An entire course in clinical-forensic psychology could be taught using report writing as a vehicle. Everything of importance to forensic psychological assessment culminates in the written report. The purpose of this chapter is a practical one. The reader will find little theory here and just a brief summary of the published empirical literature on forensic mental health report writing. Instead, our aim is to help the beginning forensic report writer start and complete respectable forensic psychological reports and, importantly, develop sufficient confidence and enthusiasm to write more reports.

Our coverage is organized around five themes: types or varieties of forensic report, overarching principles that guide forensic psychological report writing, the structure or anatomy of the forensic report, summary of the empirical literature on forensic mental health report writing, and practical tips to help report writers overcome common problems in report writing.

Varieties of Forensic Psychological Report

Every communication a psychologist makes to a party connected with a case is a forensic report. Although the present chapter focuses on the traditional written forensic report, much of what is said is applicable to these “other” kinds of forensic reports.

Written forensic reports vary in length and content depending on multiple factors, including the (a) referring party (e.g., plaintiff, defense, judge, commissioner), (b) venue (criminal, civil, or administrative), (c) jurisdiction (federal or state), (d) geography, and (e) referral question(s). It is therefore impossible to provide a single set of guidelines that will work in every situation.

Some contexts (e.g., civil) may require that the report include ancillary documents, such as the professional’s publications, list of other cases in which the expert has been deposed or has testified, list of continuing professional education courses taken, and the fee for professional services rendered to the referring attorney. Other contexts (e.g., involuntary civil commitment) may require only that an examining expert file a petition that the respondent (patient
in a civil commitment hearing) needs to be civilly committed and fill out a form (affidavit) in support of that petition.

For narrow referral questions, such as competency to stand trial, short reports are customary, whereas for custody evaluations or sexually violent predator evaluations, a brief report would be inadequate. In some parts of the country, local standards or customs may affect the length and content of the report; such practices have changed over several decades and may continue to change.

In the end, it is most important that the report writer know which legal and professional standards, and customary practices, apply for a particular report. The referring attorney can be of some help, but ultimately the writer bears responsibility for knowing the relevant statutory law, pertinent case law, specialty practice guidelines, and local professional standards that apply.

Several resources provide additional guidance on standards and styles for forensic psychological reports. For example, a special series of the *Journal of Clinical Psychology* on psychological report writing, edited by Groth-Marnat (2006), includes an article by Ackerman on forensic report writing. The first handbook to address forensic psychological reports was Melton, Petrila, Poythress, and Slobogin’s classic, *Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers* (1987); its third edition was published in 2007. This source discusses the special role of the report in legal proceedings and includes sample reports, and commentary, covering a variety of criminal and civil psycholegal issues. Heilbrun, DeMatteo, Holliday, and LaDuke’s (2014) casebook of sample reports covers 24 distinct psycholegal issues and demonstrates cardinal principles of forensic psychological assessment. Striking among the aforementioned sample reports is the rich diversity of structure and format. The American Psychological Association published Karson and Nadkarni’s (2013) *Principles of Forensic Report Writing*, which includes a chapter on culturally competent report writing. Finally, books contained in Grisso, Goldstein, and Heilbrun’s *Best Practices in Forensic Mental Health Assessment* series (2008–2012) each contain a section on report writing about respective psycholegal issues (e.g., competence to stand trial, criminal responsibility, violence risk, personal injury).

**Overarching Principles That Guide Forensic Psychological Report Writing**

*Clinical-Therapeutic Versus Clinical-Forensic Reports*
Table 20.1, adapted after the work of Greenberg and Shuman (1997), identifies ten key differences between clinical-therapeutic and clinical-forensic reports. The most telling difference is the identity of the writer’s client. Whereas the clinical-therapeutic report writer usually works on behalf of the patient (evaluatee), the forensic report writer works for an attorney or other third party/institution. Most clinicians are unaccustomed to regarding the attorney as the client, which can grate against deeply held patient-centered clinical values.

The fact that in a forensic evaluation the attorney, not the evaluatee, is the writer’s client has obvious impact on the report. First, the attorney, not the evaluatee, pays for the report if one is written. Second, although the report is about the evaluatee, it is written to assist the attorney and, more generally, the court. Also, it should be borne in mind that attorneys may request forensic psychological evaluations for decidedly nonclinical purposes, including safeguarding their own professional interests (e.g., avoiding a malpractice lawsuit filed against them by a disgruntled client, avoiding an ethics complaint, or avoiding an appeal based on ineffective assistance of counsel).

<table>
<thead>
<tr>
<th>Therapeutic</th>
<th>Forensic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is the client?</strong></td>
<td>Patient</td>
</tr>
<tr>
<td><strong>Operative privilege</strong></td>
<td>Therapist-client</td>
</tr>
<tr>
<td><strong>Rule governing report disclosure</strong></td>
<td>HIPAA</td>
</tr>
<tr>
<td><strong>Sources of interview data</strong></td>
<td>Mostly client report</td>
</tr>
<tr>
<td><strong>Informed consent recipient(s)</strong></td>
<td>Patient or guardian</td>
</tr>
<tr>
<td><strong>Purpose of the report</strong></td>
<td>Help the patient</td>
</tr>
<tr>
<td><strong>Report writer’s attitude/tone</strong></td>
<td>Empathic, supportive</td>
</tr>
<tr>
<td><strong>Advocacy</strong></td>
<td>For the patient</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Presenting problem(s)</td>
</tr>
<tr>
<td><strong>Expertise required</strong></td>
<td>Clinical</td>
</tr>
</tbody>
</table>

The fact that the attorney is the evaluator’s client likewise affects the operative privilege, a special legal right, exemption, or immunity that controls the disclosure of information (e.g., psychological reports) to third parties. For the therapist, the applicable privilege is therapist-client privilege. The evaluatee owns that privilege, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) controls the disclosure of most patient information to third parties. For the forensic evaluator, the applicable privilege may be attorney-client privilege or attorney work-product privilege, and information disclosures usually are governed by discovery rules.

Because the ground rules for forensic evaluations differ markedly from those guiding other clinical assessments, obtaining informed consent is doubly important. Forensic evaluatees often believe that evaluators are advocates working for them, to help resolve their problems, including their legal problems. Most do not understand the limited legal purposes of the evaluation report, what it may entail, or which rules govern the disclosure of report...
findings to third parties. Consequently, forensic evaluators should ensure that evaluees are thoroughly informed of the purpose(s) and nature of the evaluation, their rights with respect to the evaluation (e.g., nonparticipation, declining to answer questions, having an attorney present), the role of the evaluator, foreseeable uses of information, intended report recipients, relevant limitations to privacy, confidentiality, or privilege, and preclusion of feedback. If the evaluee is responsible for the cost of the evaluation, the anticipated cost should be described. The evaluee should have ample opportunity to ask questions about all these matters. Further, the informed consent procedure should be described in the written report. When the evaluation is court ordered and, therefore, the evaluator may proceed without consent, objections and other remarkable behaviors should be documented in the report. When the evaluee is presumed by law to lack capacity to consent, the evaluator nevertheless should provide and document explanations and memorialize in the report both the evaluee’s assent and the legal representative’s consent.

Several important qualities of a genuinely helpful report are readily apparent if we place ourselves as writers in the attorneys’ shoes. First, a high-quality report should focus on the psycholegal questions before the court and not peripheral matters. The evaluator must know well these technical questions and their legal contours in order to address them in a report. An otherwise rich clinical report that fails to adequately address the crux psycholegal questions is unhelpful at best and harmful at worst. Finding and reading psycholegal definitions and standards is a fairly easy task, but merely ascertaining them is not enough to apply them or write about them in a report. The keywords contained within these standards are legal terms of art that cannot be properly applied without first acquiring a foundational understanding of the legal doctrines that give rise to them and the manner in which relevant higher courts have interpreted them. This foundational knowledge is usually acquired in specialized clinical training programs such as forensic tracks in clinical psychology graduate programs or postdoctoral fellowships in clinical-forensic psychology.

Although the referring attorney can be a helpful guide and educator, attorneys frequently have strong differences of opinion—and obvious partisan biases—about how to apply psycholegal standards. The report writer needs to be cautious about accepting advice on psycholegal standards that comes from the retaining attorney. The best source of information about how to apply a psycholegal standard is the applicable statutory or decisional law. The West Publishing Corporation provides excellent resources for conducting this kind of inquiry. Although few evaluators have sufficient legal training to practice law, every evaluator needs to learn how the law has applied critical psycholegal standards, develop an appreciation of the nature and dimensions of legal
controversies raised by the application of those standards, and know how those standards are applied in the jurisdiction(s) in which the evaluator practices.

**Best Evidence Model of Report Writing**

At the conclusion of a forensic evaluation, the writer is faced with a mountain of data that vary in relevance to resolving the psycholegal issues of the case. Some data are essential and must be included to answer the psycholegal question(s); other data are partially relevant and their inclusion in a report may provide a background that promotes understanding; still other data are untrustworthy or frankly irrelevant and must be discarded to reduce distraction and prevent misunderstanding. Somehow the evaluator must sift through this pile of information and decide what to include in the written report—but how?

Here, it is helpful to consider that a forensic evaluation conceptually parallels another fact-finding process, a trial. The court wants a jury to consider only trustworthy, relevant information in reaching its decision. This legal doctrine is known as the *best evidence rule*. The law relies on evidence rules for screening out inaccurate, unfairly prejudicial, and irrelevant data from that information ultimately presented to a jury. Generally, the best evidence for a jury in deciding a psycholegal question is also the best evidence for both the evaluator to report and the consumer of the forensic report to read.

Following the structural analogy between the forensic evaluation and a trial further, the forensic report writer needs a screening process (rules) for including or excluding (admitting or not admitting) a statement or fact (evidence) before offering it up in a report to support an opinion (finding). This is especially the case for psychologists and other mental health care providers who have been conditioned to regard, and report as “facts,” fragmentary, distorted, and/or biased information from unverified records and oral reports.

The first step in writing a forensic report is to separate the information wheat from the chaff, a quality-control process. After this step is complete, the information load is greatly reduced, enhancing the accuracy of clinical judgment, simplifying the integration of findings into an opinion, and promoting a brief, well-organized report.

One model for the evaluator to consider in screening facts is that embodied in the Federal Rules of Evidence and their state counterparts. Learning even a small set of these evidence rules and employing them as a flexible guide is a good investment, as doing so can help determine which information to include in a report and which to discard. Using this method, statements of fact would not be included unless they first pass a reasonably fair series of tests used by U.S. courts to screen evidence.
Although at first blush this may appear to be a daunting recommendation, applying evidence rules to forensic report writing does not require becoming a legal expert on evidence or an attorney. It is a learning task that is well within the reach of the clinical-forensic specialist. In practice, the idea is quite simple. It is most effectively applied as an editing tool after the first draft of the report has been written. As you review the first draft, imagine you are a trial judge tasked with ruling on the admissibility of each factual statement in your forensic report. Are there any objections to entering the statement into evidence? If so, which side objects, and on what grounds (i.e., according to what evidence rule)? Balancing the rights and interests of both sides of the litigation, would you as a neutral party, interested only in furthering accuracy, fairness, justice, and efficiency admit that statement into evidence, i.e., include it in your report?

**Accuracy**

The report writer’s first responsibility to the reader is to accurately reflect the state of knowledge in the field of psychology. This is a tall order, since it demands a candid, up-to-date appraisal of what the field actually has to offer about the factual matters at issue in a case. The honest writer will inevitably recognize that for any given psycholegal issue, science and clinical knowledge provide only a partial or approximate answer to the question. The expert’s findings more often inform the fact finder’s quest for the answer than provide the answer itself. It is therefore important that the report acknowledge deficiencies in the state of the science and in the state of clinical practice, where and when these arise, sometimes requiring a footnote or appendix to explain.

It is likewise important that the report writer acknowledge and disclose the properties, purposes, and limitations of various assessment methods. Strong training and supervised experience in psychometrics and psychological assessment enables evaluators to make appropriate test-based inferences that are sensitive to the design, intended purpose(s), and standardization of an instrument (e.g., measuring response styles, detecting the presence and nature of current psychopathology), and avoid reaching beyond an instrument’s established utility. Careful consideration of reliability and validity is warranted when utilizing any assessment method, including third-party interviews and records.

**Facts vs. Inferences**

It is essential that the writer clarify whether a statement is a fact, inference, or professional opinion. Failure to distinguish among these can result in needless confusion, misunderstanding, and unproductive legal wrangling.
At one end of the fact–inference continuum are concrete matters the writer assumes to be facts, such as the evaluatee’s age, what the evaluatee said during an interview, or the evaluatee’s score on a psychological test. At the other end of the continuum are inferences, which are synthetic conclusions drawn in trying to make sense out of the facts. For the forensic psychologist, a common example of an inference is the evaluatee’s subjective mental state (e.g., intent) or mental capacity at a legally relevant point in time.

An ordinary clinical example helps clarify the distinction between fact and inference. An evaluatee’s self-reported auditory hallucination is not a fact for anyone but the evaluatee. For everyone else it is an inference. What is a fact is that the evaluatee reported the experience of the hallucination to the evaluator.

In general, the law distinguishes expert opinions from lay opinions by requiring that the subject matter of the opinion be beyond the “ken of the jury.” An expert opinion is, therefore, a special kind of inference that the law reserves for persons qualified as experts. Several kinds of expert opinion are routinely found in forensic reports, the most common of which are diagnoses and psycholegal opinions. Clinical formulations (e.g., evaluatee’s personality traits, abilities, knowledge, intrapsychic dynamics, future dangerousness, social and occupational functioning, etc.) also are inferences—that is, they are matters of professional opinion, not facts.

One reason for delineating between facts and inferences is a duty to help readers understand and use information in the report. If an attorney wishes to appraise an expert’s opinion, this is best done by looking at the verity of the underlying facts upon which it is based, evaluating the expert’s reasoning, scrutinizing the expert’s knowledge, and considering the state of knowledge in the expert’s field of expertise. However, if an attorney wishes to examine a factual assertion made by the expert, this may instead direct an inquiry into the credibility of the source of the fact (e.g., witness who made the statement, document that contained the statement) and/or the method by which the fact was acquired (e.g., the reliability and validity of a psychological test, interview technique, or clinical observation).

**Communication**

Thomas Edison is alleged to have said that if you cannot explain something to your paperboy you probably do not understand it yourself. This colorful remark speaks volumes about communicating with the audience of your forensic report, most often attorneys or judges unfamiliar with psychological science, clinical psychology, and clinical-forensic psychology. It is important to remember that most attorneys were undergraduate majors in subjects emphasizing verbal abilities and skills such as political science, history, etc. Law school also emphasizes the development of verbal abilities, not scientific
thinking, quantitative reasoning or analysis, or clinical skills. Unless an attorney specializes in mental health law or practices in an area of litigation that routinely involves mental health testimony, it is unlikely the attorney has had much experience working with mental health experts.

The level of technical difficulty in a forensic report should be no greater than that in an average newspaper article. In fact, writing the report as if it were a newspaper article, not a clinical report, is close to an ideal frame of reference. Jargon (e.g., “The evaluatee adopted a passive-aggressive stance during the interview”) should be avoided. When technical or clinical terms are necessary, they should be defined briefly in context or in footnotes. If this is not feasible, or if technical terms are frequent, the writer should consider adding terms and their definitions to a glossary appended to the end of the report.

The report should ordinarily be as short as possible. The writer must keep in mind the reader’s limited attention span, motivation, and memory. The longer the report, the more likely the reader will skim it instead of reading it. More than one young report writer has been dismayed after spending hours writing a 30-page forensic psychological masterpiece to watch attorneys jump to the last page and hurriedly read the conclusions or wait as a judge takes a “5 minute recess to read the expert’s report.”

A longer report also will more likely contain inapt or unclear language that opposing counsel can use to “spin” the meaning of the writer’s statements. A concise report, however, is like a bullet or a spear. It is far more powerful and much more difficult to attack—and it is far more likely that readers will understand it.

It is usually more difficult to write a short report than a long report. Most good short reports begin as longer first drafts that are trimmed and edited before assuming their final polished form. This is as it should be, as the goal of the first draft is to err on the side of overinclusion, to leave out nothing of importance. Using the best evidence model as an editing tool can go a long way toward making the final report no longer than it needs to be.

Unfortunately, forensic report writers rarely get feedback from consumers about the quality of their reports. Without such feedback, learning proceeds slowly, if at all, and it is easy for a writer to acquire an inflated sense of report writing skill. Extant research provides general information about what forensic experts value in reports, but studies rarely provide feedback about writers’ work and the way others appraise it. One solution to this problem on an individual level is to request feedback from the consumers of your reports. This is easily accomplished by enclosing a prepaid postcard evaluation form with the report to the referring party.
Anatomy of a Generic Clinical-Forensic Report

Although a variety of styles and formats exist, forensic psychological reports usually include certain basic sections. We discuss these here, drawing attention to their most important features and to stylistic variations.

**Opening**

Forensic reports are customarily printed on professional or institutional letterhead. The first page contains key identifying information, most commonly the legal case number(s), evaluator file number, date(s) of evaluation, date of the report, and the evaluee’s name, date of birth, social security number, and hospital number. The salutation and opening tone usually take one of two forms. For attorney-referred cases, the salutation follows that adopted in ordinary business correspondence. The tone is appropriately warm and friendly. If the evaluee has been referred by the court or by an institution, a more official salutation (e.g., “Your Honor”) is preferred, and the tone is appropriately respectful.

**Warnings**

Warnings state the legally authorized, intended recipients of the report, often in a typeface that offsets this section from the remaining text (e.g., bold or italic). Warnings appear most commonly in reports sent to courts or institutions wherein a danger exists that the report or its contents could be inappropriately released to a third party. If the evaluator is concerned about the potentially harmful impact of a report on an evaluee or another person, this concern can be included in the warning.

**Reason for Referral**

This section of the report serves a simple, pragmatic function. It identifies how, when, and why a case was referred for evaluation. It therefore sets the stage for everything else that follows. It need not be long, but it does need to be clear, chronologically accurate, and legally precise. It is best to enumerate each referral question and state it as precisely as the law permits (e.g., “Attorney Jones referred the evaluee for an assessment of his competency to stand trial under RCW 10.77.060 pursuant to court order no. xx-xxx.xx.”)

**Synopsis**

Although it is an uncommon practice, the writer may report next a synopsis of the evaluation’s main findings. Reporting the bottom line first, known in journalism as the *inverted pyramid* style of reporting, confers advantages.
Immediately disclosing the conclusions gratifies the reader’s need to know the bottom line and may provide dramatic relief. Once the conclusions are known, the reader can settle down and learn how and why the evaluator reached the conclusions. It also conveys an attitude of forthrightness that portrays the writer as an honest, frank professional who takes full responsibility for opinions and who is willing to get straight to the point rather than beat around the bush or soft peddle the findings. On the negative side, reporting the conclusions early may tempt hasty readers to stop reading the report. However, these may be the same readers who would otherwise skim the report for the conclusions or read the final page of the report first. Alternately, a summary of the findings and opinions can be placed at the end of the report where it is usually found.

**Informed Consent Procedures**

Informed consent procedures are so important to clinical-forensic evaluation that they warrant a special section in the report. The informed consent section may run only a few sentences, or it may occupy a whole paragraph or more depending on the circumstances. It is important that the writer disclose procedural details and the evaluatee’s response to them. If the procedure required the evaluatee to sign a consent form, this should be reported so that the reader knows if a signed form is on file. In some cases, attorneys may demand to inspect the form to gain a better understanding of what the evaluatee consented to when the form was signed.

It is especially important to document in the report any problems with the informed consent procedure, such as evidence that the evaluatee did not (or could not) understand it, and steps taken by the evaluator to manage this problem.

**Database/Missing Information/Caveats**

Full disclosure is a key feature of the database section of a forensic report. The database describes what information the evaluator considered (and did not consider) in forming opinions. Many different kinds of data are potentially important to addressing a psycholegal question, but most of the time only a subset of that data is available to the evaluator. Some records may no longer exist (e.g., childhood school records). Others may take too long to obtain (e.g., a veteran’s service records or combat records). Third parties may be reluctant or slow to release medical records. Collateral witnesses may refuse or perpetually avoid being interviewed. It may not be possible to perform valid psychological testing if norms do not exist for the evaluatee’s culture (e.g., sensory impaired, non-English speaking) or if the evaluatee’s educational level or reading ability is too low.

Most forensic evaluators simply list the data upon which they relied. This can be done in a long, messy paragraph, but, if sources are numerous, it is
preferable to organize them as a bulleted list. Listed items should clearly identify the written source or, in the case of oral interviews, the name of the interviewee, the date, and the time spent during the interview. References to psychological testing need to state the full name of the test, not its abbreviation, and briefly explain the test’s purpose. References to research need to contain the full citation, along with an explanatory remark about the relevance of the research to the evaluation.

It is equally important for the report writer to list sources of information that were sought but unavailable and, hence, omitted from consideration. These also should be formatted in a list. The potential importance of the missing information to the evaluation, what was done to try to obtain it, and the reason it was not obtained briefly should be described. In fairness to the referring attorney, the evaluator should strive to make information needs known at every step of the evaluation and notify the attorney when there are problems obtaining important data, especially that which, passively or actively, has been blocked.

Finally, the writer should report any problems or concerns with the validity of the information sources, including psychological test findings and any parties interviewed by the evaluator whose adverse reporting styles (e.g., malingering, deception, denial) could skew or otherwise degrade the accuracy of evaluation findings. This is best reported in a summary paragraph that appraises the overall quality of the database. The importance of this caveat paragraph cannot be overemphasized. Evaluators work with the data available to them. Unlike attorneys or judges, they have no standing to issue subpoenas. They rely on the cooperation and honesty of others to obtain information, and frequently access to information that could alter the evaluator’s opinions is denied. It is better to proactively identify missing data in the report than attempt to explain its absence later in deposition or cross-examination.

**Relevant History**

In a forensic psychological report, the only history that really matters is that which is relevant to answering the psycholegal questions before the court. What to include and discard is largely a matter of professional judgment. Evaluatees often have colorful histories, which (although interesting) contain information that is distracting, unfairly prejudicial, and potentially biased. Here again, the report writer is reminded of the importance of screening data using a method like the best evidence model.

There are several ways to structure the history section of a report, and the decision about how to do it may change with circumstances. Commonly, the history section is divided into subcomponents (e.g., family history, early childhood history, school history, relationship history, occupational history,
military history, criminal history, medical history, substance use history, psychiatric history). The primary advantage of this method is that the report is organized by topic and, thus, affords greater ease in locating details and responding to questions about specific categories of information. It is sometimes preferable to report a biographical chronology that integrates various aspects of history into a narrative or story. This is especially true for situations in which there is a marked change in the evaluatee’s life trajectory following one or more major events or a complex interplay among aspects of the history. Examples of such include mental illness that predisposes the evaluatee to substance abuse, or vice versa; a tragic loss that produces an abrupt change in life course; and recurrent patterns or cycles of maladaptive social functioning that demonstrate personality dysfunction, a cyclic mental disorder, or a recurrent substance abuse problem. Reconstruction of past mental states or functional capacities (Simon & Shuman, 2002), and comparison of past states with present and forecasted future states or capacities, comprises such a critical class of questions for forensic psychological evaluation that a temporal structure demarcating before/after or past, present, and future may be most appropriate.

Finally, it is essential to identify the source(s) of historical data and to present contradictory data, if it exists. Again, there are at least two methods for accomplishing this. One method, which attorneys often prefer, is to report the evaluatee’s history from each source separately. This has the advantage of identifying the sources as separate deposits of evidence and, in the case of person sources, distinguishing them as potential fact witnesses. A second method is to integrate the historical information, comparing, contrasting, and reconciling if possible the information from different sources along the way, as a historian might attempt to balance accounts of a historical controversy.

**Clinical Formulation**

The clinical formulation section—which may include the mental status examination (MSE), test results, and diagnostic formulations—often is troublesome for forensically inexperienced writers. Care should be taken to avoid technical language and to define clinical terms where use is necessary. The writer should clarify that the MSE describes a static state of affairs and functions to provide a snapshot of the evaluatee at the time the evaluation was performed. It is occasionally helpful to report a series of MSEs to track notable changes in the evaluatee’s mental condition across time.

When reporting test results, the evaluatee’s test-taking response style should be described. Numerical test findings, if they are reported at all, should be reported in a way that will not mislead the reader. Error bands, which represent confidence intervals, should be included to indicate that any numerical score is
merely a best estimate of the evaluatee’s standing on the relevant construct. The writer also needs to consider on which scale to report the score. Nonpsychologists often are best able to understand percentile ranks, and it is easier for the reader to compare the evaluatee’s relative standing on different tests using percentile ranks.

The relative importance of clinical diagnoses varies markedly from one kind of forensic setting and jurisdiction to the next. Some kinds of evaluations (e.g., disability evaluations) require an official diagnosis if the evaluatee is to be awarded disability funds. In other settings, a diagnosis may be a necessary condition for a legal disposition (e.g., the diagnosis of a paraphilia to satisfy the definition of sexually violent predator, the diagnosis of a mental disease or defect to satisfy the definition of insanity). For other settings (e.g., personal injury evaluations), the parties may want a diagnosis but obliging them might enable needless confusion and distraction from the crux psycholegal issue, which is whether the evaluatee’s biopsychosocial functioning has declined following an injury that the defendant is allegedly legally liable for causing.

When a diagnosis is reported, it is imperative to (a) explain the diagnosis, (b) document how the evaluatee satisfied diagnostic criteria, and (c) establish the relevance of the diagnosis in informing the crux psycholegal issues. Generally, a comprehensive functional assessment of the evaluatee is far more helpful than a diagnosis. A diagnosis is never a legitimate substitute for a functional assessment—which means that when a diagnosis is reported, the writer still has an obligation to report the impact of the diagnosis on the evaluatee’s capacities, abilities, and traits.

**Forensic Analyses and Opinions**

The section containing forensic psychological analyses and opinions is introduced by citing the applicable psycholegal standards or definitions (with statutory code number and source) or, if no concise statutory standard is available, the basic psycholegal questions. This informs the reader what psycholegal standards or definitions the writer applied in forming expert opinion(s).

Psychologists rely on multiple kinds of data to form their psycholegal opinions, including interviews of the evaluatee, testing, and third-party information (e.g., documents, records, interviews of persons other than the evaluatee). It is common for the writer to report findings separately for each source. For example, if three individuals were interviewed concerning observations of the evaluatee at some critical point in time, each interviewee’s report might be summarized in a separate paragraph. Key test findings might be reported the same way, one test after another. Interviews of the evaluatee likewise might be reported serially.
Ideally, all sources converge in telling a similar story but from different perspectives. However, sources sometimes tell different, even contradictory, stories, and in such cases it is necessary to include a summary section that integrates the data and resolves discrepancies. If factual discrepancies are not too numerous, this also can be accomplished as each controverted fact is introduced.

The natural structure of the psycholegal question(s) often serve as a template for organizing the forensic analyses and opinions section of the report. Two examples help illustrate this concept. Once the basic idea is understood, it is readily generalized to other psycholegal questions.

Consider the following question about sanity: Was the evaluee unable to know the nature and quality of the act committed or unable to know whether the act was wrong as the result of a mental disease or defect? Because there are three key prongs to the question, the forensic section of the report conveniently can be divided into three parts, one to address each component of the legal test. Data from interviews of the evaluee, test results, and third-party information can be presented in turn to address each component. A summary paragraph or two then integrates—and reconciles if possible—data from different sources into an overall opinion. Following is an outline demonstrating this method.

I. Statement of the statutory psycholegal standard
   A) Mental disease or defect
      1. Third-party data
      2. Test data
      3. Interview data
   B) Ability to know the nature and quality of the act
      1. Third-party data
      2. Test data
      3. Interview data
   C) Ability to know whether the act was wrong
      1. Third-party data
      2. Test data
      3. Interview data

II. Summary: Integrates data and provides the expert opinion.

   Next, consider a personal injury evaluation. Here, the primary question might be: What, if anything, has the plaintiff lost due to a legally liable defendant’s injury to the plaintiff? It is apparent from the question that two detailed functional assessments of the plaintiff are required, one before the injury and a second following the injury; thus, a before/after format may be adopted in the forensic analyses section of the report. The writer will want to report a fairly detailed longitudinal account of the plaintiff’s life in its many aspects (e.g., employment, education, relationships, physical health, mental
health, social life, avocations/hobbies) before the injury as well as a detailed assessment of changes in these domains after the injury. Both assessments will likely include data from third-party sources, interviews of the plaintiff, and testing. Following is an outline demonstrating this method.

I. Plaintiff’s functioning (adjustment) before the alleged injury
   A) Life area I (third-party data, interviews, test results)
   B) Life area II (third-party data, interviews, test results)
   C) Life area n (third-party data, interviews, test results)

II. Plaintiff’s functioning (adjustment) following the alleged injury
   A) Life area I (third-party data, interviews, test results)
   B) Life area II (third-party data, interviews, test results)
   C) Life area n (third-party data, interviews, test results)

III. Comparison of preinjury and postinjury functioning (adjustment).

Summary of Findings
Writers may include a section summarizing their findings. It is best to keep such a summary brief and focused, rather like an abstract for a journal article or paper presentation. A bulleted summary containing the main points may be helpful.

Recommendations
Recommendations about the evaluatee’s future treatment or other dispositions are usually not an issue until a case has reached a particular stage (e.g., after a defendant has been found incompetent to stand trial, at the sentencing stage of criminal proceedings). Consequently, the inclusion of a recommendations section depends on the psycholegal questions posed and the stage of the legal proceedings.

In some situations, such as custody evaluations, specific recommendations (e.g., parenting plans) are arguably the most important part of the report, whereas in cases such as personal injury evaluations rendering an opinion about an evaluatee’s future treatment may be premature. In other cases, such as competency to stand trial evaluations, sanity evaluations, or determinations of release from an institution, this section of the report might contain “what if” or contingency recommendations for professional intervention should the court make certain rulings (e.g., find the defendant insane, release the defendant to a less restrictive setting).

Miscellany
If the writer cites research, it is appropriate for the sources to be included in an appendix. Also, tables and diagrams may help organize and explain findings,
and these too may be included in appendices. When the report must make reference to technical terms, an appendix should contain a glossary of these terms. It is also common for writers to precede certain sections of a report with disclaimers (e.g., paragraphs that warn the reader about the limitations of psychological testing or predictions of future dangerousness). Finally, writers may precede their signatures with a declaration or oath affirming the authenticity and truthfulness of the proffered professional opinions.

Empirical Literature on Forensic Mental Health Reports

In this section, we briefly summarize the empirical literature on forensic mental health reports. Even though this literature is relatively sparse and far from definitive, we include this summary to encourage readers to consider the notion of empirically based forensic report writing practices, learn what we know and do not know about forensic mental health report writing, and acquire the habit of following this literature for future developments. Notable results that have emerged from this small body of studies are summarized in Table 20.2.

Wettstein (2005) reviewed the empirical literature on the quality of the forensic mental health evaluation, including its primary product, the report (many of Wettstein’s references are contained in Table 20.2). In addition to highlighting limitations of the research itself (e.g., problems with generalizability, including nonrandom selection of reports and evaluators), this review described apparent weaknesses of forensic report writing in practice as revealed by the research. Prominent weaknesses described in Wettstein’s review, which have been corroborated by subsequent research, include:
### Table 20.2  Summary of the empirical literature on forensic mental health reports

<table>
<thead>
<tr>
<th>Study</th>
<th>Method</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borum &amp; Grisso (1996)</td>
<td>Surveyed national sample of forensic psychologists and psychiatrists regarding beliefs about necessary CST (n = 102) and CR (n = 96) report content</td>
<td>“Essential”: defendant identification, evaluation methods, clinical data, elements specific to each forensic question; Lack of consensus: offering “ultimate issue” opinions</td>
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<tr>
<td>Bow &amp; Quinell (2001)</td>
<td>Surveyed national sample of psychologists (n = 198) regarding child custody report practices</td>
<td>Average report length = 21 pages, range = 4–80 pages; 94% made explicit custody/visitation decisions; 88% administered Minnesota Multiphasic Personality Inventory to parents</td>
</tr>
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<td>Bow &amp; Quinell (2002)</td>
<td>In national sample of child custody reports (n = 52), examined (a) report content, (b) content relative to that recommended in survey data, and (c) communication of results</td>
<td>Average report length = 24 pages, range = 5–63 pages; Report format and content varied; Evaluation procedures generally were consistent with those recommended in survey research and guidelines; Problems included failure to identify information such as evaluation procedures and referral question(s)</td>
</tr>
<tr>
<td>Budd &amp; Springman (2011)</td>
<td>Examined recommendations for parents in reports submitted for use in child abuse and neglect proceedings in Chicago (n = 204)</td>
<td>For narrow, statute-based issues, direct recommendations always were offered; For other issues, community-based evaluators offered more direct recommendations than court-based evaluators (who rather discussed risks and protective factors)</td>
</tr>
<tr>
<td>Christy, Douglas, Otto, &amp; Petrala (2004)</td>
<td>Examined report content for private evaluations of juveniles adjudicated incompetent to proceed in Florida (n = 1,357)</td>
<td>Reports frequently failed to address legal issues (e.g., cause of incapacity, commitment eligibility); Reports incompletely described evaluation methods, examinees, and examinees’ capacities</td>
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<td>Doyle, Ogloff, &amp; Thomas (2011)</td>
<td>Examined reports assessing risk of sex offending for preventive detention proceedings (n = 86)</td>
<td>Consent to participate was documented in only 59.3% of reports; Minority of reports stated various limitations of Static-99 (3.8%–45.6%) and general risk assessment (2.3%–33.7%); Most reports included final opinion of risk (91.9%)</td>
</tr>
<tr>
<td>Fuger, Acklin, Nguyen, Ignacio, &amp; Gowensmith (2014)</td>
<td>Assessed quality of CR reports in Hawaii (n = 150) according to 44-item report quality measure</td>
<td>Reports were of ”mediocre” quality (e.g., few reported history or testing data)</td>
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<tr>
<td>Hecker &amp; Steinberg (2002)</td>
<td>Rated evaluators’ explanations for disposition recommendations in Pennsylvania juvenile predisposition reports (n = 172)</td>
<td>Only 7% of reports included disposition recommendations rated “sufficient” or better</td>
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<tr>
<td>Heilbrun &amp; Collins (1995)</td>
<td>Compared content of CST and CR reports written in the hospital (n = 167) and community (n = 110) in Florida</td>
<td>Overall mean length = 3.9 pages; Reviewed prior evaluations: 80% hospital, 30% community; Reviewed arrest reports: 95% hospital, 48% community; Addressed CST legal criteria: 95% hospital, 61% community; Offered “ultimate issue” opinion: 95% hospital, 99% community</td>
</tr>
<tr>
<td>LaFortune &amp; Nicholson (1995)</td>
<td>Surveyed Oklahoma judges and attorneys (n = 110) regarding adequacy of submitted CST reports</td>
<td>Outpatient reports were judged higher quality than inpatient reports</td>
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<td>Lander &amp; Heilbrun (2009)</td>
<td>Assessed correspondence between CST report content (n = 125) and forensic mental health assessment principles (Heilbrun, 2001) and relation between adherence to principles and experts’ ratings of relevance, helpfulness, and quality</td>
<td>Majority of reports failed to correspond to principles (e.g., did not cite information sources, did not reference prior records, did not address all psycholegal domains); Most reports (83.4%) offered an “ultimate issue” opinion; Adherence to principles correlated with expert ratings of relevance, helpfulness, and quality</td>
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<tr>
<td>Nguyen, Acklin, Fuger, Gowensmi</td>
<td>Assessed quality of conditional release reports in Hawaii (n = 150) according to 44-item report quality measure</td>
<td>Reports were of “mediocre” quality (e.g., few reported history or testing data; many failed to document informed consent, describe nexus between psychiatric condition and legal issues, or provide complete rationale for psycholegal opinions)</td>
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<tr>
<td>Study</td>
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<td>th, &amp; Ignacio (2011)</td>
<td>item report quality measure</td>
<td>Judges adhered to strict CST definitions</td>
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<td>Owens, Rosner, &amp; Harmon (1985, 1987)</td>
<td>Surveyed New York judges (n = 22, n = 20) regarding pertinent CST report content and satisfaction</td>
<td>Judges used CST information for advice on other issues (e.g., dangerousness)</td>
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<td>Petrella &amp; Poythress (1983)</td>
<td>Compared quality of CST (n = 120) and CR (n = 80) reports written by psychiatrists to those written by psychologists and social workers in Michigan</td>
<td>Judges were eager for, and satisfied with, psychiatric input (e.g., clinical data)</td>
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<td>Psychologists used more collateral data sources than did psychiatrists</td>
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<td>Psychologists’ reports were blindly rated as relatively higher quality</td>
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<td>Robbins, Waters, &amp; Herbert (1997)</td>
<td>Assessed quality of actual CST reports in New Jersey and Nebraska (n = 66) by comparing to Grisso's (1988) model</td>
<td>39% included defendant interview only (no test or third-party data)</td>
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<td>94% included psychiatric diagnosis, but only 27% stated how diagnosis affected functional ability</td>
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<td>94% offered “ultimate issue” opinion</td>
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<td>Reports often contained extraneous information</td>
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<tr>
<td>Robinson &amp; Acklin (2010)</td>
<td>Assessed quality of CST reports in Hawaii (n = 150) according to 38-item report quality measure</td>
<td>Reports exhibited “pervasive mediocrity” (e.g., few reported history or testing data, few documented that evaluate was informed of confidentiality limits)</td>
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<tr>
<td>Ryba, Cooper, &amp; Zapf (2003)</td>
<td>Surveyed national sample of psychologists (n = 82) regarding essential juvenile CST report content</td>
<td>“Essential”: clinical data, data specific to forensic question(s)</td>
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<td>Lack of consensus: offering “ultimate issue” opinions</td>
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<td>Skeem, Golding, Cohn, &amp; Berge (1998)</td>
<td>Experts rated expressed CST conceptualizations and nexus between psychopathology and CST impairments in Utah community CST reports (n = 100)</td>
<td>Collateral data inconsistently were reviewed (police report = 63%, mental health records = 37%)</td>
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<td>Few (5%) described requested, but unavailable, records</td>
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<td>Foundational CST abilities consistently were addressed but decisional abilities were not</td>
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<td>Rarely (10%) expressed specific reasoning about nexus between psychopathology and CST impairments</td>
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<tr>
<td>Viljoen, Wingrove, &amp; Ryba (2008)</td>
<td>Surveyed juvenile and criminal court judges from seven states (n = 166) regarding preferred content in adjudicative competence reports</td>
<td>“Ultimate issue” opinions, with penultimate opinions about mental illness and legal deficits, were considered most essential</td>
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<td>More than 70% of judges considered testing essential or recommended</td>
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<td>Opinions about maturity were considered important in juvenile evaluations</td>
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<tr>
<td>Warren, Murrie, Chauhan, Dietz, &amp; Morris (2004)</td>
<td>Examined clinical, criminal, and demographic attributes of defendants described in Virginia sanity reports (n = 5,175) and their relations to opinions of insanity</td>
<td>Database often did not include statements by the defendant, defendant’s criminal history, psychiatric/medical records, and witness statements</td>
</tr>
<tr>
<td>Zapf, Hubbard, Cooper, Wheelles, &amp; Ronan (2004)</td>
<td>Examined CST report quality in terms of Alabama statute (n = 53)</td>
<td>In all but one case the court accepted the expert’s opinion</td>
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<td>Reports frequently omitted relevant CST functional areas (e.g., 22% did not address the defendant’s understanding of the nature of the proceedings)</td>
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Note: CST = competency to stand trial; CR = criminal responsibility

1. Variable use and reporting of data sources (e.g., collateral information, psychological testing) (e.g., Fuger et al., 2014; Lander & Heilbrun, 2009; Nguyen et al., 2011; Robbins et al., 1997; Skeem et al., 1998; Warren et al., 2004), particularly in evaluations conducted in the community (e.g., Heilbrun & Collins, 1995);
2. Failure to describe psycholegal functional capacities and the linkages among psychopathology, psycholegal functioning, and forensic opinions
(e.g., Christy et al., 2004; Lander & Heilbrun, 2009; Nguyen et al., 2011; Robbins et al., 1997; Skeem et al., 1998; Zapf et al., 2004); and,

3. Failure to acknowledge evaluation limitations (e.g., Doyle et al., 2011).

Also, although some scholars have cautioned against the practice (Allnutt & Chaplow, 2000; Heilbrun, 2001; Melton et al., 2007), forensic reports frequently contain “ultimate issue” opinions (Bow & Quinnell, 2001; Budd & Springman, 2011; Heilbrun & Collins, 1995; Robbins et al., 1997; Skeem et al., 1998), and courts rely heavily on these opinions (e.g., Viljoen et al., 2008; Zapf et al., 2004).

The Specialty Guidelines for Forensic Psychology, updated by the American Psychological Association in 2013, speak to the importance of forensic evaluators relying on multiple data sources (Guideline 9.02), and appropriately disclosing these sources (Guideline 11.03), addressing the psycholegal issues at hand (e.g., evaluating functional capacities) (Guidelines 10.01, 11.02), and describing both strengths and limitations of their work (Guidelines 9.02, 9.03, 10.02, 10.03). Also, forensic evaluators are encouraged to describe in their reports the data and reasoning that are the bases for their opinions (Guideline 11.04)—this may be especially important where “ultimate issue” opinions are offered. To the extent that findings garnered from the extant empirical literature suggest a gap between forensic report writing in practice and the aspirations of these guidelines, more widespread training in clinical-forensic evaluation and report writing appears warranted (Robinson & Acklin, 2010).

**Practical Tips for the Apprehensive Report Writer**

We assume at this point that the report writer has conducted a competent forensic evaluation and has done a fair, accurate job of organizing data, sifting, and separating probative, relevant facts from irrelevant, unfairly prejudicial chaff. If not, an attempt to write likely will fail and the writer will need to go back and complete these preliminary steps before proceeding. We also need to make a distinction between **what** the evaluator says in the report (content) and **how** the writer says it (process). Ensuring quality report content, a prerequisite for effective report writing, requires attention to data organization, synthesis, and reasoning. No amount of writing skill can ever compensate for inadequate facts, lack of integration, or poorly reasoned conclusions.

The way the evaluator chooses to write is a creative process. Creative processes consist of three basic elements: a creator, a medium, and inspiration. Michelangelo (1475–1564) is alleged to have said, “Every block of stone has a statue inside it, and it is the task of the sculptor to discover it.” One thing to learn from this remark is the crucial role that the creator’s recursive interaction
with the medium plays in creation and, most importantly, how inspiration arises from this active struggle. The creator begins by attempting to produce a change in the medium; the medium then undergoes a change, but not necessarily the one intended; the creator perceives the result, and this opens up possibilities for the creator's next operation on the medium; and, so on and so forth. Slowly, a shape begins to emerge, and at some point this embryonic form suggests to the creator what it can become and what must be done next to accomplish this result. This implies that the forensic evaluator must put words on a page before truly beginning to write, using language itself to generate language. Not until we begin to interact with what we have written does the real writing begin. It is in this sense that all good writing is really just good editing.

Beginning writing is typically the most difficult step. A blank computer screen can be a lonely, intimidating, if not paralyzing, experience. It is easy to make excuses to avoid writing in favor of other professional activities that provide more instant gratification. The initial struggle to overcome procrastination can be difficult, especially if the writer experiences report writing as an arduous task. One common obstacle to starting or continuing to write is perfectionism, the irrational belief that the right word or idea will come to mind if we persist long enough in looking for it, that we should be able to write one clear, coherent sentence after another, that we should not move on to the next paragraph until the last one is written well, or that we should start at the beginning of the report and rigidly follow the report outline until the final sentence is written. A related problem is the belief that we have to be in a special, inspired mood or mental state to write well. This latter belief can cause the writer to wait passively for the muse to appear, which may be long past the report deadline.

Table 20.3 lists problems that commonly plague report writers (e.g., procrastination), along with potential remedies. One way to remedy perfectionism is to encourage the opposite, writing whatever comes to mind in whatever order it appears. Abandon grammar and rules. Just write. If necessary, write by hand, draw circles around key words and link them together with lines, arrows, or other structural representations. This is more like play than work, and it establishes a mental set conducive to both organization and enjoyment.

It is possible that, owing to years of conditioning, you may experience difficulty writing with reckless abandon. If so, try dictating your report. Turn on a voice recorder and start talking. If this does not work, get up from your desk, look out the window, or walk about your office, dictating while you walk or pace. Once you have generated verbal output, ideas about how to further organize often appear. If not, go for a walk. Bring your voice recorder or notepad because there is a good chance that once you escape the confines of your office, and you continue to mull over what you have been trying to write,
ideas will begin to pop into consciousness. Remember too that there is a place for perfectionism. This talent, which many psychologists possess in surplus, is most helpful in editing and polishing the report.

Lack of direction can be another obstacle to report writing. Adopting a report outline—any outline—is one solution to this malady. If the adopted outline later proves to be a poor structural fit for the report, it can be rearranged to improve the fit. In the meantime, the template has served a useful temporary purpose in helping the writer compose the lion’s share of the report.

**Table 20.3** Common report writing problems and potential remedies

<table>
<thead>
<tr>
<th>Problem</th>
<th>Remedies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information overload</td>
<td>Start by creating the database section. Sort database into categories.</td>
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<tr>
<td></td>
<td>Summarize main findings into list of bullet points.</td>
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<tr>
<td>Difficulty beginning/procrastination</td>
<td>Begin anywhere, even in the middle of the report. Dictate instead of typing the report.</td>
</tr>
<tr>
<td></td>
<td>Carry a voice recorder and record ideas in any order. Pick an easy first writing task (e.g., social history).</td>
</tr>
<tr>
<td>Lack of direction</td>
<td>Follow someone else’s outline or template. Write conclusions first, then work backward. Turn your report into a PowerPoint presentation.</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Speed type or dictate the report, in any order. Reserve perfectionism for editing the report.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Monitor body sensations as you write. Check your posture and muscle tension. Monitor your feelings and imagery. Ask “for whom am I writing this report?” Consult self-help resources for writers. Seek professional help.</td>
</tr>
</tbody>
</table>

Another means to facilitate getting going on the report is to write the synopsis or conclusions section first. Or, you might imagine that your report is a Microsoft PowerPoint presentation. A PowerPoint outline forces us to think, prioritize what we wish to say, and say it succinctly. Also, if you follow this advice literally, you may find the slide show useful in presenting your findings on the witness stand.

Evaluators who find report writing a difficult, unpleasant chore often have acquired a learned negative emotional response to the task. A sure sign this has occurred is heightened anxiety or dread when thinking about or writing reports. Increased body tension and awkward or uncomfortable body postures while writing are also telltale signs of traumatic learning associated with writing. Although the origins of this unproductive state vary, it may be perpetuated through negative self-talk, negative imagery, and unpleasant affect. Introspection may reveal that the distraught writer is more preoccupied with favorably impressing—or, alternately, is worried about displeasing—an inner audience of critics than on the practical task of communicating with the intended reader. The first step toward becoming more aware of such influences is to consciously monitor body sensations, emotions, thoughts, and fantasies while writing. This takes some practice and dedication but is well worth the effort. Waking up to these influences changes the writer’s relationship to them and promotes freedom from them or at least learning how to write despite them. For some, it may be advisable to take courses on writing, seek self-help
resources for writers, or even seek professional help for deeper issues that adversely may influence writing.

**Conclusion**

In this chapter, we have introduced the reader to forensic psychological report writing. Although no shortage of aspiration and conjecture exist regarding how to write forensic reports, little reliable empirical research is available to guide the evaluator in performing this critical task. If readers have reexamined fundamental assumptions and beliefs about how to write a forensic report, we have accomplished a major goal. If we also have helped the reader develop a more positive attitude toward forensic report writing, or a greater sense of confidence in taking on the task, so much the better.

It should be clear by now that forensic psychological report writing begins long before we type or dictate. It begins with a high-quality forensic evaluation, which cannot be conducted unless the evaluator has acquired skill in the methods of clinical and forensic assessment, mastered the pertinent psycholegal standards, and gathered sufficient reliable data to address the psycholegal questions. Assuming a good evaluation has been completed, the evaluator must next critically evaluate the quality of obtained data, decide what data are relevant to answering the psycholegal question(s), and then answer those questions only to the extent the data permit. Although veteran forensic practitioners and specialty organizations can be invaluable sources of wisdom about how to write forensic reports, the evaluator must ultimately follow his or her own light and proceed with self-honesty and courage throughout the entire evaluation and report writing process. If “the only way to become a better writer is to become a better person” (Ueland, 1938/1987, p. 129), perhaps the best way to become a better forensic report writer is to become a better forensic evaluator.

**Notes**

1. Hereinafter, we use the word *attorney* to represent the retaining party, which could be a judge, social service agency, forensic hospital, correctional agency such as a jail or prison, or other third party.
2. See Borkosky, Pellett, and Thomas (2014) and Connell and Koocher (2003) concerning the unsettled matter of whether forensic work is regulated by HIPAA and whether this issue is moot because forensic practitioners exceed HIPAA standards in regard to individuals’ privacy.
3. For further reading, see Graham’s *Federal Rules of Evidence in a Nutshell* (2015). Start with the following basic set of Federal Rules of Evidence (FRE): 401, 403, 702, 703, 704, 705,
Additional evidence rules will be relevant for civil and criminal cases involving sexual misconduct (FRE 412, 413, 414, and 415). Although most jurisdictions have adopted evidence rules that parallel federal rules quite closely, there are also important jurisdictional differences that the report writer should follow.

See Federal Rule of Evidence 102. For an entire book devoted to an exposition of that rule as it applies to expert testimony, see Sales and Shuman (2005).

References


