## Introduction to Section on Forensic Instruments

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Forensic instruments are a vital aspect of forensic-psychology practice. Most bring a well-considered, standardized approach to assessing constructs many people might view as amorphous and difficult to define, much less to measure. Such instruments may be formal tests (Evaluation of Competency to Stand Trial-Revised; Rogers, Tillbrook, & Sewell, 2004), actuarial tools (Violence Risk Appraisal Guide [VRAG]; Quinsey, Harris, Rice, & Cormier, 2006), rating scales (HCR-20; Webster, Douglas, Eaves, & Hart, 1997), or interview guides that may also permit scoring (Competency Assessment Instrument; Laboratory of Community Psychiatry, 1973). Many may be assessed through psychometric criteria such as internal, test-retest, and inter-rater reliability and content, and concurrent, predictive, and construct validity. All benefit from clarity of conceptualization, careful construction, and usability. This section will seek and report reviews of instruments that have wide use, or significant promise, in forensic-psychology practice. This may include the use of general clinical instruments for specific forensic purposes, such as use of the Wechsler Adult Intelligence Scale-IV (Wechsler, 2008) to determine mental retardation in potential death-penalty cases.

I have been struck by the contrast in amount of information readily available regarding new cell phones or net books relative to that available for psychological instruments. OAJFP is well positioned to close this gap. When a promising or highly promoted new instrument with forensic implications appears, I hope readers will notify me and I will seek at least two well-qualified reviewers through referrals and postings on the psylaw and other listservs. Potential reviewers will be expected to disclose any facts that might be viewed as prejudicing their opinions, in either a positive or negative direction. The section will list and update publications regarding the test as they come available.

Reviews should generally follow the format used by Buros (2010), but with some additional considerations. When statistics are reported, such as reliability and validity coefficients or diagnostic statistics, reviewers should report characteristics of samples in which they were obtained and confidence intervals. Since agreement on the actual score may be crucial in some applications (*Atkins* determinations of mental retardation), reviewers should report confidence intervals, if possible, or other information pertaining to this issue, such as the intraclass correlation, when such information is available or can be calculated. If not, this deficiency should be reported. Since validity scales and

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<sup>&</sup>lt;sup>1</sup> Pearson's *r* only addresses agreement on rank order between raters (Shrout & Fleiss, 1979).

tests may be compromised by detailed description of their rationale, stimulus materials, or methodology, such details should not be provided in reviewing such measures.

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