

## Forensic Report Writing: Principles & Fundamentals

Philip H. Witt, Ph.D., ABPP  
Associates in Psychological Services, P.A.  
Somerville, NJ  
phwitt@optonline.net

2014 FMAC Conference  
3/20/14

Thanks to

- Thomas Grisso, Ph.D., ABPP
- Richart DeMeir, Ph.D., ABPP
- Daniel Neller, Psy.D., ABPP

For the use of many of their slides.

PPT deck based in part on ATSA pre-conference workshop given by Michael Fogel and Philip Witt

**"Explanations, not opinions, are the reason that one is an expert."**

(Grisso, 2008)

	Therapeutic Role	Forensic Role
Who is the client?	Patient	Attorney
Privilege governing disclosure	Therapist-Patient	Attorney-Client Attorney Work-Product
Cognitive set / Evaluative attitude	Supportive, accepting, empathic	Neutral, objective, detached
Areas of competency	Therapy techniques	Forensic evaluation techniques
Nature of hypothesis testing	Dx criteria for therapy	Psycholegal criteria

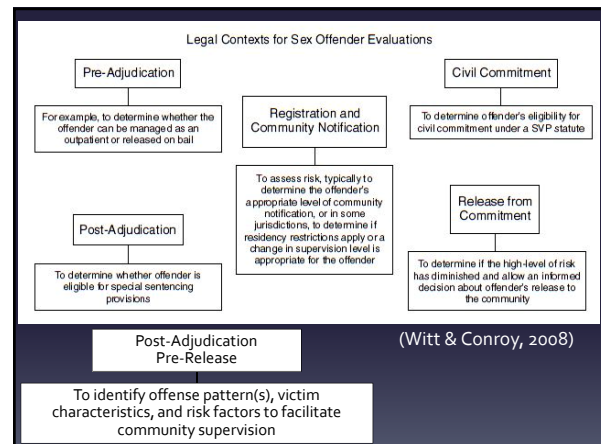
(Greenberg & Shuman, 1997)

	Therapeutic Role	Forensic Role
Scrutiny applied to historical info	Info obtained from client w/ little scrutiny	Litigant info combined w/ collateral sources, highly scrutinized
Amount / Control of structure in relshp	Client structured / Less control	Evaluator structured / More control
Nature / Degree of "adversarialness"	Helping relationship Rarely adversarial	Evaluative relationship Frequently adversarial
Goal of the professional	Benefit the client	Advocate for results for benefit of court
Impact of critical judgment on relationship	Likely to impair therapeutic alliance	Unlikely to cause serious emotional harm

(Greenberg & Shuman, 1997)

## Types of Reports

1. Clinical
  - a. Broad treatment/management issues addressed
  - b. No specific forensic question
2. Forensic
  - a. Focused on forensic, psycholegal question
  - b. No extraneous information or issues addressed
3. Hybrid
  - a. Elements of both



## The Evaluation



Referral question

Referral Question → Evaluation

- Why are you seeing the individual?
  - Who referred the person?
  - Why was the person referred (e.g., "psychosexual evaluation," risk assessment, etc.)?
  - Are recommendations being sought?

## Making the Implicit Explicit

- Well-structured and psychologically relevant assessment methodologies can:
  - Reduce the operation of judgment biases
  - Ensure consistency in information processing and decision making
  - Safeguard against potential standard of care challenges
  - Enhance impartiality and comprehensiveness

Corrective measures for potential bias (e.g.,  
confirmatory bias, availability heuristic)

- Knowledge of base rate data
- Empirically-based approach

## Third Party Information (TPI)

Information not obtained directly from the  
party being evaluated

Two primary sources of TPI:

1. Documents
2. Interviews with collateral informants

## The Report

## The Architecture of Report Composition

- Organization (form, structure)
  - What is the structure of the report?
- Content (substance)
  - What information is included  
in that structure?
- Style (expression)
  - How is that information conveyed?

## Report Structure (Organization)

- Typical - concrete to abstract

## Sample Report Structure

- A. Identifying information
  - Identification, legal status, referral question
- B. Structure of the evaluation
  - Sources of information, limits of confidentiality and privilege
- C. Clinical data
  - Relevant history, current mental status, data relevant to forensic question
- D. Opinions
  - Clinical summary/formulation, address forensic question, recommendations

(MA Juvenile Court Clinic)

### Common elements – concrete to abstract

- Referral information
- Notification/consent/assent
- Sources
- Historical information
- Behavioral observations/Hospital course
- Psychological testing
- Current mental status
- Diagnostic formulation
- Response to referral question(s)

## Report Content

### Ultimately...

- Grisso: Let the referral question drive, guide, and limit the content of the report
- For a report to be effective, there needs to be an organizational structure that imposes coherence on the work as a whole
- There should be some reasonable logic to the sequence in which information is presented
- There are several proper ways to structure a report
- Data, opinions, reasoning linking the two

## Grisso's Six Maxims for Report Writing

### 1. Let the referral question drive, guide, and limit the report's content

- Needs to be clearly stated at beginning, and addressed at end
  - Forensic question
    - Statute or case law definitions
    - Judicial or attorney elaborations
    - Psycho-legal and clinical translations

- Stay within the scope of the referral question/purpose of the evaluation
  - Common errors:
    - Failing to address issues raised in the referral
    - Offering gratuitous opinions on issues not raised

## Existing Professional Guidelines

“Forensic practitioners avoid offering information that is irrelevant and that does not provide a substantial basis of support for their opinions....”

(SGFP, 2011, p. 15)

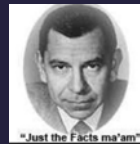
## 2. Report what's necessary, and don't report what's not necessary

- Pertains to relevance of content
  - Everything that's relevant
  - Nothing that isn't relevant
  - Ask yourself, “So what?” when putting in information
- How much detail?
  - Enough to convey the message
  - No more than is necessary to convey it
- How much is necessary (or not) will vary depending on the nature of the case
  - Some reports need more detail than others

## Dangers of irrelevant data

- Incrimination
- Embarrassment
- Confusion for the reader who struggles to understand the meaning of the information
  - “The doctor put this here - it must mean something.”
- Examples
  - Medical conditions
  - Gratuitous quotations

## Just the facts, Ma'am



- Historical section is a place for reporting factual information.
- Be specific about the source of your facts. Attribute as much as possible to the source.
- Impressions of others are appropriate for the historical section: “Clinicians at the state hospital described him as entitled and narcissistic.”

## 3. Sequence and describe information in a way that makes sense to the reader

- Arrange information in sync with readers' cognitive style
- Create a story
- Use language they will understand
- Think about testimony
- Get feedback

## Psychological testing

- Identify the test and its purpose
- Explain why it was chosen
- Identify and explain any deviations from standardized administration
- Describe the results in plain language
- Link those results to your hypotheses about the individual
- Discuss hypotheses raised by discrepant test data

#### 4. Completely separate facts from inferences and opinions

- **Data and facts**
  - What is acquired by senses
  - What can be verified

#### Data and interpretation cont'd

- **Inferences, interpretations, and opinions**
  - What the data suggest about the person or past/future behavior when...
    - combined
    - seen in the light of the examiner's theory and experience
    - applied to the referral question

#### Data and interpretation cont'd

- Applied to organization of content
  - Data section: Only data (no interpretations)
  - Interpretations/Opinions section: No new data in this section

#### Data and interpretation cont'd

- Applied to style of communication
  - Describing observations
    - **Not:** "She was [or looked] depressed"
    - "Her speech was slow, with long pauses"
    - "She said that lately she has not felt like eating"
  - Describing test data
    - **Not:** "His YSR indicate he is antisocial and hostile"
    - "He scored high on the YSR 'Rule-Breaking Behavior' and 'Aggressive Behavior' scales"

#### 5. Explain opinions and conclusions

- Explanations involve
  - Teaching how you know, or how you got there
  - Connecting data to opinions
  - Explaining how the data obtained their meaning (theory, research)

#### Opinions and conclusions (cont'd)

- Why a written opinion requires explanation
  - Courts require evidence
  - Unexplained conclusions invite need for testimony
  - Explanations, not opinions, are the reason that one is an expert
- No opinion without an explanation

## 6. Explain your rejection of other possible opinions and conclusions

- Many cases provide data that could be interpreted in alternative ways
- Explaining rejected ideas is an essential feature of the clinician's process of arriving at an opinion...
  - Examiners must rule out alternatives in order to find the one that they will support
  - One must be able to explain that reasoning

## Rejection of alternative hypotheses (cont'd)

- It is an essential feature of a good report when...
  - there are potentially plausible alternative interpretations (e.g., malingering)
  - one strongly suspects that alternatives will be considered by readers (like opposing counsel)

## The Most Common Problems

- Article: Grisso, "Guidance for improving forensic reports: A review of common errors."
  - Open Access Journal of Forensic Psychology, 2010 V. 2
  - [www.Forensicpsychologyunbound.ws](http://www.Forensicpsychologyunbound.ws)
- 62 reports submitted for ABFP review but judged not adequate for proceeding to oral examination
- Between 2007-2009, about 15 reviewers
- Offered in ascending order of frequency

## Top 10 Common Problems

10. Improper test uses	15%
9. Language problems	20%
8. Over-reliance on self-report	23%
7. Data and interpretation mixed	26%
6. Inadequate data	28%

## Top 10 Common Problems

5. Failure to consider alternative hypotheses	30%
4. Irrelevant data or opinions	32%
3. Organization problems	34%
2. Forensic purpose unclear	53%
1. <b>Opinions without explanations</b>	<b>55%</b>

Witt, P. H. (2010). Forensic report checklist. *Open Access Journal of Forensic Psychology*, 2, 233-240.

### Appendix

#### Forensic Report Checklist

1. ☐ Forensic referral question stated clearly.
2. ☐ Report organized coherently.
3. ☐ Jargon eliminated.
4. ☐ Only data relevant to forensic opinion included.
5. ☐ Observations separated from inferences.
6. ☐ Multiple sources of data considered, if possible.
7. ☐ Psychological tests used appropriately.
8. ☐ Alternate hypotheses considered.
9. ☐ Opinions supported by data.
10. ☐ Connection between data and opinions made clear.

## Common elements of sex offender reports

1. Almost always some assessment of risk – nomothetic analysis

## Think about how you want to communicate risk

Keep it simple

## Probability is slippery

A weatherman says that the chance of rain for Saturday is 50% and for Sunday 50%. What is the probability that it will rain sometime on the weekend?

1. 100%
2. 75%
3. 50%
4. 25%

## When talking about risk, we always hear about conditional probabilities

- Mr. Smith has a Static-99R score of 5, then his predicted 5 year recidivism rate is X.
- But the human mind has a hard time working with conditional probabilities.

## Which is easier to grasp when communicating about risk?

- $P(\text{disease} | \text{positive}) = \frac{P(\text{disease}) \times P(\text{positive} | \text{disease})}{P(\text{disease}) \times P(\text{positive} | \text{disease}) + P(\text{no disease}) \times P(\text{positive} | \text{no disease})}$   
Or
- $P(\text{disease} | \text{positive}) = a / (a + b)$ 
  - a = true positives
  - b = false positives



## Relative vs. absolute risk

- Swedish meta-analysis re: breast cancer dx (280,000 women followed for ten years)
  - Deaths per 1,000 women
- No mamm. Screening 4
- Mamm. Screening 3
- -----
- Relative risk change:  $4 \rightarrow 3 = 25\%$
- Absolute risk change:  $(4-3)/1000 = 1/1000 = 0.1\%$

- Communicate risk in understandable manner
- Decide on level of statistical foundation appropriate for report
- Give relative and absolute levels of risk if possible, but provide foundation for each
- (Related issue: How risky is too risky?)

## 2. Motivation for offense – idiographic analysis

- What motivated the sex offense?
  - Individual's history for context
  - Individual's thinking style
  - Individual's sexual identity
  - Individual's marital situation
  - Mental illness (diagnosis if applicable)

## Cover the Big Two (plus one)

### 1. Antisocial

### Client high on antisocial characteristics

- Unstable, criminal lifestyle
- Prior nonsexual criminal history
- Callous, egocentric personality

• **BAD!**

## 2. Sexual Deviance

- Charges against Scout official  
March 30: A Boy Scout official has been charged with possession and distribution of child pornography.

Client high on antisocial characteristics

- Unstable, criminal lifestyle
- Prior nonsexual criminal history
- Callous, egocentric personality

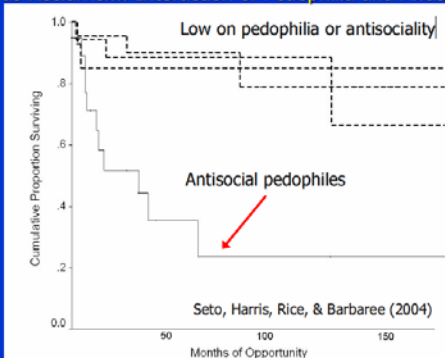
•BAD!

Client high on both

•Really BAD!!

- (On his way to the local SVP unit)

Serious Recidivism: Interaction of Pedophilia and Antisociality



The "plus one" is social competence

### 3. Frequently a treatment/management plan

- Specific treatment plan elements (e.g., relapse prevention, sex offender group, sexual arousal reconditioning, etc.)
- Sometimes recommendations for management plan (e.g., parole or probation conditions)
- Sometimes opinion regarding level of security (e.g., outpatient vs. secure setting)

## Risk Factors

## What About Sexual Recidivism?

### Static Factors

### Stable and Acute Dynamic Factors

## Static Factors

- Usually tied to a risk assessment scale, such as the Static-99R

Static-99R		
RISK FACTOR	SCORE	COMMENT
1. Young	-1	Research shows that sexual recidivism is more likely in an offender's early adult years than in an offender's later adult years. Actuarial data on sexual re-offense indicates that it decreases with age. Mr. Smith at age 44 has one point subtracted.
2. Ever Lived With An Intimate Partner - 2 Years	0	Research suggests that an intimate connection with someone may be a predictive factor against sexual reoffending. Mr. Smith has been twice married and lived with each of his wives for at least two years.
3. Index Nonsexual Violence	0	Literature indicates that having a separate conviction for a non-sexual violent offense at the time a defendant is convicted of their index offense shows a small positive relationship with sexual recidivism, typically rape. There are no charges related to physical assault associated with Mr. Smith's present allegations.
4. Prior Nonsexual Violence	0	The presence of non-sexual violence predicts the seriousness of damage, were a re-offense to occur, and research shows a small positive relationship with sexual recidivism. Mr. Smith has no prior criminal history related to physically assaultive behavior.
5. Prior Sex Offenses	0	Prior sex offenses are a predictive factor for sexual recidivism. Mr. Smith has no prior sex offense charges.

6. Prior Sentencing Dates	0	Having a criminal history is a predictor of future criminal behavior. In order to receive a score on this item, an individual must have four or more sentencing dates on his adult criminal record. Mr. Smith has one prior DWI conviction and one prior entry into a conditional discharge program for possession of marijuana, so he has fewer than four prior sentencing dates.
7. Any Convictions for Non-Contact Sex Offenses	0	Non-contact sexual offenses, such as exhibitionism, obscene phone calls, and voyeurism, have higher reoffense rates than contact sex offenses. Even if I were to assume as a hypothetical that Mr. Smith committed the alleged offense, he has no noncontact offense allegations.
8. Any Unrelated Victims	0	Offenders who offend against family members recidivate at a lower rate compared to those who have victims outside their immediate family. Again, even if I were to assume that Mr. Smith committed the alleged offense, he has no unrelated victims.
9. Any Stranger Victims	0	Research shows that having a stranger victim (i.e., known less than 24 hours) is related to sexual recidivism. Mr. Smith's present allegation is regarding his daughter, not a stranger.
10. Any Male Victims	0	Research shows that offenders who offend against male children or adults recidivate at a higher rate compared to those who do not have male victims. There are no allegations that Mr. Smith has ever molested a male.
TOTAL SCORE: -1 point: low risk		

## Managing Violence Risk

Potentially Dynamic Predictors of Sexual Recidivism

**Stable Dynamic Risk Factors:** "personal skill deficits, predilections, and learned behaviours that correlate with sexual recidivism but that can be changed through a process of 'effortful intervention.'"

**Acute Dynamic Risk Factors:** "rapidly changing environmental and intrapersonal stresses, conditions, or events that have been shown by previous research to be related to imminent sexual reoffence."

Hanson, Harris, Scott, & Helmus (2007)

## Managing Violence Risk

Potentially Dynamic Predictors of Sexual Recidivism

### STABLE DYNAMIC

- Negative social influences
- Intimacy deficits
- Sexual self-regulation problems
- Attitudes tolerant of sexual assault
- Lack of cooperation with supervision
- General self-regulation problems

### ACUTE DYNAMIC

- Sexual preoccupations
- Victim access
- Hostility
- Emotional collapse
- Substance abuse
- Collapse of social supports
- Lack of cooperation with supervision

Scoring Item□	Comments□	Score□
Significant Social Influences□	Mr. Smith reported that his closest confidant is his romantic partner, Paul Jaspers, a fourth-year medical student. In addition, he has become close to Mr. Jaspers' extended family during the course of their five-year relationship. Until the death of Mr. Smith's mother (in May 2013) and his grandfather (in October 2013), he maintained close relationships with them as well.□	0□
Capacity for Relationship Stability□	Mr. Smith has been involved in a stable romantic relationship for five years. During the past two years, he and his romantic partner have been cohabiting.□	0□
Emotional ID With Children□	Mr. Smith's social interactions are with adults. There are no indications of preferential association with or identification with minors.□	0□
Hostility Toward Women□	Mr. Smith has no history of hostility toward women.□	0□
General Social Rejection□	There are no indications of social isolation in Mr. Smith's lifestyle. He is well-connected to his romantic partner and his romantic partner's extended family.□	0□
Lack of Concern for Others□	There are no indications of Mr. Smith living an egocentric, narcissistic lifestyle. He reported volunteering as a paralegal intern through a legal clinic at Anytown Law School.□	0□

## Consider a coherent report framework

Principles of effective criminal justice interventions to reduce general recidivism:

- Risk
- Need
- Responsivity

(Andrews & Bonta, 2006)

## 4. Psycholegal/forensic question

- For example, eligibility for SVP commitment or special sentencing law; risk level with regard to state's community notification law

In SVP cases, what do evaluators actually do?

- Jackson, R. L., & Hess, D. T. (2007). Evaluations for civil commitment of sex offenders: A survey of experts. *Sexual Abuse: A Journal of Research and Treatment*, 19, 425-448.

## 1. Mental abnormality

- Axis I dx:
  - Documentation (43.9% primarily),
  - Unstructured interview (19.5% primarily)
  - Structured interview (e.g., SKID) (9.8% primarily)
- Axis II:
  - File info (63.5% primarily)
  - Unstructured interview (20% primarily)

## 2. Volitional impairment

- Existence of personality disorder combined with previous sex offending 65.9% (endorsed)
- Existence or non-existence of a paraphilia 63.4%
- Self report that volitional impairment is present 48.8%
- Neuropsychological testing indicating impaired impulse control 14.6%

## 3. Increased likelihood

- Risk/likelihood
  - Static-99 67.5% (always use)
  - MnSost-R 20.6%
  - RRASOR 14.3%
- Overall instrument choice for risk
  - Actuarial risk assessment instrument: 75.6%
  - PCL-R: 43.9%
- (What they don't do:)
  - Phallometric assessment: 0%

## Report Style

**Always remember your audience!**

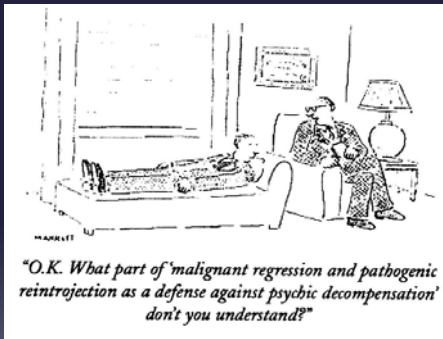
Avoid jargon

## Who is the author?

- Dr. Scientist? Super Statistician? Pompous Professor?



### Deep Intrapsychic Doctor?



"... an ectomorphic male with idiosyncratic macho grooming ..."

### How to avoid jargon

- Use plain English; avoid \$5 words
  - Never use words like utilized or verbalized; used and said will work just fine
- When you must use technical terms, carefully define them (e.g., if using "exhibitionism" or "pedophilia," at the first use, define the term)
- Explain terms and concepts in common-sense language and use examples

Pick a good author:  
Knowledgeable, Reasonable,  
Down-to-earth Professional

- (Your picture goes here)

### Plain English

- My mother never said, "Utilize your napkin!"
- Parents do not instruct children, "Don't verbalize back!"
- My patient did not "demonstrate tearfulness." He cried.
- Pirates never made anybody "Ambulate the plank."

### Be **concise**

- Avoid phrases from the Department of Redundancy Department
- Squeeze out unnecessary words and phrases (e.g., in order to, in terms of, at this point in time)

## Targets for cuts and edits:

- 
- 1. Adverbs that intensify rather than modify: *just, certainly, entirely, extremely, completely, exactly, totally*
- 
- 2. Prepositional phrases that repeat the obvious: *in the story, in the records, in his account, in the article, in the discovery (if already stated)*
- 
- 3. Phrases that grow on verbs: *seems to, tends to, should have to, tries to*
- 
- 4. Abstract nouns that hide active verbs: *consideration becomes consider, judgment becomes judges; observation becomes observes;*
- 
- 5. Redundant adjectives: *an unhappy, depressed patient;*
- 

## • Opinions and Conclusions

- Transparent/Explained carefully and thoroughly
- Supported by multiple sources of data
- Limitations explicitly acknowledged
- Address conflicting data
- Use contingency statements
  - If/then statements

## Style points

- Block quotes: If information is critical to your analysis, otherwise paraphrase; too many block quotes leads to sleepiness
- Citations to the literature: again, in moderation if critical to your analysis

## Areas for debate

- Diagnoses such as Paraphilic disorder, NOS
- Use of citations to the literature
- Use of “I” vs. passive voice
- Interpreting ambiguous records
- Quoting statutory language
- Describing statistical strengths and weaknesses of instruments

## Finally...

- Proofread
- Proofread
- Proofread (and revise)
  - Don't rely on spell check alone
  - Write quickly (fluency) but revise carefully (cut, cut, cut)

## Forensic Report Checklist

Philip H. Witt, 25 N. Doughty Ave., Somerville, NJ 08876 [phwitt@optonline.net](mailto:phwitt@optonline.net)

**Abstract:** Reports are a major work product of forensic psychologists. Although some cases lead to testimony, almost all cases result in a forensic report. Recent work in other areas, such as medicine, has indicated that the use of a simple checklist can reduce errors. In this article, the author relies on a recent empirical study of common errors in forensic reports to generate a brief checklist for writing reports.

**Keywords:** forensic psychology, reports, evaluations

---

### Introduction

In a recent book, *The checklist manifesto: How to get things right*, Atul Gawande (2009) makes a persuasive case that simple checklists can reduce errors in a wide range of complex tasks. Gawande, a general and endocrine surgeon, has written extensively on how to improve outcomes in medicine, particularly in his own specialty, surgery. Many, although not all, of his examples in *The checklist manifesto* come from medicine. Drawing on the work of Peter Provonost, a Johns Hopkins critical care specialist, he cites research demonstrating how simple checklists reduce infections from intravenous lines (Berenholtz et al., 2004), decrease the presence of untreated pain in patients (Erdek & Provonost, 2004), and reduce the length of time that patients needed to stay in the intensive care unit (Provonost et al., 2003). He discusses at some length a World Health Organization (WHO) project to reduce surgical mortality and morbidity worldwide, a project that found that a simple surgical checklist significantly reduced these factors (Haynes et al., 2009).<sup>1</sup>

Gawande does not limit himself to medicine, however, in demonstrating the usefulness of checklists in helping professionals deal with demanding, complex tasks. He notes that checklists are used extensively in the airline industry. Pilots have checklists ranging from preflight procedures to management of emergencies. He reviews the use of checklists in the construction industry, where checklists help construction companies deal with enormously complex construction projects.

In this engaging book, Gawande demonstrates how experience with well conceived and well executed checklists almost always overcomes the typical initial objection—"How can a simple checklist help me, a skilled professional, do my job better? Checklists

---

<sup>1</sup> The interested reader can access the actual WHO safe surgery checklist at [http://whqlibdoc.who.int/publications/2009/9789241598590\\_eng\\_Checklist.pdf](http://whqlibdoc.who.int/publications/2009/9789241598590_eng_Checklist.pdf).



might be useful, but only for a novice.” He differentiates brief checklists from more comprehensive manuals:

It is common to misconceive how checklists function in complex lines of work. They are not comprehensive how-to guides, whether for building a skyscraper or getting a plane out of trouble. They are quick, simple tools aimed to buttress the skills of expert professionals. (2009, p. 128)

Gawande (2009) proposes the following as an explanation for the effectiveness of simple checklists:

In a complex environment, experts are up against two main difficulties. The first is the fallibility of human memory and attention, especially when it comes to mundane, routine matters that are easily overlooked under the strain of more pressing events. . . . A further difficulty, just as insidious, is that people can lull themselves into skipping steps even when they remember them. In complex procedures, after all, certain steps don't *always* matter. . . Checklists seem to provide protection against such failures. They remind us of the minimum necessary steps and make them explicit. (pp. 35-36)

The use of simple checklists can assist our own work, much of which consists of complex tasks. Forensic reports, in particular, are a critical product of forensic psychologists. Numerous authors (e.g., Melton, Pettila, Poythress, Slobogin, 2007; Heilbrun, Marczyk & DeMatteo, 2002) have emphasized the centrality of report writing to a forensic psychologist's work. Although testimony is important, not every case leads to testimony, whereas almost all cases lead to a report. The integration of observations, review of records, information from third-party sources, psychological testing, and statute or case law into a coherent forensic report—frequently written under time pressure—seems exactly the sort of complex task for which a checklist is well suited. Use of a checklist can help the evaluator insure that he or she has followed the minimum steps needed to produce a competent forensic report.

Checklists differ from templates. Many evaluators use templates—structuring their reports and interviews, for example, around a list of standard topic headers. Checklists are different. Checklists do not necessarily focus on specific topic areas, although some may be included. Checklists, rather, include steps and procedures necessary to generate a competent report. These steps should be written in a simple, concise manner—clear enough to be read aloud, if needed.<sup>2</sup>

### Method

How then could one construct a checklist for forensic reports? The trick is to distill a complex task into its essential elements, from which one can construct a checklist.

---

<sup>2</sup> Some of the characteristics of checklists are derived from the Checklist for Checklists of Project Check: <http://www.projectcheck.org/checklist-for-checklists.html>.

What are the minimum necessary steps required to write a forensic report? On the one hand, the checklist should include these essential elements; on the other hand, the checklist must be short enough that it will be used, rather than ignored. One approach is to determine what errors are commonly made in the task, focusing the checklist on these errors. In this way, the checklist user can at least ensure that he or she is not making one of the common errors.

In a recent article, Grisso (2010) reviews the literature on forensic reports. He notes that thinking regarding forensic report writing has evolved in the past few decades, as forensic psychology as a specialty has matured. For example, currently most commentators indicate that forensic psychologists should describe in their reports how their clinical data lead to their forensic conclusions—that is, the explicit connection between their observations and inferences. This recommendation was not always made in the past.

Fortunately, Grisso's article provides a roadmap in developing a forensic report checklist. Grisso analyzed a sample of 62 reports written by 36 forensic psychologists submitted as practice samples in their candidacy for the diplomate examination of the American Board of Forensic Psychology (ABFP). All 62 reports were not approved (that is, essentially rejected) by two independent reviewers of the ABFP. All were found to contain errors or deficiencies serious enough to make failure likely if the candidate was given an oral examination on these reports. With these non-accepted reports, Grisso examined the feedback letter sent to each candidate and performed the following analysis (p. 107): "Each discrete fault or problem described in the letter was identified for each of the one or two non-approved reports to which the letter referred, and these faults were tallied across all of the non-approved reports. This produced (a) a non-redundant list representing the domain of faults mentioned by the reviewers, and (b) a tally of the frequency with which each fault was mentioned across all reports."

Grisso found 30 discrete deficiencies in these report that led to their non-acceptance. He organized these 30 factors into five areas:

- Introductory material

- Organization and style

- Data reporting

- Psychological test reporting

- Interpretations and opinions

As useful as these 30 factors are, they are far too numerous to form the foundation for a checklist. Fortunately, Grisso went further. He then identified the ten faults most

frequently found by the practice sample reviewers.<sup>3</sup> It is these ten faults that will form the basis for our forensic report checklist, with the faults recast in checklist format. I have organized these faults in a manner consistent with the flow of report writing, beginning with faults related to introductory materials, continuing with faults related to overall report style, and concluding with faults related to conclusions.

Regarding these ten checklist items, there is no claim that these items include the entire universe of possible report writing faults. Grisso himself (p. 112) wrote: “It is possible that other factors did not arise in this process because they were satisfied even by these reports that were not approved for use in ABFP oral examinations.” However, as Grisso notes (p. 112) many of these faults are among those elements mentioned as important by previous commentators, as well as found among the common errors in the relatively few other empirical studies of forensic reports. Consequently, there is reason to feel confidence in the centrality of these checklist items.

### **Results and Discussion**

In this explanatory section, I will review the checklist elements, all derived from Grisso’s study. Noted in parentheses after the checklist item is the percent of non-passed forensic diplomate practice samples in which the particular fault underlying that checklist item was found.

1. Forensic referral question stated clearly (53%).

One primary distinction between clinical reports and forensic reports is that forensic reports have a specific psycholegal question to be addressed. Frequently, this question is defined by relevant regulations, case law, or statute within the jurisdiction where the report is written or being used. The forensic question should guide the entire evaluation and, especially, the report. If the evaluation strays too far from the forensic question, it risks being considered irrelevant. Nonetheless, in over half the non-passed reports submitted by forensic psychology diplomate candidates, the forensic question was not clearly articulated.

2. Report organized coherently (36%).

The forensic report serves to communicate technical psychological information to a non-technical audience—courts, lawyers, and quasi-legal agencies (such as probation or child-protection agencies). As such, the forensic evaluator should organize the report to guide the reader in understanding what forensic question was considered, what information

---

<sup>3</sup> Interestingly, some forensic report characteristics frequently said to be essential, such as explicit statement of informed consent, were not among the ten most common reasons for non-acceptance. It is possible, of course, that all reports contained these elements, so they did not discriminate between accepted and non-accepted reports.

the evaluator used, and how the evaluator reasoned from this information to reach his or her forensic conclusion. The flow of the report is typically from the concrete (sources of information, observations) to the abstract (inferences and conclusions).

3. Jargon eliminated (19%).

Virtually every authority on forensic psychology report writing recommends removing jargon from one's reports, so it comes as some surprise that the presence of jargon is still one of the top 10 faults found in forensic reports submitted by forensic psychology diplomate candidates, whom one would presume to be advanced practitioners. Jargon simply stands in the way of clear communication in a forensic report. Some report writers have become so inured to the jargon they use in their daily work and conversations that they do not even identify their frequently used terms as jargon. Examples include failing to explain to the lay reader what a particular medication is used for, or expecting everyone to know what "oriented times three" means.

4. Only data relevant to forensic opinion included (31%).

Grisso notes that traditional clinical reports sometimes stray widely from the initial referral question. Forensic reports, however, need to limit themselves to answering the forensic question. There are due process and self-incrimination issues relevant in forensic reports that do not apply to clinical reports.

5. Observations separated from inferences (26%).

Forensic authorities generally agree that, for clarity, observations should be separated from inferences in forensic reports. If this is not done, it is all too easy for a lay reader to confuse the two, mistakenly assuming that an evaluator's inference is really an established fact.

6. Multiple sources of data considered, if possible (22%).

Use of multiple sources of information allows the evaluator to corroborate (or not) information received from one source—for example, the clinical interview—with information from another source—for example, the file. In some cases, multiple sources of information may not be available. In criminal cases in many jurisdictions, discovery materials are not available to the defense (or defense expert) until after indictment; in sexually violent predator civil-commitment evaluations, the individual is likely to have been

incarcerated for many years, making witness and family member accounts less accessible.

7. Psychological tests used appropriately (15%).

Addressing forensic questions with psychological testing requires some thought. General psychological tests were not developed with specific forensic questions in mind, so there is always an inferential leap involved in interpreting general psychological tests to answer forensic questions. The evaluator needs to carefully consider what information can be drawn from psychological test results and how this information applies to the specific forensic question at hand.

8. Alternate hypotheses considered (30%).

Alternate hypotheses are always possible in forensic evaluations. At the least, there is always the contrary hypothesis with regard to the answer to the forensic question. That is, if the question is, "Is this defendant competent to proceed to trial," then the two obvious hypotheses are that he either is or is not competent. Systematic consideration of competing hypotheses, and the evidence for and against both, makes the evaluator's reasoning clear.

9. Opinions supported by data (28%).

Unfortunately, over one-quarter of forensic psychology diplomate candidates provided reports in which, in the diplomate examiners' opinions, their findings were not supported by the underlying data. Evaluators need to ensure that their findings are firmly grounded in the data; otherwise, the reports will be unpersuasive.

10. Connection between data and opinions made clear (56%).

As Grisso notes in his article, at present there is broad consensus among forensic psychology authorities that forensic psychology reports should clearly describe the reasoning that leads the evaluator to his or her conclusion. Despite this broad consensus, lack of clarity regarding the reasoning that connects the data to the forensic opinion was present in over half those work samples not passed. Providing the reasoning can serve to make the report more understandable and persuasive to its reader.

**Appendix**

## Forensic Report Checklist

1. ☐ Forensic referral question stated clearly.
2. ☐ Report organized coherently.
3. ☐ Jargon eliminated.
4. ☐ Only data relevant to forensic opinion included.
5. ☐ Observations separated from inferences.
6. ☐ Multiple sources of data considered, if possible.
7. ☐ Psychological tests used appropriately.
8. ☐ Alternate hypotheses considered.
9. ☐ Opinions supported by data.
10. ☐ Connection between data and opinions made clear.

Acknowledgements: The author thanks Gregory DeClue and Mark Frank, who offered helpful suggestions on earlier drafts of this article. In addition, the author is grateful to Thomas Grisso, whose research formed the foundation of this checklist, and to Deborah Collins, who developed the practice sample review template that guides forensic diplomate examination panel members in evaluating forensic diplomate candidates' reports.

received June 7, 2010; revision submitted June 21, 2010; accepted July 28, 2010

### References

- Berenholtz, S. M., Pronovost, P. J., Lipsett, P. A., Hobson, D., Earsing, K., Farley, J. E., Milanovich, S., Garrett-Mayer, E., Winters, B. D., Rubin, H. R., Dorman, T., & Perl, T. M. (2004). Eliminating catheter-related bloodstream infections in the intensive care unit. *Critical Care Medicine*, 32, 2014-2020.
- Erdek, M. A., & Provonost, P. J. (2004). Improvement of assessment and treatment of pain in the critically ill. *International Journal for Quality Improvement in Healthcare*, 16, 59-64.
- Gawande, A. (2009). *The checklist manifesto: How to get things right*. New York: Metropolitan Books.
- Grisso, T. (2010). Guidance for improving forensic reports: A review of common errors. *Open Access Journal of Forensic Psychology*, 2, 102-115.
- Haynes, A. B., Weiser, T. G., Berry, W. R., Lipsitz, S. R., Breizat, A. S., Dellinger, E. P., Herbosa, T., Joseph, S., Kibatala, P. L., Lapitan, M. C. M., Merry, A. F., Moorthy, K., Reznick, R. K., Taylor, B., & Gawande, A. A. (2009). A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. *New England Journal of Medicine*, 360, 491-499.
- Heilbrun, K., Marczyk, G., & DeMatteo, D. (eds.) (2002). *Forensic mental health assessment: A casebook*. New York: Oxford.
- Melton, G., Petrila, J., Poythress, J., & Slobogin, C. (2007). *Psychological evaluations for the courts* (3<sup>rd</sup> edition). New York: Guilford.
- Provonost, P. J., Berenholz, S. M., Dorman, T., Lipsett, P. A., Simmons, T., & Haraden, C. (2003). Improving communications in the ICU using daily goals. *Journal of Critical Care*, 18, 71-75.

## The Architecture of Report Composition

- Organization (form, structure)
  - What is the structure of the report?
- Content (substance)
  - What information is included in that structure?
- Style (expression)
  - How is that information conveyed?

## Literature on forensic report writing....

See references at end of Handout 13

- Best review: Wettstein (2005)
- Articles generally discussing guidelines and best practices
- Articles describing results of studies that examined forensic reports

## Best Examples of Forensic Reports

Melton et al (2007)

Psychological Evaluations for the Courts  
Chapter 19, Sample Reports

Heilbrun, Marczyk & Matteo (2002)

Forensic Mental Health Assessment: A Casebook

## How are forensic reports different from clinical reports?

1. They create a legal record
2. Their users are non-clinicians
3. They are public

These differences influence every aspect of forensic report writing.

## Purposes....

### 1. Creating a Legal Record

- Required by law in some jurisdictions
- Plays roles in legal process of case
  - Pre-trial disclosure process
  - Structure for oral testimony—on direct, and permitting meaningful cross
- Importance of documents on appeal
- Value of a report in future cases

## Purposes cont'd

### 2. Informing non-clinical decision makers (attorneys, judge and/or jury)

- The report as education for a decision
- To teach effectively, one must be able to see the world as the person one is teaching
- Information will be of little use to the legal decision maker if it...
  - doesn't provide legally relevant information
  - isn't credible
  - doesn't address the question
  - can't be understood



## Purposes cont'd

3. Forensic reports may be accessed by many people beyond the courtroom
  - The press
  - Defendant and family
  - Future clinicians

## Other considerations regarding the purpose of reports

- A vehicle for the clinician's analytic process
- Modeling for trainees and colleagues
- Clinical implications for the examinee

## How science is reported

- The traditional outline of report of a scientific study in a professional journal
  - Introduction of the problem
  - Method used to address it
  - Results—the facts derived from the study
  - Discussion—what the author concludes, and an explanation of how facts were interpreted to arrive at the conclusion

Role of each section

## How law is reported

- The traditional outline of a report of an appellate court announcing its decision
  - Introduction, jurisdiction, and legal question
  - Facts of the case
  - Opinion, and explanation of the legal reasoning

## Thus....

- Introductory material  
"Why you did the evaluation"
- Methods used  
"What you did"
- Data, results, observations  
"What you observed"
- Opinions (Interpretation, logic/reasoning, conclusion)  
"What it means"
- Some examples --->  
What do you like and not like about them?

## Melton, Petrila, Poythress and Slobogin (broadly generic)

- A. Circumstances of referral
- B. Date and nature of clinical contacts
- C. Collateral data
- D. Relevant personal background
- E. Clinical findings
- F. Psycho-legal formulation

### Melton, Petrila, Poythress and Slobogin (broadly generic)

- A. Circumstances of referral
  - B. Date and nature of clinical contacts
  - C. Collateral data
  - D. Relevant personal background
  - E. Clinical findings
  - F. Psycho-legal formulation
- Method? (B, C, D)
- Data/Results? (D, E, F)

### Melton, Petrila, Poythress and Slobogin (broadly generic)

- A. Circumstances of referral
  - B. Date and nature of clinical contacts
  - C. Collateral data
  - D. Relevant personal background
  - E. Clinical findings
  - F. Psycho-legal formulation
- Method? (B, C, D)
- Data/Results? (D, E, F)
- Opinions? (F)

### Florida Mental Health Institute

- A. Identifying Information/Referral Question/Notification
- B. Current Clinical Functioning
  - Behavioral Observations
  - Test Results
- C. Relevant History
- D. Psycholegal Issue Results
- E. Summary and Conclusions

### Florida Mental Health Institute

- A. Identifying Information/Referral Question/Notification
  - B. Current Clinical Functioning
    - Behavioral Observations
    - Test Results
  - C. Relevant History
  - D. Psycholegal Issue Results
  - E. Summary and Conclusions
- Results (B, C, D, E)

### Florida Mental Health Institute

- A. Identifying Information/Referral Question/Notification
  - B. Current Clinical Functioning
    - Behavioral Observations
    - Test Results
  - C. Relevant History
  - D. Psycholegal Issue Results
  - E. Summary and Conclusions
- Reverse? (B, C, D, E)

### Massachusetts Juvenile Court Clinic Reports (see handout 1)

- A. IDENTIFYING INFORMATION
  - Identification, legal status, referral question
- B. STRUCTURE OF EVALUATION
  - Sources of information, limit of confidentiality warning, course and scope of evaluation
- C. CLINICAL DATA
  - History
  - Clinical evaluation (current status)
  - Clinical data specifically relevant for forensic question
- D. OPINIONS
  - Clinical summary and formulation
  - Opinion on forensic question
  - Recommendations

## Massachusetts Format for CST/CR Evaluations

- A. Introduction
  - Identifying information
  - Notification of limited confidentiality/privilege
  - Sources of information
  - Course and scope
- B. Relevant history
  - Circumstances of referral
  - Hospitalization course
  - Current mental status
  - Forensic-relevant abilities
- C. Impressions regarding forensic issue
- D. Impressions about need for care and treatment

## Questions of consensus

- There seems to be agreement regarding the broadest level of organization
- Within that agreement, there are various ways to organize the details, reflecting...
  - jurisdictional differences
  - personal preferences
  - type of forensic evaluation (e.g., CST, child custody, etc.)
- Controversy arises when the broadest level of organization is not followed
  - See next.....>

## Less Consensual Approaches

- The “letter to the court” format
  - On letterhead, letter format, to the judge
  - Flows like usual report, but without headings
  - No particular advantage, and some disadvantages
- The “opinion memorandum” format
  - Often 2-3 pages, outlined as...
    - Statement of question
    - Description of opinions
    - Brief explanation of support for opinions offered as each opinion is stated
  - Reasons, advantages, disadvantages

## Rules and Suggestions for Content

- Six maxims
- Section by section review

## Six Maxims for Forensic Report Writing

Broad ideals that guide the development of any effective forensic report

1. Let the forensic question drive, guide and limit the report's content
  - Discussion of what we mean by “the forensic question”
    - Statute or case law definitions
    - Judicial or attorney elaborations
    - Psycho-legal and clinical translations
  - Needs to be clearly stated at beginning, and addressed at end
  - Everything between is guided by it

## 2. Report what's necessary, and don't report what's not necessary

- Pertains to relevance of content
  - Everything that's relevant
  - Nothing that isn't relevant
- Pertains to detail
  - Enough to convey the message
  - No more than is necessary to convey it
- How much is necessary (or not) will vary depending on the nature of the case
  - Some reports need more detail than others

## 3. Sequence and describe information in a way that makes sense to the reader.

- Arranging information in sync with readers' cognitive style
- Creating a story
- Using language they will understand
- Thinking about testimony
- Getting feedback

## 4. Completely separate facts from inferences and opinions

- Data and facts
  - What is acquired by senses
  - What can be verified
- Inferences, interpretations, and opinions
  - What the data suggest about the person or past/future behavior when...
    - combined
    - seen in the light of the examiner's theory and experience
    - applied to the referral question

## Data and interpretation cont'd

- Applied to organization of content
  - Data section: Only data (no interpretations)
  - Interpretations/Opinions section: No new data in this section
- Applied to style of communication
  - Describing observations
    - Not, "She was [or looked] depressed"
    - "Her speech was slow, with long pauses"
    - "She said that lately she hasn't felt like eating"
  - Describing test data
    - Not, "His YSR indicate he is antisocial and hostile"
    - "He scored high on the YSR "Rule-Breaking Behavior" and "Aggressive Behavior" scales"

## 5. Explain opinions and conclusions

- Explanations involve
  - teaching how you know, or how you got there
  - Connecting data to opinions
  - Explaining how the data obtained their meaning (theory, research)
- Why a written opinion requires explanation
  - Courts require evidence
  - Unexplained conclusions invite need for testimony
  - Explanations, not opinions, are the reason that one is an expert
- No opinion without an explanation

## 6. Explain your rejection of other possible opinions and conclusions

- Many cases provide data that could be interpreted in alternative ways
- Explaining rejected ideas is an essential feature of the clinician's process of arriving at an opinion...
  - Examiners must rule out alternatives in order to find the one that they will support
  - One must be able to explain that reasoning
- It's an essential feature of a good report when...
  - there are potentially plausible alternative interpretations (e.g., malingering)
  - one strongly suspects that alternatives will be considered by readers (like opposing counsel)

## Section by Section Review

- Introduction
- Method
- Data
- Opinion

## The Introduction: What lawyers are used to in opinion documents

- The traditional format of an Introduction for appellate court announcing a decision
  - What case is this?
  - How did it get here?
  - What specific legal question is being addressed?
  - How and why did this court have authority to address the case?

## Translation to suggest content of Introduction to forensic reports

Appellate Documents	Forensic Reports
1. What case is this?	1. Identifying the case
2. How did it get here?	2. Description of the observations or events that led to a referral
3. What legal question is being addressed?	3. The legal question or criterion that defines what will be assessed
4. How does the court have jurisdiction to address it?	4. How the examiner was authorized to do the evaluation

## INTRODUCTION (see handout 2)

- Adequate identification of examinee
  - I.D., places, dates
- Description of why the case exists
  - Legal status of the case
  - Be concise and do not elaborate
- Referral
  - Who and how referred to you
  - Importance for defining who receives the report

## INTRODUCTION (see HANDOUT 2)

- Examiner's role
  - Assures proper legal authority to perform the evaluation
- What the examiner is asked to evaluate
  - The referral question
  - Cases in which elaboration might be necessary
- Examiner's identification of law defining the referral question
  - Citing and quoting statutes or cases
  - Examples of cases with less or more legal explanation (HANDOUT 3)

## METHOD

- "Process and Scope" (HANDOUT 4)
  - Process: How the evaluation unfolded as a process
    - What went wrong
    - Why you couldn't get some data you wanted
    - Life events or evaluation conditions that might have influenced the results
  - Scope: Forensic evaluations do not address questions beyond the legal referral question, unless otherwise authorized
    - How the main forensic referral question was interpreted
    - If questions were addressed beyond the forensic question, why and with what authority?



## METHOD (see HANDOUT 2)

- **Sources of Data:** Complete description of data sources, including...
  - Interviews and consultations
    - Examinee and all other parties
    - Dates of interviews/consults
    - What about calls unanswered? Brief checks?
    - Lengths of interviews
  - Listing of all documents and records reviewed
    - Only if used in report? Or “all reviewed?”
    - Sub-list of all references to works cited in report
  - List of all psychological tests administered

## METHOD (see HANDOUT 2)

- **Preparation of Participants**
  - Various labels (“Preparation of Examinee,” “Warning of Limits of Confidentiality”)
  - Inappropriate... “Waiver of Rights,” “Informed Consent”
  - Includes
    - What you told examinee
    - Whether examinee seemed to understand (examples when asked to paraphrase often help)

## The “Opinion Preview” Option

- Between Method and next section (Clinical Data), reciting final opinions that will appear at the end of the report
- **Considerations....**
  - Why might an examiner do that?
  - Why might there be reasons not to?

## Clinical Data Section (see HANDOUT 2)

- Many different ways to organize
- One way
  - **A. Relevant History** of person
  - **B. Current Status**--mental, psychological and/or developmental
  - **C. Forensic Data**--related specifically to the forensic question

## Data (A. History)

How many ways can you think of to organize a “history” subsection?

Chronology  
Informant  
Life domain

None are right for every type of forensic case

## Data (A. History)

### Chronology

- Begins at birth and continues to now
- Typical subsections
  - Family background (*parental history*)
  - Early development
  - Preschool and school years
  - Young adult years
  - Etc.
- For some cases, each may be separate subsections; for others, 1<sup>st</sup> three are a subsection, and adulthood is another (all being brief)
- For what types of forensic evaluations would this be potentially useful?

## Data (A. History)

### Informant

- Historical information provided according to source of information
- Typical subsections
  - *Examinee*
  - *Family members*
  - *Other informants*
  - *Records (broken down by various kinds)*
- For what types of forensic evaluations would this be potentially useful?

## Data (A. History)

### Life domains

- Organized by “areas of life”
- Typical subsections
  - *Family history*
  - *Education history*
  - *Work history*
  - *Health and mental health history*
  - *Offense history*
- For what types of forensic evaluations would this be potentially useful?

## Data (A. History)

### Suggestions for writing

- Identifying the source
  - “His mother said that...”
  - “Medical records noted...”
  - Dangers in not identifying the source (e.g., “He has never been hospitalized...”)
- Attending to degree of detail
  - No more and no less than necessary, guided by forensic questions
  - Will vary extremely depending on type of forensic evaluation
  - “In the end, is this fact necessary for understanding my opinion?”
- Avoiding inferences
  - Do not interpret the data
  - But others’ interpretations are okay. (They are data.)

## Data (B. Current Status)

- Often divided into two subsections
  - **Current Status Interview**
  - **Psychological Test Data**

## Data (B. Current Status)

### Current Status Interview

- Two ways to write it
  - Traditional “mental status exam” format (see HANDOUT 5)
  - Information about examinee’s perceptions based on interview with examinee, reorganized and synthesized
- Avoid reporting incriminating information when it should be legally protected

## Data (B. Current Status)

### Psychological Testing Data

- Report all test results, not just those that are consistent with your opinions or conclusions
- Present test results as data or hypotheses, not actual inferences about the individual
- Describe any non-standardized testing practices employed, as well as their potential impact

## Data (B. Current Status)

### Reporting tests scores (see handout 6)

- Formats
  - Numerical: Scores in a table
  - Verbal: Text that describes results in prose
  - When would either of these be more appropriate?
- Take great care when describing meaning in relation to normative groups
  - Percentile, t-score or s.d. comparisons to norms
  - Offering risk probabilities applied to the examinee

## Data (B. Current Status)

### Diagnosis (e.g., DSM 5-axis)

- Often is placed here
- Argument for placing it in Opinions

## Data (C. Specific Forensic Data)

- Special subsection for...
  - Competence abilities in CST evals  
(HANDOUT 7)
  - Interviews with defendant, police, others about the offense event in CR eval
  - Special observations related to a jurisdiction's violence risk criteria, or a jurisdiction's list of factors for termination of parental rights
  - Observations of parent-child play sessions in child custody

## Opinion Section (see handout 2)

- Many different ways to organize
- One way
  - A. Clinical Summary, or Clinical Formulation
  - B. Forensic Opinion and reasoning
  - C. Recommendations for clinical or legal intervention

## Opinion section (cont'd)

### Strategy throughout this section

- Offering your interpretations of the data
  - Not simply repeating the data-section results
- Referencing the data that support your interpretations
- Employing a multi-method approach to arriving at interpretations
- Explaining why the data don't support important alternative interpretations

## Opinion (A. Clinical Summary)

### (see HANDOUTS 2 and 8)

- Involves a "clinical formulation"
  - Uses data to offer interpretations of essential characteristics and circumstances of the examinee ("Who is this person?"). Often psychiatric diagnosis.
  - Focus is not on the forensic question, but on a general "description of the examinee" as a person
  - Should provide enough reference to the data to show what supports the interpretations (without getting tedious)



## Clinical summary (cont'd)

- Should be specific (individualized) enough to identify how this examinee is different from other examinees
  - Draft it and read it. If it could be used to describe most examinees within a “class,” add something that makes this examinee different.
- Takes different forms depending on the nature of the case
  - Extensive, describing dynamics of development and complete personality picture at present
  - Selective, focusing only on those things that will provide the background for a narrow forensic issue

## Clinical summary (cont'd)

### DSM Diagnosis

- Multi-axis diagnoses fit well in this section (although often examiners put them in the Clinical Data section)
- Necessity of multi-axial diagnosis will vary depending on type of evaluation and local requirements

## Opinion (B. Forensic Opinions) (see HANDOUTS 2 and 9)

- Directed by the original forensic questions
- Two levels of opinion
  - First-level: Opinion regarding the forensic question
    - Is he competent to stand trial?
    - Does he constitute a serious danger to self or others?
  - Second-level: Opinions regarding each psycholegal factor that goes into that conclusion
    - (For CST) Does he have serious deficits in Factual Understanding of the proceedings? In capacity to Assist Counsel? etc.

## Forensic Opinion (cont'd)

- As each second-level opinion is stated, basis of opinion is explained using available data
  - “She knows the role of the attorney.”  
Reference the data supporting that interpretation.
  - “The plaintiff suffers from Bipolar disorder.”  
Reference the supporting clinical data.
- No “over-assertions” or inaccurate representations
  - “He does not understand the nature of the trial process” (when some data indicate some understanding of the process)

## Forensic Opinion (cont'd)

### Ways to express the first-level forensic opinion

- Offer an opinion on the actual legal decision to be made
  - “The examinee is incompetent to stand trial”
  - “Her custody of the child should be terminated.”
- Offer an opinion about factors related to the actual legal decision
  - “The examinee has serious deficits in abilities associated with competence to stand trial”
  - “Her capacities are such that they risk grave danger to the child if the child continued to be in her care.”
- In either case, proceed to second-level opinions and explanations

## Opinion (C. Recommendations)

- Recommendations regarding how the court might want to respond in light of the decision on the forensic question
  - E.g., for incompetence, how restoration of competence might be accomplished
  - Individualize the recommendation
- Sometimes recommendations related to need for clinical care, apart from the forensic question
  - Required in some jurisdictions, inappropriate in others
  - Consider non-report communications (e.g., to examinee’s attorney)

## Style: Writing Well

- Knowing the reader
- Writing clearly
- Matters of style

## The Value of Trying to Write Well

- Your evaluation is no better than your report
  - If you cannot report it understandably, it doesn't exist
  - If you cannot communicate it clearly, others will give it their own meanings
- Your report represents your credibility
  - Your message will not have influence (no matter how correct it is) if you are not believed
  - How you write your report will enhance or impair your credibility

## Value of Writing Well (cont'd)

- Writing and thinking are synergistic (or, "Writing is hypothesis testing")
  - We begin with a general idea of our conclusion
  - Writing forces us to lay the foundation for how we got there
  - Having to describe that foundation in detail inevitably identifies challenges to our conclusion
  - Usually this will (or should) modify our thinking

## Being Continuously Aware of the Readers

While writing, imagine the readers are looking over your shoulder. What do they see?

- The judge
- The referring attorney
- The referring attorney's challenger
- The defendant, parent, child
- The public
- Or even the ABFP practice sample reviewer

## The Readers (cont'd)

- Will they understand?
  - If not, what will they ask?
- Will they agree?
  - If not, what will they challenge?
- Will they trust the examiner?
  - If not, what can be done to improve their trust or reduce their mistrust?

## Writing Understandably

- Readability
  - Aim for maximum sentence lengths of 18-24 words
  - Try to find substitutes for multi-syllable words
    - Utilize = 3      Use = 1
    - Substantiates = 4      Shows = 1
    - Necessities = 4      Needs = 1
- Flesch calculations (see HANDOUT 10)
  - Reading Ease scores: Aim at 40-50
  - Grade Level scores: Aim for 9<sup>th</sup> to 11<sup>th</sup> grade
  - Setting up Microsoft Word for Flesch calculations
  - Example of "Fleschified" text

## Writing Understandably (cont'd)

### ■ Dealing with technical terms

- Some technical terms are necessary for archival documentation and reference by future clinicians
  - "Bipolar disorder," "autistic spectrum," "delusions"
  - Use them and explain them
- Others are not necessary...
  - "Oriented times three," "decompensated," "suicidality"
  - Don't use them

## Types of words and phrases I don't like....

Stilted	plethora, paucity, rife
Syllables+	suicidality, utilize
Obtuse	oppositional, acting out
Medical talk	denies, admits
Legal talk	opine, "if it please the court" (Honorable Judge Smith?)
Overstated	shows, proves, predicts (for relates to)
Pejorative labeling	psychopath, delinquent, criminal, perpetrator, sex offender, malingerer

## Writing Understandably (cont'd)

### ■ Making the abstract concrete, and vice versa

- When offering an abstraction, give an example
  - "Her attitude on the ward has been belligerent and threatening. For example, recently she approached a staff member and...."
  - "He was confused about the role of the defense attorney. For example, he said that her role was to help the judge...."

- When offering several concrete observations, try to simplify by creating an abstract concept

- His anger when he was offered help, refusal to join in a new game, and saying that he was undeserving of respect suggest that he lacks self-confidence or....."

## Matters of Style

### ■ Typos suggest lack of professional care

- Examples
  - Spelling errors
  - Grammatical errors
  - Typos on test scores
- Why important
  - Accuracy of a legal document
  - Avoid embarrassment on the witness stand
  - Effect on confidence and credibility of expert
- Remedy
  - Microsoft spell-check and grammar-check
  - Double-check scores

## Matters of Style (cont'd)

### ■ Language styles can subtly convey bias

- Against examinee....
  - "He denies ever hitting her in the past...."
  - "She alleges that she was somewhere else...."
- For the examinee...
  - "Under the circumstances, he understandably reacted in a manner that..."
  - "Like most youth her age, she objected to being told that she had to..."

- Language can subtly “orient” the reader in negative or positive ways

- Referring to the 15-year old charged with a delinquency as the “child,” “youth,” “adolescent,” “juvenile,” “young man,” “defendant,” or “alleged perpetrator”
- “...scored above the PCL-R cut-off for psychopathic personality. Like most psychopaths, he is likely to....”

## The ABFP Practice Sample

- How the process works
- Selecting Cases
- Formatting Requirements
- Most common problems

## How the PS Review Process Works

- Place of the PS review in the overall examination process
  - Candidacy review (corresponding secretary)
  - Practice sample review (PS review coordinator)
  - Oral exam process (Oral exam chair)
- Reception of the practice samples
- Format check
- The reviewers
  - The PS Review faculty
  - Training and monitoring
  - PS assignment

## PS Review (cont'd)

- Review process
  - The review “template” (see HANDOUT 11)
  - The nature of the review (see HANDOUT 12)
  - Resolution of split decisions
- Outcomes
  - Approval of both
  - Approval of one but non-approval of the other
  - Non-approval of both
  - Candidate and reviewer feedback

## Selecting Cases

- Two approaches
  - Digging into your archives for your best work
  - Trying to identify a potentially “good” case while it is developing
- Making sure the two practice samples are in different areas
- Making sure they are sufficiently recent

## Selecting Cases (cont'd)

- Selecting cases performed independently
  - Not under supervision
  - “Assisted” only in minor ways (ideally not at all)
- Handling “dual-purpose” CST/CR reports
- Selecting cases with balance
  - Not a no-brainer
  - Not a exotic case

## Formatting Requirements

- The files
  - CV
  - Case A:
    - A file with intro, report and supporting materials; max 80 pages
    - Separate file for Psych Testing documents; no max page length
  - Case B: Same thing
- De-identifying the cases
  - Disguising names of examinees and witnesses
  - Locations optional
  - How to handle dates

## Doing the Introduction to the Case

A narrative to the reviewer...

- A little about your practice, as it relates to how you got the case
- How such cases are handled or decided in your local hospitals, clinics and/or courts (jurisdictional differences that provide a context for the reviewer)
- How you decided on your methods (e.g., tests), the process you went through getting the data, and any problems you encountered
- Any ethical issues you had to deal with, how you thought them through, and how you ended up handling them
- Your explanation for anything that might seem like "questionable practice" to the reviewer

## Categories for Problems in ABFP Practice Sample Reviews

See handout 13-Table 1

- A. Introductory Material
- B. Organization and style
- C. Data reporting
- D. Psychological test reporting
- E. Interpretations and opinions

## The Most Common Problems

- Article: Grisso, "Guidance for improving forensic reports: A review of common errors."
  - Open Access Journal of Forensic Psychology, 2010 V. 2 at
  - [www.Forensicpsychologyunbound.ws](http://www.Forensicpsychologyunbound.ws)
- HANDOUT 13-Table 2
- 62 reports submitted for ABFP review but judged not adequate for proceeding to oral examination
- Between 2007-2009, about 15 reviewers
- Offered in ascending order of frequency

### Top 10 Common Problems

10. Improper test uses	15%
9. Language problems	20%
8. Over-reliance on self-report	23%
7. Data and interpretation mixed	26%
6. Inadequate data	28%

### Top 10 Common Problems

5. Failure to consider alternative hypotheses	30%
4. Irrelevant data or opinions	32%
3. Organization problems	34%
2. Forensic purpose unclear	53%
1. Opinions without explanations	55%

# Practice Sample Review

**Candidate:** ◇  
**Practice Sample Title/Topic:** ◇  
**Reviewer:** ◇  
**Date:** March 11, 2014

## SUBSTANTIVE REVIEW

### Introductory Information

- *Is the examinee's identifying information supplied (e.g., age, date of birth, etc.)?*
- *Are the data sources provided and sufficiently detailed?*
- *Is it clear why and from whom the referral was made?*

Comments:

< >

### Attention to the Forensic Question

- *Is the psycho-legal question defined?*
- *Has the report addressed the forensic legal question?*
- *Has the forensic legal question been addressed in terms of the applicable legal standard?*
- *Does the report address legal questions beyond the scope or nature of the referral (e.g., CST when referral involved CR)?*

Comments:

< >

### Organization of Report Content

- *Does the Data section contain inferences, opinions or conclusions before offering the basis sufficient to support them?*
- *Does the Opinion section of the report introduce new information?*
- *Is the content of each subsection of the report logically organized?*

Comments:



< >

## **Data Inclusion Issues**

- *Are sources or types of data typically or preferably relied upon for the type of evaluation under consideration ABSENT?*
- *Does the report contain IRRELEVANT data?*
- *Does the report contain INAPPROPRIATE data?*

### **Comments:**

< >

## **Inferences and Explanation**

- *Are there conclusory assertions without the evidence to support them?*
- *Are there assertions, supported by the data, though lacking logical explanations?*
- *Are assertions in the report appropriate to the data or are they over-statements?*
- *Does the report consider contrary data or alternative explanations?*
- *Are there assertions lacking supporting data and where no efforts were made to obtain that data?*
- *Are assertions made based upon self-report alone?*

### **Comments:**

< >

## **Psychological Testing**

- *Has relevant psychological testing been administered? Would a high standard of practice, in light of the nature of the case, have found testing helpful to corroborate clinical judgment?*
- *Is psychological testing present in the supplementary materials though not in the body of the report?*
- *Is psychological test data reported selectively?*
- *Are any psychological test results reported as inferences versus results?*
- *Are psychological tests scored accurately?*
- *Have tests been used in a standardized fashion? If not, has a cautionary explanation been provided?*
- *Have tests been used in a manner for which there is no validity?*
- *Have forensic assessment tools been used appropriately? (e.g., has a CST tool been relied upon without ability interviewing? Have Miranda comprehension instruments been used alone as evidence of understanding at time of interrogation?*
- *Have the limits of testing been considered?*
- *Are any handwritten materials (e.g., Rorschach protocol), if present, legible?*

### **Comments:**

< >

## **Supplementary Materials**

- *Does the practice sample contain appropriate and sufficient supplementary materials? If not, what is missing? (E.g., test data, criminal complaint, third party documentation?)*
- *Is the psychological testing scored correctly?*

Comments:

< >

## **Presentation of the Practice Sample**

- *Does the practice sample contain grammatical, spelling and/or typographical errors? (Note: Candidates are informed that practice samples may be disqualified on the basis of careless presentation.) Are those errors occasional or frequent?*

Comments:

< >

## **Reviewer's Additional Observations, Concerns or Comments**

- *Are there any other types, incidents or patterns of flaws or weaknesses observed in the practice sample?*

Comments:

< >

## **RECOMMENDATION:**

- *Acceptance or non-acceptance.*

Comments:

< >