

## Mean Score Comparisons on the ASEBA Youth Self-Report between a Sample of Adjudicated Delinquent Youths Evaluated for Legal Disposition and the Normative Sample of Non-Clinically Referred Male Adolescents

**Robert A Semel\***

Licensed Psychologist, Brooklyn, NY, USA

\*Corresponding Author: Robert A. Semel, Licensed Psychologist, Brooklyn, NY, USA.

**Received:** December 23, 2019; **Published:** January 11, 2020

### Abstract

Forensic mental health practitioners who evaluate youth in a context of juvenile delinquency proceedings typically employ a comprehensive multi-method, multi-informant assessment approach that often includes clinical assessment and risk assessment measures and behavioral rating scales in addition to clinical interview and information obtained from parent/guardian and court-related sources. The Achenbach System of Empirically Based Assessment (ASEBA) forms provide for multiple informant ratings of the youth by sources that include youth, parent and teacher. In practice, parent and/or teacher ratings are not always available during the course of juvenile delinquency evaluations. An archived data set of ASEBA Youth Self-Report test scores of juvenile delinquents who were being evaluated for disposition/sentencing purposes ( $n = 83$ ) was compared with the normative test scores of non-clinically referred male youths. Mean score comparisons revealed significantly higher test scores in the juvenile delinquent sample on the broad-band Externalizing Scale, and on the Rule-Breaking Behavior, Aggressive Behavior, and Withdrawn/Depressed syndrome scales, as well as on the DSM-Oriented Oppositional Defiant Problems and Conduct Problems scales. These findings suggest, overall, that juvenile delinquent youth who were being evaluated for legal disposition/sentencing purposes reported more problems than are typically reported by boys aged 11 to 18, particularly in the broad domain of externalizing behavior problems, including rule-breaking behavior and problems of an aggressive nature, and also in the area of withdrawn or depressed behavior. Implications of these findings for evaluation of youth in the juvenile delinquency assessment context are discussed.

**Keywords:** Achenbach System of Empirically Based Assessment (ASEBA); Juvenile Delinquent; Rule-Breaking Behavior; Aggressive Behavior

### Introduction

Prevalence rates of psychiatric disorders among youth involved in the juvenile justice system have been estimated to range from above 50% to approximately 70% [1-4]. A study by Teplin., *et al.* [1] revealed that among youth in detention, close to two-thirds of males and nearly three-quarters of females met diagnostic criteria for one or more diagnoses. Excluding Conduct Disorder, these rates decreased only slightly. Although prevalence rates for internalizing disorders among juvenile justice involved youth have been found to be lower than rates of externalizing disorders, rates for any anxiety disorder have ranged from approximately 14 - 30%, and rates for any affective disorder have ranged from approximately 8 - 28% [1,3-4], with an even higher rate of slightly more than 50% as found in a large scale survey of youth in residential placement [5]. In a large-scale study of juvenile justice involved youth across 18 states in

the U.S., Wasserman, *et al.* [4] found that nearly 14% of youth reported lifetime suicide attempts, and 2.4% reported a recent suicide attempt. With respect to the impact of mental health problems on recidivism in juvenile justice involved youth, Hoeve, *et al.* [6] studied a subsample of delinquent youths who were tracked longitudinally into young adulthood. Those youths who presented at baseline with comorbid internalizing and externalizing disruptive behavior disorders had a six-fold increased risk for young adult recidivism compared with nondisordered adolescents, adjusted for prior offense severity. Comorbid substance use disorders also have high prevalence rates in youths involved in juvenile justice [5] and are a strong predictor of future juvenile offending [7].

As noted by Underwood and Washington [8], symptoms of mental health problems may be transient for many youth at different stages and places in the juvenile justice system, with some youth needing only time-limited acute treatment services, while probably a small percentage of youth have chronic mental health needs. Thus, youth presenting with different mental health needs require different levels of care. It follows that there is a need for screening at different stages and places in the juvenile justice system, and more comprehensive assessments where indicated.

When youth are evaluated by order of the court for disposition purposes, i.e. after the youth has been adjudicated and found to have committed a juvenile offense, forensic mental health practitioners attempt to identify the possible presence of psychiatric and/or substance abuse problems as well as treatment/rehabilitation needs, with consideration of least restrictive alternative setting available to provide needed services [9]. Methodologies used in evaluations for disposition typically include a comprehensive clinical interview of the youth, interview of the parent or guardian to obtain pertinent background information, review of available reports and records, e.g. probation department report. Standardized screening and/or more comprehensive assessment inventories might be administered to the youth (and sometimes to parents) to obtain additional, sometimes specific, targeted information about the youth, e.g. assessment of possible post-traumatic stress problems, substance abuse or dependence problems. The remainder of this paper focuses on one assessment instrument that is known to be a reliable and valid rating/checklist measure of internalizing and externalizing problems, i.e. the Achenbach System of Empirically Based Assessment Youth Self-Report [10].

The ASEBA Child Behavior Checklist/Youth Self-Report forms are among some of the rating/checklist measures considered to be useful in forensic assessments [11]. Unlike many of the standardized personality assessment instruments that incorporate built-in response style measures, the ASEBA utilizes a multi-informant procedure which includes comparable youth, parent, and teacher forms. The ASEBA is one of the most widely researched and used behavioral rating scales, supported by a solid research base with technically sound and strong reliability and validity data [12,13]. ASEBA forms have been shown to significantly discriminate between non-referred children and children referred for mental health or special education services. The ASEBA Youth Self-Report form contains 112 items that yield scores on “broad-band” Total Problems, Internalizing, and Externalizing domains, eight empirically based syndrome scales, six DSM-oriented scales based on ratings by experts using criteria from the Diagnostic and Statistical Manual of Mental Disorders-DSM-IV [14] and 14 socially desirable items (Positive Qualities Scale). Four supplemental 2007 scales can also be scored. A more detailed presentation concerning the usefulness of the ASEBA Youth Self-Report in juvenile delinquency assessments is available [15].

It is important to emphasize here that in the juvenile delinquency evaluation context, underreporting by youth of behavioral and emotional problems is quite common, with respect both to interview method as well as paper-and-pencil or computerized self-report method. Fear of legal consequences may result in response bias in adolescents undergoing forensic evaluation [16,17]. One may speculate that especially in situations where youth are being evaluated for disposition shortly before they return to court to have their disposition/sentencing decided, and facing a fate as to whether they will return home rather than be placed or remain in a detention or residential facility, denial and/or underreporting of problems might be maximized. Therefore, absence of problems cannot be assumed based on findings of very low scores on scales developed to measure various areas of maladaptation or dysfunction (e.g. anger, hostility, aggression,

alienation, depression, anxiety, conduct problems, school problems, family conflict, etc.). On the other hand, despite an evaluation context associated with underreporting, some youth are cooperative and their test results may yield findings consistent with considerations derived from other sources, e.g., parent report of the child's problems with impulse control, attention, frustration tolerance, emotional instability, anger management, etc. In some instances, youth report may highlight possible problems of an internalizing nature which a parent or teacher does not report or observe. Although it is always important and preferable to have a parent participate in the evaluation, that is not always possible. In some cases, parents may be available for a telephone interview but are not available to come in for a face to face interview and to fill out standardized, norm-referenced questionnaires such as the Child Behavior Checklist. Even when parents come in and complete questionnaires such as the ASEBA Child Behavior Checklist, adolescents often report differently about their problems than do their parents and teachers [18,19]. Discrepancies between the reports of different informants in child assessment is a consistent finding in both clinical contexts and with respect to youth involved in juvenile justice contexts [17,20].

### **Purpose of the Current Study**

The purpose of the current study is to add to the current knowledge base by examining whether the sample of adjudicated delinquent adolescents that were evaluated specifically for legal disposition purposes obtained significantly higher levels of behavioral/externalizing and emotional/internalizing psychopathology compared to the normative sample of community/non-clinically-referred male youth on the ASEBA Youth Self-Report. Evaluations in juvenile courts are most often ordered to aid in dispositional decisions through the assessment of mental health needs and identification of optimal treatments and settings to address those needs [21]. All of the youths in this sample were evaluated in part for those purposes. This sample was homogeneous in the sense that each of these youths was facing disposition/sentencing. The incentive to portray a positive image or to deny or minimize problems may have been maximized due to the context of the evaluation. The evaluations were conducted shortly prior to disposition hearings.

Based on a review of previous studies, as well as the author's direct role in evaluating these youths, it was anticipated that youths in this sample would, on average, obtain significantly higher scores on the broad band Externalizing domain and on empirically based and DSM-oriented scales assessing specific problems within the Externalizing domain, e.g. Rule-Breaking Behavior, Conduct Problems, compared to the normative non-referred sample of adolescent male youth. It was anticipated that youths in this sample would not obtain significantly higher scores on the broad band Internalizing domain and on empirically-based and DSM-oriented scales assessing specific problems associated with the Internalizing domain.

## **Method**

### **Participants**

The juvenile delinquency sample consisted of 83 youths (66 males, 17 females) who were evaluated during the routine course of court-ordered juvenile delinquency evaluations for disposition purposes in a family court clinic located in a Northeastern jurisdiction in the U.S. Youths ranged in age from 12 to 17 with a mean age of 15.2 (SD = 1.1). The racial-ethnic composition of the group was 68.7% African-American, 21.7% Latino, 8.4% Caucasian, and 1.2% Asian. Youths in this sample had an average of 2.8 arrests (SD = 1.7), with a range between one and 10 arrests; this was likely a minimum number of arrests since some arrests were sealed. At the time of evaluation, 33.7% of youths were paroled to home, 57.8% were in detention, and 8.4% of youths were residing in a foster, group, or diagnostic residence. Frequencies of offense types were not recorded in the data set, however, offenses (this is not an exhaustive list) included grand larceny, petit larceny, criminal possession of stolen property, robbery, attempted robbery, menacing, attempted assault, assault with intent to cause injury, gang assault, unlawful possession of a weapon by person under 16, unauthorized use of a vehicle.

## **Procedure**

The author conducted records-based research. Consistent with policy for the protection of human subjects, ethical principles and guidelines for research involving human subjects, data for this study were compiled without individually identifiable information such that the subjects could not be identified, directly or through identifiers linked to the subjects.

## **Measures**

The Youth Self-Report (YSR) is a reliable and valid self-report measure of emotional and behavioral problems in youth, ages 11 to 18, that is widely utilized in research and applied, clinical and forensic contexts. The YSR includes items yielding a Total Competence score based on Activities, Social, and School performance, and 112 items that assess a broad spectrum of problems as well as positive functioning. The YSR yields scores on Total Problems, Internalizing, and Externalizing domains, eight empirically-based syndrome scales, six DSM-oriented scales, and three supplementary 2007 scales.

## **Data analysis**

The primary data analyses conducted in this study involved planned mean score comparisons. Initial analyses were planned to be conducted between males and females in the delinquent sample on all of the dependent variables in order to decide whether mean scores could be combined for further analyses of mean score comparisons between the total number of juvenile delinquents in this sample ( $n = 83$ ) and the non-clinically referred normative sample of male adolescents ( $n = 551$ ). Since planned comparisons, initially between the subgroups of males and females, and subsequently between the delinquent and non-referred groups, involved comparisons for 18 dependent variables, the analyses, i.e., independent-samples-t-tests, should control for the familywise error rate, or, the increased risks of Type 1 errors. The Bonferroni correction lowers the critical value for significance by dividing the familywise error rate by the number of tests. Although a simple and effective correction [22], the Bonferroni correction tends to be overly strict when many tests are performed and may result in a very high rate of false negatives, or, Type 2 errors [23]. Therefore, the current study utilized the Benjamini-Hochberg procedure [24], which controls the “false discovery rate”, or the proportion of significant results that are actually false positives, for comparisons between genders for the juvenile delinquent sample, and for comparisons between the delinquent and normative non-referred male adolescent group. A false discovery rate of 0.05 was used to determine if t-tests were significant, in order to maintain a conservative approach.

## **Results**

Preliminary analyses were conducted to determine whether there were statistically significant differences between the mean scores of males and females in this sample. Of 18 independent samples t-test comparisons, no statistically significant differences were found using the Benjamini-Hochberg procedure for controlling the false discovery rate of 0.05. Based on these findings it was decided to pool scores from males and females for further analyses and to compare this total ( $n = 83$ ) to the YSR male adolescent non-referred normative sample. Interestingly, mean score differences for the Anxious/Depressed, Social Problems, and the Attention Problems syndrome scales would be considered significant by conventional standards of  $p < .05$  without controlling for the familywise error rate ( $ps$  equal .014, .027, and .049, respectively). Yet, males scored higher than females on these three scales. with medium and small to medium effect sizes, respectively.

Next, comparisons of means were examined between YSR T scores from the juvenile delinquent sample and mean T scores published in the ASEBA Manual for non-referred boys ages 11 to 18<sup>1</sup>. Findings are presented in table 1 and 2. Table 1 presents means, standard

---

<sup>1</sup>Normative scores for the Posttraumatic Stress Problems scale are presented as raw scores rather than standardized T scores in the 2007 Multicultural Supplement to the ASEBA manual.

**Mean Score Comparisons on the ASEBA Youth Self-Report between a Sample of Adjudicated Delinquent Youths Evaluated for Legal Disposition and the Normative Sample of Non-Clinically Referred Male Adolescents**

deviations, t-tests, and Cohen’s d for comparisons between the juvenile delinquent sample and the normative non-referred male group. Table 2 extends these results by presenting p values and adjusted p values using the Benjamini-Hochberg procedure. The following main findings were made when comparing the juvenile delinquent group with the standardization group of non-referred boys (See table 1). Scores for the juvenile delinquent group were not significantly different from scores for the non-referred group of boys on the broad-band Total Problems scale and the Internalizing scale, consistent with expectations. In contrast, on the broad-band Externalizing scale, as anticipated, the juvenile delinquent group obtained a significantly higher mean score (M = 56.6, SD = 11.1) than the non-referred group of boys (M = 49.9, SD = 9.7; t (632) = 4.89, p < .001, two-tailed), indicating a greater level (medium effect size) of self-reported externalizing behavior problems in the juvenile delinquent group.

YSR Scale	Non-referred (n = 551)		Delinquent (n = 83)		t	Cohen’s d
	M	SD	M	SD		
YSR Total	50.0	9.9	51.1	10.7	0.93	0.11
Internalizing	50.1	9.9	50.3	10.3	0.17	0.02
Externalizing	49.9	9.7	55.6	11.1	4.89**	0.55
Anxious/Depressed	54.3	5.7	53.9	7.3	0.57	0.06
Withdrawn/Depressed	54.3	6.1	57.0	8.5	3.55**	0.36
Somatic Complaints	54.3	5.5	53.7	6.1	0.91	0.10
Social Problems	54.4	5.7	53.2	5.8	1.78	0.21
Thought Problems	54.1	5.5	53.9	6.5	0.30	0.03
Attention Problems	54.5	6.3	54.3	7.2	0.26	0.03
Rule-Breaking Behavior	54.0	5.6	59.7	8.4	8.02**	0.80
Aggressive Behavior	54.1	5.7	56.2	8.2	2.93*	0.30
DSM-Oriented Affective Problems	54.3	5.6	55.5	7.9	1.71	0.18
DSM-Oriented Anxiety Problems	54.2	5.4	53.0	5.5	1.88	0.22
DSM-Oriented Somatic Problems	54.1	5.7	53.7	5.4	0.60	0.07
DSM-Oriented ADH Problems	54.5	5.4	54.4	6.2	0.15	0.02
DSM-Oriented ODP Problems	54.2	5.4	57.0	6.9	4.23**	0.45
DSM-Oriented Conduct Problems	54.2	5.6	60.0	8.7	8.09**	0.79
Post-traumatic Stress Problems <sup>a</sup>	5.8	3.8	6.6	4.9	1.72	0.18

**Table 1:** YSR scale T scores for normative non-referred male youths and for juvenile delinquent sample.

Note: ADH: Attention Deficit/Hyperactivity Problems; ODP: Oppositional Defiant Problems. The data for non-referred youths are from Manual for the ASEBA School-Age Forms and Profiles (pp. 225-225), Copyright by T.M. Achenbach and L.A. Rescorla, 2001, Burlington, VT: University of Vermont, Research Center for Children, Youth and Families. Reprinted with permission.

<sup>a</sup>: The data for non-referred youth, reported as raw scores, are from Multicultural Supplement for the ASEBA School-Age Forms and Profiles (p. 100), Copyright by T.M. Achenbach and L.A. Rescorla, 2007, Burlington, VT: University of Vermont, Research Center for Children, Youth and Families. Reprinted with permission.

\*p < .01. \*\*p < .001.

	<b>P</b>	<b>Benjamini-Hochberg</b>
YSR Total	.350	.554
Internalizing	.860	.880
Externalizing	.001	.004
Anxious/Depressed	.570	.760
Withdrawn/Depressed	.001	.004
Somatic Complaints	.360	.554
Social Problems	.070	.175
Thought Problems	.760	.880
Attention Problems	.790	.880
Rule-Breaking Behavior	.001	.004
Aggressive Behavior	.004	.013
DSM-Oriented Affective Problems	.090	.118
DSM-Oriented Anxiety Problems	.060	.171
DSM-Oriented Somatic Problems	.550	.760
DSM-Oriented ADH Problems	.880	.880
DSM-Oriented ODP Problems	.001	.004
DSM-Oriented Conduct Problems	.001	.004
Post-traumatic Stress Problems	.090	.180

**Table 2:** P values and adjusted P values for comparisons between normative non-referred male youths and juvenile delinquent sample.

Note: ADH: Attention Deficit/Hyperactivity Problems; ODP: Oppositional Defiant Problems.

On the empirically based syndrome scales, the juvenile delinquent group obtained significantly higher mean scores in comparison to the non-referred group on the Rule-Breaking Behavior, and Aggressive Behavior scales, as expected, and also, unexpectedly, on the Withdrawn/Depressed syndrome scales. The significantly higher score on the Rule-Breaking Behavior scale for the juvenile delinquent group yielded a large effect size.

On the DSM-oriented scales, the juvenile delinquent group obtained significantly higher scores on the Oppositional Defiant problems and the Conduct Problems scales, with the mean difference on the Conduct Problems scale approximating a large effect size.

As seen in table 2, using a false discovery rate of 0.05, adjusted P values are higher than the conventional P values not controlled for familywise error rate. Nevertheless, the same scales that were found to be significant as seen above in table 1, were significant when using the Benjamini-Hochberg procedure.

**Discussion**

Forensic mental health practitioners who evaluate adjudicated delinquent youth for disposition purposes may include standardized psychological measures as one component of the evaluation procedure. Among the considerations involved when undertaking such evaluations are the nexus of contextual, interpersonal, cognitive/neurological/developmental, educational, cultural, and personality variables, which may influence the extent and accuracy of relevant information that may be obtained from youthful offenders by the

evaluator. A steadfastly uncooperative youth may provide little information during interview and may refuse to fill out self-report questionnaires. Some youth who admit in open court to committing a certain offense may nevertheless deny culpability during a mental health evaluation. Some youth blame the victim. Some youth offer superficially that they need to change their attitude or to stop hanging out with a bad crowd. Many youths have very limited self-awareness. Some youths offer at least superficial cooperation, wishing to present a favorable, problem-free image and they may wish to lobby the evaluator that they should remain in the community with minimal legal consequences. Within this context in which youths are informed that the evaluation is not kept confidential from the court, it is not unexpected that youths will be at least somewhat guarded and defensive. Yet, despite this context, some youths acknowledge problems such as impulsiveness, anger management problems, problems with attention or hyperactivity, frequent substance use (albeit they might not see substance use as being problematic), association with delinquent youths, rule-breaking behaviors. It is likely that the more open and candid a youth is during interview, the more likely s/he will be open when filling out personality or behavioral measures which may serve to complement the interview in identifying potential problem areas. With respect to the ASEBA Youth Self-Report, the finding across many studies of mildly elevated average scores on scales measuring externalizing behavior problems reflects that many youths being evaluated in the juvenile delinquency context report some level of behavior problems consistent with their histories [15].

Results of the current study indicated, as expected, that adjudicated juvenile delinquents who were being evaluated for disposition/sentencing obtained significantly higher scores on scales measuring externalizing behavior problems such as rule-breaking and aggressive behavior in comparison to the standardization group of non-clinically referred boys. Although the mean scores on the externalizing behavior syndrome and DSM-Oriented scales did not reach the clinical or borderline clinical levels, it is noteworthy that the mean T score differences between the normative non-clinically referred group and the delinquent sample approximated a large effect size on the Rule-Breaking Behavior syndrome scale and the DSM-Oriented Conduct Problems scale, which is consistent with the range or severity of behavior problems in youth who enter the juvenile justice system. Although it was not anticipated, the juvenile delinquent group also obtained a higher score on the Withdrawn/Depressed syndrome scale in comparison to the normative non-clinically referred boys. At the time of evaluation, most of the delinquent youths were remanded to a detention facility. It may be that their incarceration away from home was associated with the overall mild elevation on the Withdrawn/Depressed syndrome scale. As noted by Achenbach and Rescorla [10], high scores on this scale (particularly at clinical or borderline clinical levels), may indicate psychological problems associated with the youth's delinquent behavior. In such cases, critical items on the youth's YSR profile, i.e. items that may pose particular challenges or risks for management, such as items pertaining to self-harm or suicidal thoughts, should be checked. Comorbid internalizing and externalizing disruptive behavior disorders are associated with increased risk for young adult recidivism [6]. In consideration of whether treatment is needed to address depressive symptoms, the forensic mental health evaluator will try to assess the severity of withdrawn/depressive symptoms, and whether such symptoms appear to be transient rather than more chronic, which will require information beyond scores on the YSR or any self-report measure, e.g. direct observation and clinical interview of the youth, information from parent and other available sources of information. Ideally, the parent/guardian is available to complete the ASEBA Child Behavior Checklist. Still, the YSR is a measure with strong psychometric properties which typically is not very time consuming for youth to complete and can be useful as one component of a comprehensive forensic mental health evaluation.

### **Limitations and Future Study**

Limitations of this study included that the sample size was not large, which limits generalizability to an uncertain degree, although results were clearly consistent with findings in other studies of juvenile justice involved youths which included the YSR [25] and studies that found significant external correlates of the YSR Rule-Breaking Behavior syndrome scale, such as increased odds of post-assessment recidivism [16]. Given the relatively small sample size, results of male and female delinquent youth were pooled, rather than analyzed separately, however, no significant T score differences by gender were found on any of the YSR scales. Still, ideally test scores for males

and females should be analyzed separately. A clear advantage of the current study is that the use of archived data permitted study of test scores obtained under actual assessment conditions, as opposed to planned studies in which participants are recruited and assured that their test responses are anonymous, confidential, and have no consequences, which conditions might be associated with less guarded or defensive response styles.

In consideration of future study, it would be helpful to identify additional factors associated with tendencies of youths being evaluated to deny, minimize, underreport problems, and whether such inclination bears relationships with rehabilitation and recidivism. For example, do youths who deny or minimize problems during both interview and on self-report measures fare less well on any relevant outcome variables, e.g., recidivism, compared to youths who are more open and forthcoming about their problem areas? Will youths who employ extreme levels of denial benefit from any different type of treatment approaches compared to youths who are more open, candid, forthcoming? Improved understanding of such issues would require longitudinal study.

## **Conclusion**

In conclusion, the current study found that a sample of adolescent youth who were adjudicated delinquent and were awaiting legal disposition/sentencing was distinguished from the normative sample of male adolescent non-clinically referred male youth based on significantly higher mean scores on externalizing behavior scales such as rule-breaking and conduct problems, as well as the withdrawn/depressed syndrome scale, despite the context of the evaluation which likely was associated with a strong incentive to deny or minimize problems. The current report adds to the literature which suggests that the ASEBA Youth Self-Report may be useful as one component in the assessment of juvenile delinquents being evaluated for disposition purposes.

## **Bibliography**

1. Teplin LA., *et al.* "Psychiatric disorders in youth in juvenile detention". *Archives of General Psychiatry* 59 (2002): 1133-1143.
2. Teplin LA., *et al.* "Prevalence and persistence of psychiatric disorders in youth after detention: A prospective longitudinal study". *Archives of General Psychiatry* 69 (2012): 1031-1043.
3. Colins O., *et al.* "Psychiatric disorders in detained male adolescents: A systematic literature review". *The Canadian Journal of Psychiatry* 55.4 (2010): 255-263.
4. Wasserman GA., *et al.* "Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth". *Criminal Justice and Behavior* 37 (2010): 1361-1376.
5. Sedlak AJ and McPherson K. "Youth's needs and services: Findings from the survey of youth in residential placement". Retrieved from U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (2010).
6. Hoeve M., *et al.* "The influence of adolescent psychiatric disorder on young adult recidivism". *Criminal Justice and Behavior* 40.12 (2013): 1368-1382.
7. Hoeve M., *et al.* "The influence of mental health disorders on severity of reoffending in juveniles". *Criminal Justice and Behavior* 40 (2013): 289-301.
8. Underwood LA and Washington A. "Mental illness and juvenile offenders". *International Journal of Environmental Research and Public Health* 13 (2016): 28.
9. Grisso T. "Forensic evaluation of juveniles (2<sup>nd</sup> edition)". Sarasota, FL: Professional Resource Press (2005).

10. Achenbach TM and Rescorla LA. "Manual for the ASEBA School-Age Forms and Profiles". Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families (2001).
11. Hoge RD Andrews DA. "Evaluation for risk of violence in juveniles". New York: Oxford University Press (2010).
12. Flanagan R. "Review of the Achenbach System of Empirically Based Assessment". In: Spies RA and Plake BS (Eds.), The sixteenth mental measurements yearbook. Lincoln, NE: Buros Institute of Mental Measurements (2005). Retrieved from Mental Measurements Yearbook with Tests in Print database.
13. Watson TS. "Review of the Achenbach System of Empirically Based Assessment". In: Spies RA and Plake BS (Eds.), The sixteenth mental measurements yearbook. Lincoln, NE: Buros Institute of Mental Measurements (2005). Retrieved from Mental Measurements Yearbook with Tests in Print database.
14. "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders-DSM IV". Washington, DC: The American Psychiatric Association (1994).
15. Semel RA. "Utility of the ASEBA Youth Self-Report (YSR) in juvenile delinquency assessments". *EC Psychology and Psychiatry* 1.6 (2017): 217-225.
16. Penney SR and Skilling TA. "Moderators of informant agreement in the assessment of adolescent psychopathology: Extension to a forensic sample". *Psychological Assessment* 24.2 (2012): 386-400.
17. Smith SR. "Making sense of multiple informants in child and adolescent psychopathology: A guide for clinicians". *Journal of Psycho-educational Assessment* 25.2 (2007): 139-149.
18. Achenbach TM., et al. "Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity". *Psychological Bulletin* 101.2 (1987): 213-232.
19. De Los Reyes A and Kazdin AE. "Informant discrepancies in the assessment of childhood psychopathology: A critical review, theoretical framework, and recommendations for further study". *Psychological Bulletin* 131.4 (2005): 483-509.
20. Skilling TA., et al. "Exploring differences in youth and parent reports of antisociality among adolescent sexual and nonsexual offenders". *Psychological Assessment* 23.1 (2011): 153-163.
21. Grisso T. "Forensic evaluation of juveniles (2<sup>nd</sup> edition)". Sarasota, FL: Professional Resource Press (2013).
22. Field A. "Discovering statistics using IBM SPSS statistics (4<sup>th</sup> edition)". Thousand Oaks, CA: Sage (2013).
23. McDonald JH. "Handbook of biological statistics (3<sup>rd</sup> edition)". Baltimore, MD: Sparky House Publishing (2014).
24. Benjamini Y and Hochberg Y. "Controlling the false discovery rate: A practical and powerful approach to multiple testing". *Journal of the Royal Statistical Society B* 57 (1995): 289-300.
25. Karnik NS., et al. "Ethnic variation of self-reported psychopathology among incarcerated youth". *Community Mental Health Journal* 42.5 (2006): 477-486.

**Volume 9 Issue 2 February 2020**

**©All rights reserved by Robert A Semel.**

---

**Citation:** Robert A Semel. "Mean Score Comparisons on the ASEBA Youth Self-Report between a Sample of Adjudicated Delinquent Youths Evaluated for Legal Disposition and the Normative Sample of Non-Clinically Referred Male Adolescents". *EC Psychology and Psychiatry* 9.2 (2020): 01-09.