of behaviour and the Hostility subscale measures feelings of suspicion and injustice, representing the cognitive component of aggression. The Aggression Questionnaire is a tool that is easy to use and has a low administration cost, which makes it effective in detecting aggressive subjects in the general population (Andreu Rodríguez, Peña & Grana, 2002). It has been adapted to the Spanish population by Andreu, Peña and Graña (2002), and it also has adaptations for different Latin American countries such as El Salvador (Sierra & Gutiérrez, 2007), Colombia (Chahín-Pinzon, Lorenzo-Seva, & Vigil-Colet, 2012), Peru (Matalinares et al., 2012) and Mexico (Pérez, Ortega, Rincón, García & Romero, 2013).

Before finishing this section, which could be very long because there are many generic and personological tests that could be used in juvenile justice (K-ABC, DAS, ZKAPQ, 16PF-APQ, etc.), we think it is of great interest to present a novelty which, although it was not specifically created for forensic or criminological contexts, will be very useful. We are referring to the first questionnaire to assess psychological maturity in adolescents by self-report which was constructed using the most advanced up-to-date psychometric techniques of TCT. It is called the Psychological Maturity Questionnaire or PSYMAS (Morales-Vives, Camps, & Lorenzo-Seva, 2012) and it was recently published in Spain by Ediciones TEA. The PSYMAS is a measure of psychological maturity in adolescents, defined as the ability to assume obligations and make decisions responsibly, taking personal needs and characteristics into consideration, and considering the consequences of their actions. It is aimed at adolescents between the ages of 15 and 18, and can be administered individually or collectively, with an average duration of 10 minutes. It consists of 26 items that are organised across three scales of 7 items each: Orientation to Work, which in high scores indicates that the teenager takes responsibility for their obligations; Autonomy, which characterises adolescents capable of making their own decisions, without excessive dependence on others, and also the ability to take initiative; and the Identity scale, indicating teenagers who have good self-knowledge. The total score of the test yields a measure called Psychological Maturity, which reports on the overall level of maturity of the adolescent. Finally, the PSYMAS

contains 4 items assessing Social Desirability and Acquiescence, plus a test item at the beginning of the test. This instrument was developed in Spain and has standards for use with adolescents between 15 and 18 years of age (Morales-Vives et al, 2012; Morales-Vives, Camps, & Lorenzo-Seva, 2013). In a study using PSYMAS with a sample of students aged between 14 and 18 years of both sexes, links were found between psychological maturity and aggressiveness, whereby a lower psychological maturity has greater indicators of indirect aggression, especially in males. In addition, the biggest predictor of indirect aggression is the Autonomy scale, and that of direct aggression is the Identity scale (Morales-Vives, Camps, Lorenzo-Seva, & Vigil-Colet, 2014). Currently the authors of PSYMAS, in conjunction with the authors of this study, are working on a forensic version specifically for application in the context of legal psychology.

Finally, it is worth briefly mentioning in this section what are known as projective tests, defined as those whose assessment is based on people's reactions to different unstructured stimuli, examples being the Thematic Apperception Test (Murray & Bernstein, 1977) or the Rorschach Test. This type of test can also be of use in child and adolescent forensic psychological evaluation, as its main strength is that it enables an assessment in which is difficult to manipulate the response (Anastasi & Urbina, 1998), which is a serious problem in self-report evaluations in criminal and legal contexts in general. However, a number of criticisms of these assessment techniques are well known, including the observation that projective tests incorporate very complex interpretations, so they require great knowledge and experience in the test by the person who administers it, which implies the possibility of concluding erroneously from careless interpretations when these techniques are used by professionals without the necessary qualifications (Manzanero, 2009). Yet it is usually recommended that they are not used on their own in forensic examination, and in applying any projective technique, it must be as a supplement to another test of psychometric origin (Echeburúa et al, 2011; Manzanero, 2009).

PSYCHOLOGICAL TESTS FOR CLINICAL ASSESSMENT

The instruments of clinical nature guide the interpretation of their results to a symptomatic psychopathological type reading and are naturally of great interest in the field of juvenile justice, both because of the relevance that psychological disorders may have in the adolescents offenders with regards to criminal responsibility, and also because of the importance they have in the re-education process, although the disorders do not affect the core of criminal responsibility, but rather the welfare and integrity of the development of these adolescents (Grisso, 2005). It is well proven that the prevalence rates of mental disorders in adolescents who are attended by the juvenile justice services are very high, reaching up to 65% of cases (Cocozza & Schufelt, 2006; Fazel, Doll, and Långström, 2008) and this alone is sufficient reason to use these clinical instruments.

It is hard to choose what to include in this section because of the huge amount of such instruments that exist today (Muñoz, Roa, Pérez, Santos-Olmo, & De Vicente, 2002; Schlueter, Carlson, Geisinger, & Murphy, 2013) also because the choice will depend on the approach and consideration of the professional and the demands received in the particular case (and even the moment in time) of the adolescent offender under evaluation. First we will review one of the best known and most studied clinical tools for evaluating psychopathological aspects through self-report, the adolescent version of the Minnesota Multiphasic Personality Inventory-Adolescent or MMPI-A (Butcher et al., 1992) (Butcher, Jiménez Gómez, & Avila Espada, 2003). Afterwards we will analyse the Millon Adolescent Clinical Inventory or MACI (Millon, 1993), another self-report tool widely available in clinical settings with adolescents. Next we review two diagnostic tools widely used in clinical evaluations and the prevalence of mental health in childhood and adolescence, the Diagnostic Interview Schedule for Children-IV or DISC-IV (Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000) and the Child Behavior Checklist, or CBCL (Achenbach & Edelbrock, 1983). Finally, a number of assessment scales that address the specific and relevant clinical symptoms in juvenile justice will be described, such as the Symptoms Checklist 90 Revised or SCL-90-R (Derogatis, 1977), the Beck Depression Inventory II or BDI-II (Beck, Steer, & Brown, 2006) and two scales to assess attention deficit hyperactivity disorder (ADHD), the ADHD Rating Scale-IV (DuPaul et al., 1997, 1998) and the Conners scales (Conners, 2008).

The MMPI-A (Butcher et al., 1992) is designed for administration to adolescents between 14 and 18 years of age and evaluates clinical and psychopathological aspects of personality. It was developed for use in various clinical settings, especially with psychiatric patients and those receiving treatment for drug and/or alcohol abuse, and it aims to establish a baseline of the adolescent's mental health prior to starting treatment. It can also be used to assess the impact of treatment on psychological changes in a short period of time (Archer, Zoby, & Vauter, 2006). It consists of 478 dichotomous response items (true/false) and has numerous validity scales, clinical scales, and complementary content. It requires an

average delivery time of between 60 and 90 minutes, however, in forensic science groups such as juvenile justice, the youngsters do not always have the cognitive skills or the minimum reading capacity required to complete this test acceptably (Archer & Krishnamurthy, 2002 in Archer et al., 2006). In surveys of psychologists who carry out evaluations in forensic contexts, the MMPI-A is one of the most frequently used self-report assessment instruments (Archer, Buffington-Vollum, Stredny, & Richard, 2010), especially with adolescents in youth justice (Archer et al., 2006, Viljoen et al., 2010), where its uses vary depending on the moment in the judicial process (Grisso, 1998). Among the advantages of using the MMPI-A in forensic contexts, it must be noted that it has had adaptation and validation studies carried out in Spain, Mexico, Peru and Chile (Butcher et al., 2003; Lucio, Ampudia, & Durán, 1998; Scott & Mamani-Pampa, 2008; Vinet & Alarcón, 2003). It also provides relevant information related to emotional stress, problems with drug and/or alcohol use, family relationships and impulse control; in addition, the validity scales enable us to assess the credibility of the answers given by the adolescent (Archer et al., 2006). There are also indicators that suggest that it helps predict aggressive behaviour of adolescents in contexts of detention (Hicks, Rogers, & Cashel, 2000). It has been observed that the MMPI-A provides relevant updated information on the functioning of the adolescent, but it has limited ability to establish long-term diagnoses (Archer et al., 2006).

Another notable clinical evaluation instrument appropriate for assessing mental health and other psychological characteristics of juvenile offenders is the MACI developed by Millon (1993) based on his theory of psychological functioning. It was designed to assess personality characteristics and the balanced development of adolescents, the reaction to conflict situations typical of the adolescent phase and the possible presence of clinical symptoms of high prevalence in that stage of development, all evaluated by a self-report consisting of 160 items with true/false answers. It evaluates a total of 31 scales, of which 12 refer to Personality patterns, eight to Concerns Expressed and seven to Clinical Syndromes,

TABLE 2
PSYCHOLOGICAL TESTS AND ASSESSMENTS FOR CLINICAL EVALUATION

Clinical Instrument	Original Authors	Adaptations in Spanish	Objective	Age range
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)	Butcher et al. (1992)	Spain: Butcher et al. (2003). México: Lucio et al. (1998). Peru: Scott and Mamani-Pampa, (2008). Chile: Vinet and Alarcón (2003b)	Evaluates aspects of personality and psychopathology	14-18 years
Millon Adolescent Clinical Inventory (MACI)	Millon (1993)	Argentina: Casullo et al. (1998). Spain: Millon and Llagostera Aguirre (2004). Chile: Vinet and Forns (2008).	Evaluation of personality characteristics, conflicting own adolescent period and clinical symptoms	13-18 years
Diagnostic Interview Schedule for Children-IV (DISC-IV)	Shaffer et al. (2000)	Spanish version by the original authors.	Evaluation of more than 30 psychiatric disorders occurring in childhood and adolescence	6-17 years
The Child Behavior Checklist (CBCL)	Achenbach and Edelbrock (1983)	Spanish version by the original authors.	To record the behavioural problems and social skills of children and adolescents	4-18 years
Youth Self-Report, YSR	Achenbach (1991b)	To register behavioural problems and social skills, self-report version for adolescents	Spain: Abad et al. (2000); Lemos-Giráldez et al. (2002).	11-18 years
Symptoms Checklist 90 Revised (SCL-90-R)	Derogatis (1977)	Spain: Derogatis and González de Rivera y Revuelta, (2002)	Psychopathological or psychosomatic disorders across 9 dimensions	13 years and older
Beck Depression Inventory II (BDI-II)	Beck et al. (2006)	Chile: Melipillán et al. (2008). Spain: Sanz et al. (2014).	To detect and assess the severity of depression	13 years and older
ADHD Rating Scale-IV	DuPaul et al. (1997, 1998)	Spain: Servera and Cardo (2007).	Screening for ADHD	5-18 years
Conners scales	Conners (2008)	Spain: Amador-Campos et al. (2003); Amador-Campos et al. (2002).	Screening for ADHD. Changes resulting from treatment	6-18 years

as well as three Modifying Scales. The average administration time is usually 30 to 45 minutes. It is considered the second most commonly used self-report instrument with adolescents in North America (Archer et al., 2010) and is one of the tools most commonly used by psychologists in Spain (Muñiz & Fernández-Hermida, 2010). In 2007 a third of the publications of the MACI were in the forensic area, with special emphasis on juvenile justice samples (Baum, Archer, Forbey, & Handel, 2009). It has been validated and adapted for different countries such as Spain, Argentina and Chile (Casullo, Góngora, & Castro, 1998; Millon & Aguirre Llagostera, 2004; Vinet & Forns, 2008). The strengths of the MACI include its relatively brief composition of items, as well as the potential to be an alternative or complementary instrument to the MMPI-A in the assessment of psychopathology, given the volume of scientific research that supports it (Baum et al., 2009).

An interesting peculiarity of the MACI for use in juvenile justice is its ability to indirectly assess psychopathy. Murrie and Cornell's team (2000) developed a scale to assess psychopathy using 20 items of the MACI. The scale is called the Psychopathy Content Scale or PCS, and good psychometric results have been obtained to support its use, indicating that the MACI is a useful screening tool for detecting psychopathic traits in adolescents, and high scores identify the need for further evaluation in this area. Later Salekin, Ziegler, Larrea, Anthony and Bennett (2003) developed another scale of psychopathy consisting of 16 items of the MACI, called Psychopathy-16 items or P-16, which has a good ability to predict general and violent recidivism as a full scale, and indicators of antisocial behaviour and callousness/insensitivity, which are relevant in assessing psychopathy in adolescents. There are complementary studies on both the PCS and P-16 in adolescents with behavioural problems (Penney, Moretti, & Da Silva, 2008) and exploratory studies with Chilean samples (León-Mayer & Zúñiga, 2012, Zúñiga, Vinet, & León, 2011).

Another protocol of great interest and used in diagnostic tasks of psychologists in juvenile justice is the DISC-IV (Shaffer et al., 2000), a diagnostic tool based on a semi-structured interview for use by non-clinical practitioners based on the DSM-IV and ICD-10, which enables the evaluation of more than 30 psychiatric disorders occurring in childhood and adolescence. It was developed in 1997, however, the first versions of the DISC began in 1979, where its use was initially focused on epidemiological studies. Today the DISC has been used for clinical studies, prevention studies and as an aid to clinical diagnosis in mental healthcare centres. The DISC-IV questions are mostly "yes/no" answers and should be read verbatim by the interviewers, who require a training process that lasts between 2 and 3 days. It has versions in English and Spanish, developed by the authors. The administration time is around 70 minutes in the community population, and between 90 and 120 minutes in the clinical population (Shaffer et al., 2000). To complement it, other formats have been developed, among which the Voice DISC-IV is noteworthy, a structured self-report interview administered using a computer and headphones, which evaluates the same areas as the traditional DISC-IV (Grisso & Underwood, 2004; Shaffer et al., 2000). Important advantages are observed in using the Voice DISC-IV in juvenile justice systems as it minimises the need for professionals or technicians in the evaluation, the scores can be obtained immediately generating a tentative diagnosis based on the DSM-IV, and the privacy involved when answering the interview encourages greater openness to the test on the part of the teenager (Wasserman, Ko, & Mcreynolds, 2004).

Another classic protocol on child and adolescent assessment that is useful in juvenile justice is the CBCL (Achenbach & Edelbrock, 1983), which aims to record behavioural problems and social skills in children and adolescents between 4 and 18 years based on reports provided by their parents across 120 items on a 3 point Likert response scale, focusing on the experience of the last 6 months of the child or adolescent evaluated. It is used in both research and clinical settings, usually for screening in epidemiological studies (Abal et al., 2010). Complementarily forms have been developed to be completed by teachers –the Teacher's Report Form, TRF- (Achenbach, 1991a) and the self-report version for adolescents –the Youth Self-Report, YSR- (Achenbach, 1991b). Currently, all variants of the instrument are part of a multi-informant evaluation system called the Achenbach System of Empirically Based Assessment - ASEBA (Achenbach & Rescorla, 2001), which has been translated into 85 languages (Lacalle, 2009); and the self-report version has adaptations in Spain (Abad, Forns, Amador, & Martorell, 2000; Lemos-Giráldez, Vallejo-Seco, & Sandoval-Mena, 2002). Work in juvenile justice with these instruments is mainly centred on the CBCL and the YSR, which are among the instruments most commonly used in forensic contexts with children and adolescents (Archer et al., 2010), as well as in risk assessment with youths (Viljoen et al., 2010). Among the findings regarding their use in juvenile justice research, it should be noted that antisocial behaviour, measured by the Aggressive Behaviour and Antisocial Behaviour scales of the YSR, presents continuity in time after a two year follow-up with a community sample, and comorbidity with

depressive disorder, measured by the BDI (Ritakallio et al., 2008).

Regarding the scales of specific clinical symptoms, the SCL-90-R (Derogatis, 1977) is a self-report instrument of 90 items that describes psychopathological or psychosomatic disorders; the intensity of the suffering caused by each of the symptoms should be graded by the person who answers the test through a Likert scale of 5 points. In responding, people must refer to the recent weeks, including the day of administering the questionnaire. It is applied from the age of 13 onwards and the duration of administration is approximately 15 minutes. The SCL-90-R provides information in the form of the following nine symptom dimensions: Somatisation, Obsessive-compulsive, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation and Psychoticism. It also includes an additional scale that groups together heterogeneous symptoms of clinical relevance, which are indicators of the severity of the subject's condition, but do not constitute a specific symptom dimension. The SCL-90-R also has three global indices for the interpretation of the results: the Global Severity Index is a general measure of the intensity of global psychological and psychosomatic suffering of the subject; the Positive Symptom Total sums the total symptoms present, recognising the diversity of the psychopathology; and the Positive Symptom Distress Index is an indicator of the average symptomatic intensity that the teenager presents at the time of completing the test. The use of the SCL-90-R in the juvenile justice population has been suggested to evaluate the use of violence in adolescents, especially the Hostility scale (Dahlberg, Toal, Swahn, & Behrens, 2005) and it has an adaptation for the Spanish population (Derogatis & González de Rivera y Revuelta, 2002).

The BDI-11 (Beck et al., 2006) is a scale for evaluating specific symptoms relevant to contexts of juvenile justice, because of the accumulating evidence that points to depression as one of the mental disorders with greater presence in the prison population and especially in adolescent females, reaching a prevalence of 29% (Fazel et al., 2008). The BDI-11 is a self-report protocol consisting of 21 items of Likert type, describing the most common clinical symptoms of psychiatric patients with depression, such as sadness, crying, loss of pleasure, feelings of failure and guilt, and pessimism, among others. It is one of the most used instruments for detecting and assessing the severity of depression, and it is used clinically with adults and adolescents from the age of 13 years onwards. The BDI-11 can be administered individually or collectively, with a response time of 5 to 10 minutes. Subjects are asked to choose the most characteristic statements occurring over the last two weeks (Beck et al., 2006, Colegio Oficial de Psicólogos [Spanish Psychological Association], 2013). The BDI is one of the most used instruments by psychologists in Spain (Muñiz & Fernández-Hermida, 2010), it has various adaptations and validations in Europe and Latin America that support its use and show the wide reach of this test (Cunha, 2001; Dere et al, 2015; Melipillán, Cova, Rincon, & Valdivia, 2008; Sanz Gutiérrez, Gesteira, & García-Vera, 2014). Regarding the use of the BDI in forensic population, Archer, Buffington-Vollum, Stredny & Richard (2010) indicate that it is one of the most widely used clinical tests for adults in North America. The prevalence of depression, measured by the BDI-II, indicates that it is higher in the prison population than in the general population (Boothby & Durham, 1999), and this significant difference is replicated in studies comparing adolescent offenders and non-offenders (Regina, 2008; Ritakallio, Kaltiala-Heino, Kivivuori, & Rimpelä, 2005). Furthermore, between 65% and 70% of women prisoners and prisoners under 20 years obtain even higher scores on the BDI-II, in the range of mild to severe depression (Boothby & Durham, 1999), findings that suggest the need to establish cut-off scores and differential interpretation for the use of this instrument in the forensic population. Other studies have described specific cut-off scores to detect the risk of self-injury during incarceration using the BDI-II (Perry & Gilbody, 2009).

Finally we refer to ADHD and its relationship with antisocial behaviour. It is a much-discussed and controversial syndrome which is considered primarily neurobiological in origin and which begins in childhood, affecting between 3 and 7% of school-age children. It often reflects a performance below their capacities and the possible presence of emotional and behavioural disorders (American Psychiatric Association, 2001). It has been widely reported that the antisocial behaviour associated with the presence of hyperactivity and/or attention deficit disorder is characterised by a) an early onset - in early and middle childhood or, b) a strong association with dysfunctionality in social adaptation and deficits in peer relationships, c) a high probability of persistence and recurrence of antisocial behaviour in adulthood, d) an association with decreased cognitive abilities and deficits in academic performance and, finally, e) a strong genetics-based component (Rutter, Giller, & Hagell, 2000). The methodologies for assessing ADHD require information not only from the child or adolescent as the main informant, but also from the parents or caregivers and teachers about the symptoms, duration and degree of clinical impact of the ADHD. It is

therefore possible to use open-ended questions as well as semi-structured interviews, questionnaires or scales to structure the collection of information and the subsequent evaluation of the disorder (Ministerio de Sanidad [Spanish Ministry of Health], 2010). Among the tools for assessing ADHD some have already been mentioned in this section, such as the DISC IV and CBCL, which include this disorder within the clinical examinations they conduct. A specific scale for the assessment of ADHD in adolescents is the ADHD Rating Scale-IV (DuPaul et al., 1997, 1998), a screening scale consisting of 18 items on a Likert scale, each of which represents a symptom of ADHD according to the diagnostic criteria of the DSM-IV. As a result it provides two subscales (Inattentive and Hyperactive/Impulsive), and a total score. There are two versions, one to be administered to the parents and one for the teachers of children and adolescents aged 5 to 18 years. The version translated and validated in Spanish was developed by Servera and Cardo (2007) with children between the ages of 5 and 11 years.

A second instrument used widely is the Conners scales (Conners, 2008), which aims to carry out a screening of the symptoms of ADHD, and is also sensitive to changes caused by treatment. The scales can be used with children and adolescents between 6 and 18 years and it consists of two scales for parents, an extended version and an abbreviated one; two scales for teachers, extended and abbreviated; and a self-administered version for use with adolescents from the age of 8. Each extended scale includes items assessing general psychopathology, while the abbreviated versions are composed of four subscales: Oppositional, Inattention, Hyperactivity and ADHD index. There is a Spanish translated version by MHS (Conners, 2008) as well as population studies carried out with the Spanish version (Amador-Campos, Idiazabal, Aznar, & Peró, 2003; Amador-Campos et al, 2002).

In the second part of this work, in the next article, we present a series of tests and forensic psychological assessments available in Spanish for professionals in the general area of criminology. These tests and assessments address evaluations of key issues for case management in juvenile justice.

Notable among these is the assessment of psychopathy which is analysed by recognised instruments such as the Psychopathy Checklist: Youth Version (Forth, Kosson, & Hare, 2003), as well as a number of instruments assessing the risk of youth violence, such as the SAVRY (Borum, Bartel & Forth, 2003) and the Youth Level of Service/Case Management Inventory (Hoge & Andrews, 2002), among others. For each test the main characteristics are described as well as their use within the context of forensics.

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