

APA GUIDELINES on Diagnosis of Intellectual Disability in Forensic Settings

AMERICAN PSYCHOLOGICAL ASSOCIATION

APPROVED BY APA COUNCIL OF REPRESENTATIVES
AUGUST 2026



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Developers' Note

This revision of the Professional Practice Guidelines for the Diagnosis of Intellectual Disability in Forensic Settings took place following comments and suggested edits from the American Psychological Association (APA) Committee on Professional Practice and Standards (COPPS), members of the Advisory Committee, and the APA Office of General Counsel.

The writing group (Karen Salekin, Ph.D., Marc J. Tassé, Ph.D., Antonio E. Puente, Ph.D., W. Joel Schneider, Ph.D., J. Gregory Olley, Ph.D., Elizabeth Baker, Ph.D., Kaleigh Nance, M.A., & Juan A. Serrano-Salcedo, Psy.D.) of these Professional Practice Guidelines were invited by Division 33 and its Committee on Intellectual Disability and the Criminal Justice Setting to develop the Professional Practice Guidelines on the Diagnosis of Intellectual Disability in Forensic Settings. The writing group wishes to thank the many colleagues they invited to serve on an Advisory Committee (James R. Andretta, Ph.D., Mark D. Cunningham, Ph.D., Jack M. Fletcher, Ph.D., David Freedman, Ph.D., Gilbert Martinez, Ph.D., Kylee M. Miller, Ph.D., Randy K. Otto, Ph.D., Daniel J. Reschly, Ph.D., Cecil R. Reynolds, Ph.D., Dale G. Watson, Ph.D.) and who accepted to review and provide comments and feedback on an earlier draft of these Professional Practice Guidelines. We also thank the members of the APA Committee on Professional Practice and Standards and the Board of Professional Affairs, who also offered comments and suggested edits to earlier drafts of this document. Finally, we also thank Robin McLeod, PhD (former senior director for strategic relations and leadership of the APA Practice Team) and Lynn F. Bufka, PhD, ABPP (executive lead psychologist, Practice, Psychology Team), both of whom served as liaisons between our writing group and the APA. We greatly appreciated Dr. McLeod's and Dr. Bufka's guidance.

Members of the writing group did not receive any financial assistance to complete these Professional Practice Guidelines. Work on developing these professional guidelines was carried out as part of our roles at our respective professional affiliations. The writing group members do not have any financial conflicts of interest to declare associated with the approval or implementation of these Professional Practice Guidelines.

These Professional Practice Guidelines were developed with careful consideration and compliance with the APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2017a) and other relevant standards. Per APA policy, they will expire December 31, 2036. After this date, users should to contact the APA Practice Directorate to confirm that this document remains in effect.

Introduction

The diagnosis of intellectual disability (ID) involves a comprehensive evaluation, most often carried out by a psychologist, to determine if an individual's intellectual functioning and adaptive behavior are significantly subaverage and, if so, whether these deficits originated during the developmental period (i.e., before the age of 22 years; Schalock et al., 2021a). In forensic settings, these three core diagnostic criteria of ID are commonly referred to as the three diagnostic “prongs” (i.e., significant deficits in intellectual functioning, significant deficits in adaptive behavior, and onset during the developmental period) of ID, all of which have equal importance. The purpose of these Professional Practice Guidelines is to identify the current national consensus on the diagnostic criteria defining ID, the clinical approach to assessing significant deficits in both intellectual functioning and adaptive behavior, as well as the age of onset of these significant deficits, and important factors to consider when conducting a determination of ID in a forensic context.

The American Psychological Association has different definitions for standards and guidelines. Standards are mandatory and accompanied by an enforcement mechanism (e.g., American Psychological Association, 2017a). Guidelines are aspirational and, unlike standards, are not mandatory, definitive, or exhaustive. In addition, federal and state laws supersede guidelines, so psychologists strive to stay current with relevant laws. This document provides guidelines for the diagnosis of ID in forensic settings and, as such, these guidelines are aspirational in nature.

These guidelines do have the benefit of providing guidance and aim to promote a high level of professional practice, but do not supersede the psychologist's clinical judgment nor state or federal law. These guidelines were developed after a close examination of the existing national consensus on the diagnosis of ID and the relevant scientific and professional literature regarding the process of diagnosing ID within a criminal justice context.

Selection of Evidence

The writing group conducted a broad review of the literature through its study and discussion of professional and scholarly resources, feedback from the members of its advisory committee, and a review of the comments from the public comment process. The writing group also reviewed and included relevant court cases that pertained to the diagnosis of ID. The literature reviewed and cited in the text of these Professional Practice Guidelines is as inclusive, representative, relevant, empirically based, and current as feasible. The guidelines follow the guidance provided by “Professional Practice Guidelines: Guidance for Developers and Users” (American Psychological Association, 2015), the “Specialty Guidelines in Forensic Psychology” (American Psychological Association, 2013b), the *APA Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017a), and other pertinent American Psychological Association guidelines, policies, and reports.

The *Diagnostic and Statistical Manual – 5th edition, Text Revision* (DSM-5-TR; American Psychiatric Association, 2022) and *Intellectual Disability: Definition, Diagnosis, Classification, and Systems of Support – 12th Edition* by the American Association on Intellectual and Disability Disabilities (AAIDD Manual; Schalock et al., 2021a) are referenced as the professional treatises that represent the United States consensus on the diagnostic criteria of ID. The DSM-5-TR and the AAIDD Manual explicitly state the importance of clinical judgment in the process of making a diagnosis of ID. Clinical judgment is more than professional opinion; it is rooted in training and experience in ID, specific knowledge of the person and their contexts, analysis of extensive data, and the use of critical thinking skills (Luckasson & Schalock, 2015).

The Supreme Court of the United States (SCOTUS) has referenced and relied upon both the manuals of the American Psychiatric Association and the AAIDD in decisions concerning assessment practices for intellectual disability (*Atkins v. Virginia*, 2002; *Hall v. Florida*, 2014; *Moore v. Texas*, 2017; Brief amicus curiae American Psychological Association. 20 Dec. 2013; American Psychological Association, 2016).

Blume and colleagues (2009) conducted a review of 234 judicial opinions and found that errors in evaluations have occurred and have been demonstrated with all prongs of the diagnostic criteria. Under prong 1 (the assessment of intellectual functioning), death penalty cases exist in which psychologists administered two different comprehensive IQ tests on the same day, purportedly to examine score consistency and assess for malingering (e.g., *State v. Scott*, 2017).

While the existence of multiple IQ scores obtained over time can be useful to identify performance patterns, interpreting multiple IQ scores presents challenges, and state and federal courts need guidance on appropriate evaluation practices. For example, some psychologists have wrongly argued that the highest IQ score always reflects the “true score,” while others have advocated for averaging all available scores. Empirical evidence does not support either assertion.

The methods for combining multiple IQ scores should follow psychometric principles, similar to those used for combining other test scores into composite scores (Floyd et al., 2021; Schneider et al., 2026). In some cases, the lowest score has been interpreted as either a lack of effort, absent intention for secondary gain, or the intentional lowering of scores for the purpose of secondary gain. This supposition, in the absence of corroborating evidence, does not support an overall finding of feigned cognitive impairment. Additionally, some psychologists have given equal weight to scores obtained from screening tests and group-administered tests as to scores obtained from comprehensive, individually administered, robust tests of intelligence. Finally, there have been instances where multiple reliable and valid IQ scores obtained from appropriate standardized intelligence tests that were in the mid to low 70s were misinterpreted as indicative of Borderline Intellectual Functioning, thereby ruling out ID (*Smith v. Dunn*, 2021). SCOTUS heard arguments on the issue as to how to interpret multiple IQ scores on 10 December 2025 and at the time of writing, the holding has not yet been determined.

The validity of some mainstream PVTs (e.g., Dot Counting Test, Rey 15-Item Test, Victoria Symptom Validity Test) has not been fully established when used to assess individuals with a significantly subaverage IQ. In addition, some PVTs have not been well researched for use with this population, and some are so inaccurate that they should not be used when assessing a person with ID (see Victor & Boone, 2021, for a comprehensive review). Moreover, individuals with ID may intentionally exaggerate their deficits or be convinced that doing so is the best way to ensure a finding of ID. Despite the concerns that exist regarding the use of PVTs with this population, PVTs can be appropriate and should be considered. Decisions about the test(s) to use, how many and which type (i.e., standalone or embedded) to use, and how to interpret the data should be made based on the most current and well accepted research findings (e.g., Larabee, 1990; Larabee, 2015; Schroeder & Martin, 2022; Victor & Boone, 2021).

Assessing adaptive behavior (prong 2) in adult forensic cases is challenging, particularly for individuals with long-term incarceration. These challenges include the age-of-onset requirement for making a diagnosis of ID, as well as the focus on typical community functioning which significantly differs from the prison environment. While there cannot be a one-size-fits-all approach to the assessment of adaptive behavior, there are ways to ensure a valid evaluation is conducted and that the results provide the most accurate picture of an individual's functioning based on a holistic review of the data (Chafetz & Biondolillo, 2012; Doane & Salekin, 2009; Schalock et al., 2012; Schalock & Luckasson, 2015; Schalock et al., 2021a; Victor & Boone, 2021).

The valid assessment of adaptive behavior is time-intensive and methodologically complex (Paolo et al., 2023; Tassé, 2009; Tassé & Balboni, 2021). It requires investigation into multiple areas of an individual's biopsychosocial background via record review and interviewing the individual, as well as numerous

collateral sources. When conducting assessments for courts, the level of scrutiny of an expert opinion is high, and as such, the need for support for statements and opinions is sizable (*Daubert v. Merrell Dow Pharmaceuticals*, 1993). Unfortunately, multiple examples of examiners' data for courts are based on methods and assumptions not supported by research; these evaluations can result in judicial decisions that put the individual's liberty at risk (see *Thomas v. Allen*, 2009).

Some common mistakes in the assessment of adaptive behavior in forensic evaluations of ID include interviewing a limited number of collateral sources, administering adaptive behavior measures to less appropriate or inappropriate respondents/informants (e.g., correctional officers), placing more weight on strengths rather than the significance of deficits, not corroborating statements made by the assessed person or collateral sources, and giving testimony that the individual's functioning in any institutionalized setting is reflective of their functioning in the community (see *Commonwealth of Pennsylvania v. Miller*, 2008).

The DSM-5-TR (American Psychological Association, 2022) and AAIDD (Schalock et al., 2021a) have cautioned against overreliance on adaptive behavior information obtained from prison or jail behavior when assessing adaptive functioning. A common and egregious error involves placing inappropriate weight on behaviors that are carried out in the prison environment (e.g., accurately filling out commissary notes and inmate request forms, working simple jobs, playing games) and making assumptions about events witnessed by others (e.g., believing that an inmate can read because they have books or magazines in their cell and have been observed looking at the pages) (see *Henderson v. Stephens*, 2015; *Smith v. Dunn*, 2021).

Another serious error is making assumptions about causative factors related to the inability in carrying out tasks of daily living commonly required within a correctional facility. Examples include following the rules and remembering important information (e.g., days and times permitted for recreation or showers, the inability to re-enter their cell if they choose to interact with others in the dayroom, the consequences associated with not doing certain tasks; not doing certain tasks because they cannot learn to carry them out).

A first diagnosis of ID may be made at any age. Establishing the age of onset of significant deficits in both intellectual functioning and adaptive behavior in adult defendants may, at times, be challenging. In some cases, the presence of deficits in childhood may not be well documented, not documented at all, or appear to be masked under other diagnostic labels, (e.g., a specific learning disability, behavioral disorders, emotional-behavioral disorders). There are many data points that can aid in establishing age of onset, but none are dispositive. Examples include conducting a thorough review of records (e.g., educational, medical, mental health, department of human services, among many), interviewing multiple people who have observed the person being assessed functioning across multiple domains of life, interviewing people who have observed and are familiar with the functioning

in a more restricted setting (e.g., teachers, coaches, employers) and, when possible, administering standardized measures of adaptive behavior to appropriate informants.

Intellectual Disability

Intellectual functioning is a broad set of cognitive skills that include reasoning, problem-solving, planning, abstract thinking, and learning (American Psychiatric Association, 2022; Schalock et al., 2021a). Adaptive behavior is a separate and independent construct from intellectual functioning that comprises abilities learned and performed to meet one's community or society's expectations relative to one's chronological age and cultural group (Alexander & Reynolds, 2020; Schalock et al., 2021a; Tassé & Kim, 2023). The assessment of intellectual functioning and adaptive behavior requires clinical judgment throughout that process (e.g., selecting the appropriate standardized measures; interviewing the individual being assessed; interviewing appropriate informants; reviewing and interpreting prior evaluation materials and relevant records; interpreting results from all standardized measures).

As defined by the American Psychiatric Association, deficits in adaptive behavior "result in failure to meet developmental sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more daily life activities, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community" (American Psychological Association, 2022; p.37). It should be noted that the AAIDD (Schalock et al., 2021a) abandoned establishing a severity level for the condition of ID and the American Psychological Association now defines severity levels of ID in relation to the person's level of adaptive functioning deficits rather than IQ scores (American Psychological Association, 2022). Though the American Psychological Association has retained the descriptive categorization based on deficits (i.e., mild, moderate, severe, and profound), it may be more appropriate to refer to person as having ID and further describing the person's level of deficits across the different areas of functioning (e.g., intellectual functioning, adaptive behavior).

ID has always been conceptualized as a disorder with a prenatal onset or onset during the developmental period, meaning that its origins are found either before/during conception or fetal development (e.g., chromosomal, genetic, metabolic disorders, teratogens), during birthing (e.g., anoxia, infection, trauma), or the years following birth during which an individual's development progress towards maturity is impaired due to a known cause (e.g., trauma, extreme malnutrition, lack of stimulation) or one that cannot be identified (Patel et al., 2020). Although clinically useful for genetics counseling and potentially helpful in intervention planning, establishing the etiology and/or precise risk factors associated with a diagnosis of ID is not essential to the diagnostic process in determining ID.

The chronological age at which all human development (e.g., brain development) has reached its full maturity can and has been debated; the AAIDD has defined the developmental period as from birth through 22 years (Schalock et al., 2021a) which is supported by research related to brain development and executive functioning (Schalock et al., 2021b). In contrast, the developmental period has not been operationally defined in the DSM-5-TR (American Psychiatric Association, 2022) or the *International Classification of Diseases, 11th edition* (ICD-11; World Health Organization, 2024) but both make reference to onset occurring during the developmental period. Of note, some state legislatures have statutorily defined ID in their criminal codes of procedures (e.g., Ala. Code § 15-24-2), with others providing definitions specific to death penalty cases (e.g., Ind. Code § 35-36-9-2).

I. General Guideline: Competence

GUIDELINE 1.1

Psychologists strive to maintain their knowledge of the legal system and the rights of individuals involved in an evaluation, regardless of their role (American Psychological Association, 2013b, SGFP Guideline 4.01; American Psychological Association, 2017a).

Rationale

Psychologists recognize the need to protect the rights of all individuals involved in the evaluation process and obtain only the information necessary to conduct the evaluation (American Psychological Association, 2013b, SGFP Guidelines 10.04, 11.01; American Psychological Association, 2017a, Standard 4.04; Melton et al, 2018). The psychologist strives to ensure that these rights are protected in relation to the individual's chronological age and guardianship status (e.g., minor or person with a significant disability).

Application

Psychologists strive to maintain knowledge of the legal rights of individuals and conduct themselves in a manner that does not infringe upon these rights (American Psychological Association, 2017a). Psychologists aim to be familiar with the legal system in which the case is being tried (both federal and state) and also the country and culture from which the examinee originates. When participation in the evaluation may entail the risk of losing important rights, the psychologist has the responsibility of informing the individual prior to the evaluation of those risks, which include but are not limited to privacy, confidentiality, and privilege (American Psychological Association, 2013b, SGFP Guidelines 4.05, 10-04; American Psychological Association, 2017a, Standards 4.01-4.07). The individual's attorney or other legal professionals might be the best providers of this information; however, there are instances in which this may not be feasible, and psychologists strive to explain the information in an understandable manner that is in line with the individual's intellectual functioning. Forensic psychologists should consider differing the evaluation in cases where the individual indicates that they do not understand the information or the psychologist questions the individual's comprehension (American Psychological Association, 2013b, Guideline 10.04). In both situations, psychologists strive to inform legal counsel of the concern.

GUIDELINE 1.2

Psychologists strive to gain specialized competence in the assessment of individuals with ID as it applies to specific legal questions (American Psychological Association, 2013b, SGFP Guideline 4.02).

Rationale

Psychologists who conduct evaluations of ID in forensic settings consider the legal question posed by the referral source and determine whether they have the requisite training, education, and experience to engage in that activity (American Educational Research Association (AERA), American Psychological Association, & National Council on Measurement in Education (NCME), 2014; (American Psychological Association, 2013b, SGFP Guidelines 2.02, 4.01). Given the significant legal implications of working in a forensic setting, evaluations conducted by psychologists who lack requisite competence in the evaluation of ID may cause harm to the examinee.

Application

Psychologists endeavor to be educated and competent in forensic psychology to participate effectively in forensic evaluations and be prepared to answer the legal questions before them (American Psychological Association, 2013b, SGFP Guideline 4.01). To this end, psychologists should obtain necessary education and/or training in forensic, educational, and clinical psychology, with a focus on intellectual and developmental disabilities (American Psychological Association, 2013b, SGFP Guideline 4.02). Knowledge of the typical behavior associated with different levels of ID, as described in DSM 5-TR (American Psychological Association, 2022), with emphasis on the characteristics of persons with Mild Intellectual Disability, may be of value.

GUIDELINE 1.3

Psychologists strive for transparency in collecting, documenting, and interpreting data collected for evaluation, and in that which is missing or unavailable (American Psychological Association, 2013b, SGFP Guideline 13.01).

Rationale

As part of the legal process, courts review materials concerning admissibility based on relevant case law and rules of evidence (*Daubert v. Merrell Dow Pharmaceuticals*, 1993). The

reliability and validity of standardized and nonstandardized data are crucial aspects to consider, requiring knowledge of the data used when forming opinions. Psychologists should be familiar with the laws and rules that shape admissibility of evidence and to ensure that their methodology is based on current standards of practice and that relevant research supports it (American Psychological Association, 2013b, SGFP Guidelines 4.02, 4.04, 14.05). Forensic psychologists do not provide legal advice or provide information regarding the legal process outside of their area of expertise unless otherwise qualified in the jurisdiction they are practicing (American Psychological Association, 2013b, SGFP Guideline 4.04).

Psychologists strive for transparency in collecting, documenting, and interpreting data collected for evaluation, and in that which is missing or unavailable.

Application

Psychologists strive to limit the content of their communications with courts to information necessary to answer the legal question(s). When communicating with courts, psychologists endeavor to present their evidence and opinions fairly and impartially without distorting or withholding evidence in their report or testimony (American Psychological Association, 2013b, SGFP Guidelines 11.04, 13.01; American Psychological Association, 2017a). When communicating their findings, psychologists strive to make clear what information they considered when forming their opinions, including but not limited to records, test data, and collateral interviews (American Psychological Association, 2013b, SGFP Guideline 14.01).

GUIDELINE 1.4

Psychologists strive to understand the history of ID testing and stay abreast of empirical research on the retrospective evaluation of ID.

Rationale

The evaluation of ID in the adult forensic setting is most often retrospective,¹ which can impact the validity and reliability of collected data.

Application

Psychologists should be aware of empirical findings related to using assessment tools when conducting a retrospective evaluation of ID and their associated limitations (American Psychological Association, 2013b, SGFP Guideline 12.02). It is important to convey these limitations to courts during oral testimony and/or written communications (American Psychological Association, 2013b, SGFP Guideline 14.05).

GUIDELINE 1.5

Psychologists should be proactive, to plan for potential impediments to conducting assessments within a correctional setting, and to seek remedies for barriers to valid assessment before beginning an evaluation (American Psychological Association, 2013b, SGFP Guideline 11.01).

Rationale

In a correctional setting, the rules of the facility, statutory regulations, and/or the environment in which the evaluation takes place may impose restrictions that impede the conducting of assessments.

Application

Psychologists strive to work with the counsel of record or other individuals to secure a setting commensurate with the needs of the assessment. Environmental concerns are common in correctional facilities (e.g., temperature, sound, and lighting) and can negatively impact the validity of an assessment. Psychologists strive to act proactively in establishing a testing environment that meets the individual's needs and the requirements of the evaluation. Other issues that may affect the validity of the evaluation are the availability of breaks and the ability of the facility to provide appropriate accommodations for use of assessment materials (e.g., removal of handcuffs, permission to bring in stimuli bound with metal, permission to bring in computers and other electronic devices to use in the evaluation, the presence of third-party observers including correctional staff). Given the nature of the evaluation (i.e., having implications for one or more aspects of a legal determination), developing rapport and collecting the necessary information may require multiple hours that may need to be spread over multiple days. If there are impediments that will impact the validity of the assessment (e.g., facility administration will not permit the use of necessary materials or cannot provide an environment where a valid assessment can be conducted), psychologists seek to consider alternative locations or use of different tools that are valid and appropriate for assessments. If the situation can be rectified by a court order, psychologists should request one to facilitate the process. In addition, psychologists strive to document any modified situations and their efforts to mitigate them and communicate this information to the court (American Psychological Association, 2017a, Standards 2.01, 9.01, and 9.06; American Psychological Association, 2013b, SGFP Guideline 14.05).

¹ This assessment can be retrospective if the adult being assessed is outside of the developmental period and a determination of age of onset of the deficits in intellectual functioning and adaptive behavior has been established per the diagnostic criteria put forth by the AAIDD, DSM-5-TR, or state law.

II. General Guidelines: Ethical Considerations

GUIDELINE 2.1

Psychologists strive to ensure that they obtain informed consent that is in line with the guidance provided by the American Psychological Association (2017a, Standard 9.03) and is documented. *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017a, Standard 9.03) provides direction as to how to obtain informed consent under different circumstances (e.g., court ordered, voluntary participation, cognitively capable, persons who are legally incapable of giving informed consent) and directs psychologists to do so before engaging in any activity to produce data when forming opinions about diagnosis.

Rationale

Deceptive evaluation and data-gathering methods are unethical and possibly illegal. Further, they do not follow the standards, guidelines, and best practices used in professional psychology and the specialty practices involved in forensic practice (e.g., clinical psychology, clinical neuropsychology, forensic psychology, health psychology, clinical geropsychology, and school psychology).

Application

Psychologists strive to obtain informed consent, which may include capacity to consent and freedom to withdraw from the evaluation process (American Psychological Association, 2013b, SGFP Guideline 8.01; American Psychological Association, 2017a, Standard 9.03). Psychologists endeavor to follow the standards and ethical practices of psychology, and they strive to document precisely those practices in their reports and include any limitations comprehension (e.g., language barrier).

GUIDELINE 2.2

Psychologists strive to remain informed of issues regarding informed consent for all informants included in the evaluation (e.g., individuals with ID and all collateral informants) when they agree to participate in a forensic evaluation (American Psychological Association, 2017a, Standard 9.03).

Rationale

Psychologists strive to provide clear explanations regarding informed consent to all involved, including examinees and collateral informants, thereby reflecting adherence to professional psychology standards, guidelines, best practices, and the specialties involved in forensic practice.

Application

Psychologists seek to give an age-appropriate explanation of the assessment purposes and seek to obtain informed consent from the examinee. In the case of a minor, or an adult who cannot give informed consent, psychologists then seek consent from that person's legal representative (American Psychological Association, 2017a, Standard 9.03). Psychologists also seek to inform all informants of the potential uses of collected information, such as what information they will share with the court, and of the limits to confidentiality in legal proceedings. This may include clarification if requested by the informant or when the psychologist determines that the informant does not fully comprehend the limits of confidentiality. In the latter situation, psychologists may choose to suspend their evaluation until the question regarding a person's comprehension of information related to privacy and confidentiality is resolved. To ensure that they relay the proper information to the informant, psychologists should identify the uses of information and limits of confidentiality with one or more members of the individual's legal team.

GUIDELINE 2.3

Psychologists seek to obtain appropriate and multisource consultations while performing evaluations of ID in a forensic context.

Rationale

Forensic evaluations include interviews of examinees and collateral informants, testing, and extensive record review to gain a comprehensive and accurate understanding of the examinee's typical functioning and provide a platform for comparing the individual's intellectual and adaptive functioning to their same-age peers.

Application

Psychologists seek to obtain all pertinent records available, including, but not limited to, medical, educational, legal, gov-

ernmental, health, military, psychological, and vocational records. Sometimes, these records are not readily available or cannot be found. Psychologists strive to be comprehensive in their recording of the records they requested, the records they received, and the records they requested but did not receive. In the latter case, the psychologist's communications with the court record (e.g., deposition, in-court testimony, written report) may also include documentation and explanation of the methods used in attempting to obtain the unreceived records, as well as the potential impact their absence could have had on the psychologist's findings and conclusions. In addition, psychologists should seek consultation in cases in which determining premorbid functioning is difficult (e.g., older adults, particularly if they have been incarcerated for lengthy periods of time, have age-related cognitive decline, or have experienced similar events that would result in significant changes in psychological or medical status since the developmental period).

GUIDELINE 2.4

Psychologists should learn about, understand, and endeavor to be competent in cultural, linguistic, and other sociohistorical-cultural factors in nondiscriminatory and unbiased practice.

Rationale

Psychologists aim to adhere to standards and guidelines provided by the field of psychology. The two primary standards are *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017a) and *The Standards for Educational and Psychological Testing* (AERA, American Psychological Association, & NCME, 2014). In addition, psychologists seek to familiarize themselves with other applicable guidelines, including but not limited to "Specialty Guidelines for Forensic Psychology" (American Psychological Association, 2013b), *Guidelines for Psychological Assessment and Evaluation* (American Psychological Association, 2020), *Multicultural Guidelines* (American Psychological Association, 2017b), *Guidelines for Psychological Practice for People With Low-Income and Economic Marginalization* (American Psychological Association, 2019), *Guidelines for Child Custody Evaluations in Family Law Proceedings* (American Psychological Association, 2022), *Guidelines for Psychological Evaluations in Child Protection Matters* (American Psychological Association, 2013a), *Guidelines for Psychological Practice with Older Adults* (American Psychological Association, 2024), and *Guidelines for Assessment of and Intervention With Persons With Disabilities* (American Psychological Association, APA Task Force, 2022).

Psychologists strive to understand the limitations of using translators, especially noncertified or trained or potentially biased individuals (e.g., family members), when the language and

culture of the client and evaluator do not match (American Psychological Association, 2017a; Standards 2.01, 2.05, 3.01, 3.04, 9.02(b–c), 9.03(b–c), 9.11; Principles A, E).

Application

The objective of these assessments is to address the referral question utilizing the most scientifically rigorous and unbiased methodology available, thereby minimizing measurement error and increasing the validity and utility of the information obtained from the evaluation (AERA, American Psychological Association, & NCME, 2014; American Psychological Association, 2013b, SGFP Guideline 14.05; American Psychological Association, 2020). Psychologists are expected to comply with the standards of the American Psychological Association and should familiarize themselves with all applicable guidelines. Psychologists strive to document and explain any limitations that may have affected the evaluation's outcome (American Psychological Association, 2013b, SGFP Guideline 13.01; American Psychological Association, 2017a, Standards 9.01, 9.06, 9.10).

GUIDELINE 2.5

Psychologists strive to report impartial, nonpartisan, accurate, and complete information to the trier of fact that is relevant to the reason for the evaluation (i.e., the referral question) (American Psychological Association, 2013b, SGFP Guidelines 11.04, 14.05; American Psychological Association, 2017a; Melton et al., 2018).

Rationale

The psychologist's role is to advocate for data fidelity, not advocate for the examinee or case (American Psychological Association, 2013b, SGFP Guideline 11.02; Guarnera, Murrie & Boccacini, 2017; National Research Council, 2009; Melton et al., 2018). This ensures the information's value, applicability, and longevity, and provides a more precise and comprehensive understanding for courts of the examinee and the forensic situation.

Application

The psychologist endeavors to follow, reference, and document current theoretical foundations and best empirically supported practices when conducting, interpreting, and reporting the findings of their evaluations.

III. Procedural Guidelines: Assessment of Nonnative English-Speaking Individuals and Foreign Nationals

GUIDELINE 3.1

When evaluating culturally and linguistically diverse individuals in ID evaluations, the goal is to decrease construct irrelevant variance as much as possible by focusing on fairness and demonstrating the difference between ID and other potential explanations besides intellectual functioning (e.g., cultural understanding, values, and linguistic abilities).

Rationale

The critical nature of forensic evaluations, especially those involving capital offenses, and sentencing evaluations requires understanding, controlling, and isolating construct irrelevance as much as possible to limit measurement error. When linguistically diverse backgrounds, the measurement of intellectual abilities may be confounded by those factors, leading to construct-irrelevant measurement (AERA, 2014; Puente & Ardila, 2000). Psychologists strive to ensure that their clinical and forensic conclusions are based on precise measurement of intellectual functions rather than on other frequently competing variables.

Application

Psychologists strive to increase fairness in testing and evaluation by considering potential sources of measurement error related to linguistic and cultural factors. Psychologists should document testing procedures and any available evidence regarding the potential for measurement error (American Psychological Association, 2017a; Standards 9.06, 9.10). These practices are supported by research underscoring the need for culturally and linguistically informed evaluation procedures that account for cultural assumptions embedded in testing and address biases in the assessment process (Ardila, 2020; Byrd & Rivera-Mindt, 2022; Fujii, 2024).

GUIDELINE 3.2

Psychologists strive to select the most reliable and valid tests that measure the construct of intellectual functioning, consistent with current professional standards and considering the cultural and linguistic characteristics of the examinee.

Rationale

Measurement error can arise from several sources, including the use of outdated tests, having incomplete or nonstandardized instructions, employing biased or untested novel stimuli, the examinee's unfamiliarity with standardized testing formats and procedures, administering tests via electronic formats that are not frequently available to nonmajority group test takers and/or that were constructed using inappropriate or incomplete standardization samples (American Psychological Association, 2002; amended 2010 and 2017; Standards 2.04, 9.02(a-c), 9.08; Greenfield, 1997).

Application

Psychologists strive to use tests grounded in current theoretical foundations, as outlined in the technical manual and the pertinent literature (Stringer et al., 2026). The technical manual should document the evidence collected from empirical studies, explaining the development (e.g., translation and back-translation) and application (e.g., appropriate norms). When normative data that appropriately match the examinee's cultural and linguistic background are not available, psychologists should select the most available reference sample and document the rationale for that selection (Standards 9.01, 9.02(b-c), 9.06).

GUIDELINE 3.3

When tests developed in English for U.S. populations are applied to individuals from diverse linguistic and cultural backgrounds, psychologists should adapt rather than modify these tests to preserve the integrity of the construct being measured.

Rationale

Adapting a test involves a structured, empirically validated process that preserves the original psychological construct while making it appropriate for different cultural and linguistic contexts. In contrast, modification occurs when the process of translating or preparing a test for use with a different population is conducted without appropriate methodology, resulting in changes to the construct being measured and

the introduction of construct-irrelevant variance (AERA, American Psychological Association, & NCME, 2014; American Psychological Association, 2002; amended 2010 and 2017; Standards 9.02(b–c), 9.06). The goal is to reduce any measurement error that impedes accurate measurement of the abilities the test was designed to assess.

Application

Psychologists should ensure that tests demonstrate empirical evidence of construct equivalence across cultural and linguistic groups; in other words, that the test is adapted and not modified. Technical documentation is recommended to delineate the specific methodological procedures employed in test adaptation, including evidence that the adaptation preserves the original psychological construct while minimizing construct-irrelevant variance (AERA, American Psychological Association, & NCME, 2014; Standards 2.04, 9.01, 9.02, 9.06). When tests are translated or linguistically adapted, psychologists strive to verify that the different versions measure comparable or similar constructs and that the interpretations have comparable validity for their intended uses (AERA, American Psychological Association, & NCME, 2014). When such documentation is incomplete or unavailable, psychologists should document this limitation and its potential impact on the validity of assessment results.

GUIDELINE 3.4

Psychologists strive to use a reference normative sample that reflects the examinee's cultural and linguistic background consistent with current diagnostic standards and the question to be addressed by the forensic ID evaluation.

Rationale

The selection of appropriate normative reference groups constitutes a critical component of valid neuropsychological assessment. Cultural and linguistic variables are important factors to consider when conducting an evaluation to increase its reliability and diagnostic validity (Franzen et al., 2022). The ICD-10, DSM-5-TR, and AAIDD stress the importance of accounting for sociocultural and linguistic factors during evaluation (American Psychological Association, 2022; Schalock et al., 2021a). Using culturally mismatched normative data can lead to significant diagnostic error, with error rates varying by test and population assessed (Daugherty et al., 2017). These considerations are particularly important given that construct-irrelevant variance attributable to cultural and linguistic factors may systematically influence test performance independent of actual cognitive ability.

Application

Psychologists should integrate multiple sources of information when determining the language of test administration, including the examinee's self-report, clinical observation during conversation in each language, language history (e.g., age of acquisition, language of academic instruction, current patterns of use across settings), and objective measures of language dominance when available (Rivera Mindt et al., 2008). Whereas testing in an individual's native language may be standard practice, the dominant language may be more appropriate to provide a fair assessment, particularly when considering the distinction between conversational fluency and cognitive-academic language proficiency (Cummins, 1979). In addition, the appropriate reference sample requires careful consideration. Beyond simply matching the examinee's linguistic and cultural background, psychologists strive to interpret their obtained results against a reference sample that reflects the appropriate cultural, linguistic, societal, and legal standards and that matches the question addressed by the forensic ID evaluation. The rationale for the language of administration, the methods used to determine language dominance, and the normative reference sample selected should be documented in the report (American Psychological Association, 2017; Standards 9.06, 9.10).

GUIDELINE 3.5

Psychologists who use tests that have been altered strive to follow established approaches to those alterations and to document specific procedures that changed the test, as well as the potential implications of those alterations.

Rationale

Fairness in testing requires that all individuals have an unobstructed opportunity to demonstrate their understanding of the construct being measured, regardless of linguistic or cultural background (AERA, American Psychological Association, & NCME, 2014; Melikyan et al., 2019). Test alterations involve more than literal language conversion; they require careful attention to minimizing construct-irrelevant variance that could systematically disadvantage individuals from other linguistic or cultural groups (Strutt et al., 2023). When such attention is absent, the forensic consequences can be significant, as documented in cases where test alterations lacking empirical support have influenced adjudicative outcomes (Shapiro et al., 2019). Improperly altered tests will likely introduce measurement error, thereby modifying the test rather than adapting it. Confounds that change the construct may favor or disadvantage some groups over others and introduce linguistic and/or cultural complexity unrelated to the construct (AERA, American Psychological Association, & NCME, 2014; American Psychological Association, 2017a; Standards 6.01, 9.01, 9.06,

9.10; ITC, 2017). Any deviation from standardized testing conditions constitutes an alteration that is not accounted (Glen et al., 2021; Lewandowski et al., 2016).

Nonpsychologist personnel present during administration are not bound by the ethical obligations that require psychologists to protect test materials, which may introduce additional risks to test security (Boone et al., 2022).

Application

Tests that are altered should follow the guidelines of AERA, American Psychological Association, and NCME (2014) and the International Test Commission (2017) to ensure that the

tests are adapted (which preserves the construct assessment integrity) and not modified (which alters the construct and introduces measurement error). If the circumstances make it difficult to follow these guidelines, the findings should include specific documentation for the procedures used to alter the test and the potential errors. The forensic report is recommended to document the rationale for any deviations from standardized administration, and the potential impact on the reliability and validity of obtained results, including limitations on the generalizability of normative comparisons (Lewandowski et al., 2016; American Psychological Association, 2017a; Standards 9.06, 9.10, 9.11).

IV.Procedural Guidelines: Measurement of Intellectual Functioning

GUIDELINE 4.1

Psychologists strive to administer appropriate measures of intelligence based on consideration of relevant factors, including but not necessarily limited to the examinee's age, language, culture, and physical capabilities.

Rationale

The selection of tests of intellectual functioning is of paramount importance as these measures are designed to make valid inferences about individuals with characteristics like those of the examinee (American Psychological Association, 2017a, Standards 2.01, 9.02(a-c), 9.06, 9.08). Cultural, linguistic, and educational variables significantly affect test performance and can lead to misdiagnosis when not appropriately considered (Nguyen et al., 2024). Language considerations extend beyond simple proficiency; bilingual and multilingual individuals may demonstrate different abilities across languages and domains, necessitating careful determination of the language(s) of evaluation (Judd et al., 2009).

Application

Psychologists strive to consult test manuals and independent peer-reviewed research for information on the generalizability of test results in populations similar to the examinee. When the validity of the selected test for individuals with characteristics similar to the examinee remains undetermined, or when ideal assessment conditions cannot be achieved, psychologists should document these limitations and provide appropriate interpretive caveats regarding how these factors

may have influenced test results (American Psychological Association, 2017a, Standards 9.01, 9.06, 9.10).

GUIDELINE 4.2

An evaluation of intellectual functioning always involves a high-stakes decision, but especially when making a diagnosis of ID within the legal realm. As such, psychologists strive to follow the guidelines set forth by the AAIDD (Schalock et al., 2021a), ICD-11 (World Health Organization, 2024),² and the DSM-5-TR (American Psychological Association, 2022), one of which is the use of comprehensive measures of intellectual capacity rather than brief measures.

Rationale

Brief measures of intelligence are important screening tests and can provide helpful information. However, when a formal diagnosis of ID is required, a comprehensive, individually administered intelligence test battery is needed to make reliable and valid inferences about the person's overall intellectual capacity (Schipolowski et al., 2014; Sitarenios, 2022).

Application

To the extent possible, psychologists should incorporate multiple measures of reasoning/problem-solving using diverse test formats appropriate for the examinee.

2 As of January 2026, the ICD-10 (World Health Organization, 2004) remains the edition in use in the United States.

Comprehensive tests of intellectual functioning include measures that should assess the broad range of abilities, including reasoning, problem solving, abstract thinking, judgment, academic learning, and learning from experience (American Psychological Association, 2022). They might include measures of auditory processing, long-term memory/learning efficiency, memory retrieval fluency, and various aspects of executive functioning (e.g., attention, cognitive inhibition, and planning).

GUIDELINE 4.3

Psychologists should allow appropriate time between evaluations of intellectual functioning to minimize measurement error associated with practice effects.

Rationale

When an examinee is evaluated and tested multiple times in a short time span (i.e., within a few days, weeks, or months) or with the same type of test(s) one after another, test scores can be inflated due to practice effects (Scharfen et al., 2018). For example, retesting with the WAIS-IV or WAIS-5 over a 1–4-month retest interval produced a practice effect of about 4.5 points in the Full Scale IQ on the WAIS-IV (Wechsler, 2008) and approximately 3.7 points in the Full Scale IQ on

the WAIS-5 (Wechsler, Raiford, & Presnell, 2024). Thus, small gains may be discounted when retesting is a few months apart. In children (6–15 years old), practice effects in current and past editions of the WISC suggest that practice effects on the Full Scale IQ are about seven points when the retest interval is less than 3 months, two points if the retest interval is about 1 year, and are minimal when the retest interval is 2 to 3 years (Watkins & Smith, 2013; Watkins et al., 2022).

Application

Because practice effects can persist throughout the years, practice effects are best minimized by using a different test battery (Scharfen et al., 2018). If the same battery must be used, the score will need to be interpreted consistently with published estimates of practice effects. It is recommended that retesting with the same battery be avoided if the retest interval is less than 1 year unless there is a specific reason for retesting within 1 year, and if so, psychologists strive to provide clear documentation and explanation. If retesting over a short interval has already occurred and one must interpret the results, gains of up to seven points on the Full Scale IQ can be accounted for by practice effects. Psychologists endeavor to provide sufficient time for the person being examined to rest to minimize fatigue. In addition, it may be of value to document the test edition, test publication, test order, and norms used.

V. Procedural Guidelines: Interpretation of Intellectual Functioning

GUIDELINE 5.1

Psychologists endeavor to interpret test scores within the context of their confidence intervals and strive to disclose how the uncertainty of these measurements impacted their decision-making after looking at the totality of the information gathered.

Rationale

Measurement errors accompany all assessments (Taylor, 1997). Depending on circumstances and various chance factors, a person's test scores will likely differ somewhat. Ideally, these score fluctuations are small, and the scores vary within a narrow range. Psychologists strive to disclose the full range of plausible interpretations when score uncertainty may substantially influence the overall case conceptualization.

Application

Examiners strive to consider how the score interpretation might change had the examinee's score fallen anywhere within the bounds of the confidence interval. Psychologists strive to disclose to the trier-of-fact the uncertainty of their interpretation if the score fluctuations are wide enough that the different scores within the range impact the diagnostic conclusions.

GUIDELINE 5.2

Psychologists strive to consider the effect of norm obsolescence when interpreting test scores based on the findings of current peer-reviewed research.

Rationale

Intelligence test norms have changed considerably over the last century, with mean IQ scores rising about 3 points per decade (Flynn, 1987; Trahan et al., 2014). It should be noted that the Manual of the most recent version of the WAIS (5th edition), reported a Flynn effect difference of approximately 1.3 points on the Full Scale IQ scores between the WAIS-IV and WAIS-5 (Wechsler, 2024; p. 86). When test norms are updated frequently, the effect of norm obsolescence is mitigated.

Application

All else being equal, tests with more recent norms are preferable. Suppose the time between test standardization and administration is long enough to result in misleading test score interpretations or differences in decisions based on test scores. In that case, psychologists should provide an explanation of how the effects of norm obsolescence alter the meaning of the score. If the effect of norm obsolescence is quantified, a supplemental adjusted score may accompany the obtained score. The score adjustment should be based on the best available evidence of how much the test's norms have shifted during the time interval in question for the relevant test population.

GUIDELINE 5.3

Psychologists strive to integrate the findings of all previous evaluations. When multiple comparable estimates of intellectual functioning exist, psychologists strive to combine them using the best available methods.

Rationale

Some examinees have been evaluated multiple times and have several global IQ estimates from comparable test batteries. For individuals who undergo multiple evaluations, test scores are not expected to be equal in every evaluation. In general, and all else equal, a composite score is more reliable than any of its components. Greater reliability implies narrower confidence intervals. Thus, all scores assumed to be valid and comparable may be combined into a correctly computed composite score with appropriate confidence intervals.

Application

The methods for combining multiple IQ scores are the same as those for combining other test scores into composite scores (Floyd et al., 2021; Schneider et al., 2026). A correctly computed composite score is preferable to a simple average of the scores because an average of multiple scores has a smaller standard deviation than the individual scores. Small biases cause an overestimation of the capacity of low-scoring individuals and an underestimate of the capacity of high-scoring individuals. Composite IQ scores correct this bias.

The IQ reliability coefficients and intercorrelations among the scores must be known to compute composite scores and their confidence intervals. Scores can be differentially weighted (e.g., when comprehensive and brief IQ scores are combined) and corrected for norm obsolescence. The spreadsheet accompanying Floyd et al. (2021) at <https://osf.io/nyxfg/> automates these methods.

It is not recommended to combine scores into a composite IQ when the scores are not comparable. For example, if an individual's IQ estimates differ before and after a traumatic brain injury or the onset of dementia, the more recent result is a better estimate of current functioning but may not accurately reflect premorbid function. Estimates of premorbid function may be useful in these circumstances.

VI.Procedural Guidelines: Measurement of Adaptive Functioning

GUIDELINE 6.1

Psychologists endeavor to use measures appropriate to the evaluation circumstances and that align with current conceptualizations of adaptive functioning. They also strive to consider the examinee's linguistic and cultural factors when choosing appropriate assessment tools.

Rationale

Periodically, empirical investigations and new conceptualizations of the construct modify the criteria for identifying deficits in adaptive functioning, often necessitating modifications to assessment methods and/or the creation of new measures. Adaptive functioning is contextual and culturally determined; what constitutes adaptive functioning for an

individual in one cultural context may not align with expectations in another. Culture and contextual factors, as a way of living, potentiate the development of abilities necessary for success and/or survival within their specific contexts.

Application

Adaptive behavior measures used for diagnostic purposes are sufficiently comprehensive to evaluate conceptual, social, and practical domains of adaptive behavior (American Psychological Association, 2017a; Standards 9.01, 9.02(a-c)) and they are normed on a large representative sample of the general population. Psychologists should pay careful attention to the normative sample about multiple characteristics, including but not limited to chronological age, sex, sampling methods, sampling location(s), and the inclusion of special populations, as these factors are relevant to the validity of the data case especially when the case lacks appropriate samples (Puente et al., 2013). In addition, psychologists should inquire about the individual's exposure to and acceptance of cultural standards. When appropriate, psychologists should interview collateral sources using a semistructured interview approach, which provides data that can be compared across sources while also allowing flexibility to obtain rich information from each informant (American Psychological Association, 2020, Guideline 7; Melton et al., 2018). These interviews facilitate the collection of information from collateral sources who may not be considered appropriate respondents for standardized adaptive behavior measures, while also serving as supplementary tools for qualified informants.

GUIDELINE 6.2

Psychologists strive to select informants for adaptive behavior measures among the people who have had frequent and extensive contact with the individual being examined during their developmental period (e.g., before the age of 22; Schalock et al., 2021a) and have had the opportunity to observe their functioning over time and across community settings.³

Rationale

Adaptive behavior measures are valid when the informant knows and recalls an individual's behavior in various skill areas important to day-to-day functioning (e.g., communication, community use, functional academics, home living) in a community setting. Individuals who have only observed and are familiar with the person being examined functioning in a structured environment (e.g., jail, prison, therapeutic

program) do not meet the criteria for the administration of adaptive behavior measures and, as such, may not be appropriate informants to report on the person's adaptive functioning.

Application

It is important to remember that memories represent reconstructions of past events. Decades of research demonstrate that memories are highly malleable, transient, and prone to distortion (Loftus & Pickrell, 1995; Schacter & Addis, 2007), and this is true for autobiographical memories and the recollections of observers (Siedlecki, 2015; Siedlecki & Falzarano, 2024; St. Jacques, 202). Before administering a measure of adaptive behavior, psychologists should consider factors that may impede the knowledge and memory of an individual's functional ability in the past. Examples include the age of the examinee, the cognitive capacity of the informant, the different community settings within which the informant observed the person's adaptive functioning, and the number of years since the informant had frequent contact with the individual. Concerns about response validity tend to increase with the informant's age and the length of time since they have been in frequent contact with the individual. Psychologists should inquire about these factors rather than assume that a valid assessment can be based solely on the relationship between the informant (e.g., parent; sibling) and the examinee. Moreover, psychologists should consider the possibility of informant bias and the impact that this may have on the outcome of the evaluation.

GUIDELINE 6.3

Psychologists who assess adaptive behavior aspire to conduct a broad, comprehensive investigation that goes beyond standardized tests.

Rationale

It is typical for individuals to interact casually, whether in the workplace, an educational setting, through community involvement, or in other activities that involve interpersonal engagement and nonstandardized assessment methods. While these interactions can provide valuable information about an individual's functioning within specific contexts, informants familiar with only limited aspects of the behavior may not be suitable raters for standardized assessments. Their observations, however, can offer rich, albeit domain-specific, insights.

³ The exception is the administration of an adaptive behavior measure for use with teachers; qualifications for a valid assessment are different from those of other raters, and psychologists should use teacher rating forms

Application

The availability of appropriate informants is case-specific, and psychologists should consider the number of individuals interviewed and the information provided when forming opinions on the appropriateness of these sources. Psychologists strive to gather information from the examinee and several other informants, including family members, friends, employers, teachers, coaches, and other knowledgeable individuals. If an informant cannot participate in an evaluation using standardized adaptive behavior measures due to educational, language, and/or cultural challenges, psychologists may opt to use more qualitative methods to gather the needed adaptive behavior data (e.g., interviewing).

GUIDELINE 6.4

Psychologists aspire to use a methodology that is consistent with the purpose of the assessment (AERA, American Psychological Association, & NCME, 2014; EPPIC Standard 9.02; Schalock et al., 2012; Schalock & Luckasson, 2015; Schalock et al., 2021a; American Psychological Association, 2013b, SGFP 10.01).

Rationale

In a forensic setting, evaluations often center around how an individual's functional deficits impair their ability to conduct tasks or participate in proceeding as dictated by legal standards (e.g., waive their right to remain silent; function in the role of a defendant; understand the ramifications of a plea bargain). Though courts do not always require proving that an individual has an ID, providing evidence that supports a finding of ID may assist the trier-of-fact in making a determination as to the source of the impairment(s), the likelihood that the impairments can be rectified, and/or if the defendant's due process rights were violated during or before the proceedings began. For example, individuals with ID can have difficulties weighing the pros and cons to waiving a legal right, may quickly become confused by complex speech patterns or rapid speech, and are susceptible to coercive tactics. Deficits associated with intellectual disability can significantly impact the ability of an individual to function in the role of a defendant. As such, psychologists strive to be knowledgeable regarding all legal standards and to comply with said standards.

Application

If deficits in a legal competency or another area of interest (e.g., mental state at the time of the offense) are identified, the origin of these deficits is likely to be of interest to courts; therefore, even if the legal question is not whether the individual has ID, the psychologist may need to make the diagnosis to support the interpretation of the findings.

GUIDELINE 6.5

When planning for an assessment, psychologists strive to ensure that interactions between the psychologist and all collateral sources (e.g., the individual, family members, friends, and teachers) occur in an appropriate environment conducive to collecting valid and reliable data.

Rationale

Many factors can impact the reliability and validity of data, both structural to the setting and internal to the person, whether it be the examinee or a collateral informant. Examples include temperature, lighting, time of day, privacy, and availability of basic needs (e.g., nutrition, rest).

Application

Psychologists should minimize the impact of controllable obstructive influences and request accommodations that match the needs of the individual. Within a correctional setting, structural factors are generally controlled and can only be modified by facility administration. Psychologists should convey to the administration and/or the examinee's legal counsel the requirements for a valid assessment and the limitations associated with working outside of these specifications. Sometimes, modifications to a setting or the provision of requisite needs will require a court order. Psychologists are encouraged to decline to conduct an assessment if the testing conditions preclude a valid outcome.

GUIDELINE 6.6

Adaptive behavior is best understood when information is collected from multiple sources, which may span the period from the individual's birth to the present evaluation. Psychologists strive to collect and integrate all available information at the time of the evaluation.

Rationale

Adaptive behavior is a multifaceted construct that illustrates an individual's abilities in multiple life domains and is best represented by behaviors exhibited across many realms and in diverse roles. Psychologists strive to collect adaptive behavior data that includes a reasonable sampling of the individual's behavior in settings that are inclusive of periods during the developmental years and beyond. Adaptive behavior is measured and assessed in function of the individual's typical performance rather than their potential or maximum ability.

Application

Psychologists strive to provide courts with a comprehensive evaluation of an individual's functional abilities in accordance with the prevailing diagnostic standards and best practices. Examples of sources of information that may be beneficial include record reviews and interviews with people who have been in contact with the individual during and/or after the developmental period. Data sources will vary depending on the individual's life course, as well as the accessibility of information. Obtaining records can be difficult and ideally employs the assistance of the defense or prosecution counsel and other members involved with the case. Particular attention is paid to records directly relevant to the assessment of adaptive

behavior; records that provide less direct linkage may also be requested and reviewed. Examiners should critically evaluate the reliability of the data by using the triangulation method, which involves using multiple data sources (e.g., observations, documents, and interviews with different people) to corroborate findings and increase reliability. When possible, psychologists strive to obtain behavioral data from multiple sources, including several collateral informants from different development periods, settings, and individuals (e.g., family members, teachers, friends, partners, and/or coworkers). No single fact or observation is sufficient to confirm or disconfirm adaptive behavior deficits.

VII.Procedural Guidelines for Identifying Age of Onset

GUIDELINE 7.1

Unless the diagnostic evaluation is conducted during the person's developmental period (i.e., child or youth), psychologists strive to retrospectively ascertain that the onset of the significant deficits in both intellectual functioning and adaptive behavior occurred during the developmental period (e.g., before the person attains the age of 22).

Rationale

An initial diagnosis of ID can be made at any chronological age; however, when determining ID after the developmental period, psychologists strive to establish that significant deficits in both intellectual functioning and adaptive behavior were present during the developmental period (Schalock et al., 2021a; American Psychological Association, 2022).

Application

Details about the age of onset may arise from numerous sources, including record review that covers social, medical, developmental, psychological, employment, military, and educational history, as well as interviews with collateral sources. Psychologists should obtain all necessary information from records, interviews with the individual and other informants, and standardized individual assessments as appropriate. Individuals with ID may overestimate or underestimate their abilities, resulting in inaccurate portrayals of their adaptive functioning; hence, psychologists should use caution when placing weight on self-reported intellectual and adaptive behavior information.

Conclusion

Conducting an evaluation to diagnose ID, regardless of purpose, can have significant implications for an individual in multiple domains (e.g., disability compensation denied or approved; educational accommodations denied or approved). However, conducting a diagnosis of ID in a forensic context may carry the most significant legal and ethical implications, especially in cases involving the potential for loss of freedom and liberties, including capital punishment. The label of ID is relatively new, and perhaps less stigmatizing, but historically has carried a tremendous amount of stigma. For this reason, psychologists strive to conduct a comprehensive evaluation that incorporates all sources of relevant clinical information and integrates self-reported information with caution. Psychologists should use clinical judgment throughout this evaluation process.

These Professional Practice Guidelines are meant to provide aspirational guidance to the conduct of a rigorous diagnostic evaluation in the context of a forensic setting to determine if an individual has ID. These guidelines aim to facilitate the continued systematic development of the professional and strive to promote a high level of professional practice by psychologists engaged in the determination of ID in a forensic context. This set of guidelines may not apply to every professional and clinical situation within their intended scope. Guidelines are not intended to take precedence over psychologists' professional or clinical judgments based on the scientific and professional knowledge of the field or their professional code of ethics. Furthermore, federal and state laws supersede Professional Practice Guidelines.

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