

# THE FORENSIC PSYCHOLOGIST'S REPORT WRITING GUIDE

EDITED BY  
SARAH BROWN, ERICA BOWEN  
AND DAVID PRESCOTT

# THE FORENSIC PSYCHOLOGIST'S REPORT WRITING GUIDE

*The Forensic Psychologist's Report Writing Guide* is the first book to provide both student trainees and practitioners with best practice guidance for one of the core skills of their role.

Written and edited by an international range of experts from the UK, North America and Australasia, it provides clear advice on a range of assessments, from psychometric tests to personality functioning, and includes real-life examples to illustrate key points. Uniquely, the book also offers guidance on the range of different client groups that forensic psychologists work with across both civil and legal contexts, including juveniles, female clients, couples and those with cognitive impairments. From core principles to writing style to key issues, each chapter also includes a checklist of advice and further reading.

Comprehensive and practical, *The Forensic Psychologist's Report Writing Guide* is a user-friendly companion to this critical and often overlooked skill, and will be essential reading for both neophyte and experienced forensic psychologists alike.

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**Erica Bowen** was a Professor in the Centre for Research in Psychology, Behaviour and Achievement at Coventry University, UK and moved in 2016 to become Professor of Prevention of Violence and Abuse at the University of Worcester, UK.

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*Edited by Sarah Brown, Erica Bowen  
and David Prescott*

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# INTRODUCTION

*Erica Bowen*

Psychological assessments involving clients within forensic settings form a core component of the roles of forensic psychologists. The written report is the 'practice-product' of forensic psychology and represents the assessment, formulation and opinions that the expert was contracted to provide (Griffith, Stankovic and Baranoski, 2010, p. 32). Forensic psychologist reports may be requested for a number of reasons: to determine risk, to inform decisions about child custody, to identify treatment need, to inform intervention sequencing, to inform decisions concerning transfer between prison or secure hospital establishments, to inform decisions about sentencing and to inform decisions concerning the likelihood of release from a secure environment. Consequently, written assessment reports are typically used to inform decisions made by other people about an individual's future, and as such these reports may be very influential.

In addition to the potential impact of reports on clients' futures, reports themselves are the most important way in which psychologists communicate with the individuals and panels that are the decision makers, and consequently, their own professional credibility rests with the quality of both the assessment conducted and the subsequent written report (White, Day, Hackett and Dalby, 2015). Indeed, recent research from a number of different countries highlights a number of high profile cases in which the quality of forensic psychological and psychiatric reports has been identified as poor (e.g. Combalbert, Andronikof, Armand, Robin and Bazex, 2014), and several authors have made recommendations for improving these reports (Duits, van der Hoorn, Wiznitzer, Wettstein and de Beurs, 2012; Giorgi-Guameri et al., 2002; Robinson and Acklin, 2010) in order to improve the reputation of forensic psychology. It is agreed that guidelines are required for the writing of forensic psychology reports, and it has been observed that by comparison little attention is paid to training trainee psychologists in the art and science of effective

## 2 Introduction

report writing (White et al., 2015) relative to the emphasis upon conducting and writing empirical research reports.

The aim of this book, therefore, is to provide guidance to forensic psychologists who are tasked with writing assessment reports, in order to enhance their professional knowledge and skills in this area. Unlike previous volumes concerned with the issue of forensic psychology report writing (e.g. White et al., 2015), this book considers the requirements of writing reports in different contexts (secure and community), based on different populations (juveniles, women, individuals with learning difficulties, relationships) and with different aims (risk assessment, reporting on change, reporting on assessments of personality functioning, reporting results of psychometric tests). However, we start by considering the main overarching principles of effective assessment and report writing, drawing upon international codes of ethics and the limited scientific literature that has addressed issues of report quality. This is then followed by an outline of elements of reports that can be used within any given forensic psychological report before we provide an overview of the organisation of the book. Appendices 1 to 3 contain anonymised forensic psychology reports written by experienced practitioners, a reference the reader may find useful.

### **Core principles in conducting assessments**

Psychologists are bound by professional codes of conduct and ethics that set out clear general principles for conducting and reporting assessments. The codes of conduct of the UK (British Psychological Society [BPS], 2009 and Health and Care Professions Council [HCPC], 2016), Australia (Australian Psychological Society [APS], 2007), New Zealand (New Zealand Psychological Society [NZPS], 2002) and North America (American Psychological Association [APA], 2002) are more or less explicit with regards to the ethical principles relevant to the conduct and reporting of assessments. In 2013, the APA also published specialist guidance for the ethical conduct and professional responsibilities of forensic psychologists. There is also specific guidance for psychologists acting as expert witnesses for the courts (e.g. BPS, 2015, 2016). Typically, the core values and responsibilities that underpin the work of psychologists concern integrity, respect, justice, beneficence and fidelity.

#### ***Integrity***

This principle reflects the fact that forensic psychologists must strive for honesty, accuracy and truthfulness in their practice (APA, APS, BPS) and that they should try to resist the pressure of providing services in any manner that might be misleading, dishonest or inaccurate (APA, 2013; BPS, 2015, 2016). When writing assessment reports this means accurately and honestly reporting test results, providing an accurate synopsis of case materials, and reporting the presentation and engagement of the client in a fair and unbiased manner.

## ***Respect***

Within their practice and report writing, psychologists should respect the dignity and worth of all individuals, and the rights that individuals have to privacy, confidentiality and self-determination (BPS, APA). In cases where vulnerabilities exist that prohibit an individual from making an autonomous decision, psychologists must ensure that appropriate safeguards are in place. In addition, psychologists must be aware of and respect individual differences in relation to culture, sexuality, religion, gender, age, race, disability, language and socio-economic status. Moreover, these factors must be considered when working with members of these groups, trying to minimise the impact of any biases associated with membership of these groups on assessment and report writing practice.

## ***Justice***

Psychologists recognise that all individuals are entitled to access and benefit from psychological services, and ensure that potential biases, limitations of their knowledge and expertise and the limits of their competence do not lead to unjust practice (APA, BPS). Moreover, psychologists ensure that they do not discriminate against individuals on the basis of age, religion, sexuality, ethnicity, gender, disability or any other basis proscribed in law (APS, BPS).

## ***Beneficence***

Psychologists ensure that they do no harm through the work undertaken, and safeguard the rights and welfare of those individuals with whom they work. Moreover, psychologists should ensure that their expertise is not manipulated through personal, financial, social, organisational or political factors resulting in their influence being misused (APA).

## ***Fidelity***

Psychologists should be aware of their professional responsibilities to the communities in which they work and should therefore uphold professional standards of conduct, clarify their professional roles and obligations, accept responsibility for their own behaviour and manage conflicts of interest that could result in harm (APA, BPS). In relation to report writing, it is commonly accepted that psychologists should not conduct assessments of clients with whom they have been working therapeutically, due to the potential biases that the therapeutic role may transfer to the assessment task (White et al., 2015).

In relation to the conduct and reporting of assessments, the APA has explicit guidelines set out in section nine of the Ethical Principles document which are a useful reference. These are described below and cross-reference is made to other international codes of conduct at salient points.

### ***Bases of assessment (APA, 9.01)***

The opinion reached by a psychologist during assessment must be based on appropriate information and techniques that are sufficient to substantiate their findings (BPS). In addition, it is specified that in order to provide an opinion on an individual's functioning, a direct assessment involving the individual must be made. A clinical opinion of a client should not be based on pre-existing file information alone, unless there is no way of obtaining direct contact with the client. In these circumstances all efforts must be made to contact the client, and the reasons for lack of contact need to be explicitly stated, and the impact of the absence of this information on the reliability and validity of clinical opinion needs to be clearly reported. Moreover, if in the psychologist's opinion an assessment is not needed, then this also needs to be clearly justified in any resulting report.

### ***Use of assessments (APA, 9.02)***

There needs to be a scientific rationale for the assessments used in any individual case. Moreover, assessments that are used need to be administered, adapted, scored and interpreted as appropriate and in light of research that attests to their use (APS). Assessment tools, protocols and/or interviews need to be valid for the population and issue being assessed. It is sometimes challenging to find tests that have been validated in particular countries or on particular populations. Under these circumstances the use of non-validated assessment approaches needs to be clearly justified, and the implications of their use for the reliability and validity of the professional opinion expressed needs to be clearly stated. The strengths and weaknesses of the assessment approach need to be clearly reported. In addition, the assessment approach used needs to be conducted in the client's language of preference and competence. Where this is not possible, and should assessments proceed in an alternative language, the potential impact of this on the validity of the results and the consequent impact on the validity of your opinion and conclusions needs to be clearly stated.

### ***Informed consent in assessments (APA, 9.03)***

It is important that all assessments are conducted with the explicit consent of the client being assessed (BPS). Should this not be possible due to issues of age or intellectual capacity, or because consent is not required by law, it is imperative that consent is obtained from the person's guardian (NZPS). Moreover, it is also required that the assessment is sufficiently well planned so that only the information necessary and most relevant to the issue being assessed is collected (NZPS, APS). In addition, personal information should be retained in accordance with local data protection legislation (NZPS). The process of obtaining consent requires the psychologist to use plain language and to fully describe the purpose of the planned

procedures; identify potential risks; explain how information will be collected and recorded, and how and for how long data will be stored; explain the limits of confidentiality; and describe the conditions under which the psychological service will be terminated (APS). Consent should be obtained from the client not only for their own direct participation in the assessment process but also for the collation of information from third parties where appropriate (e.g. requesting medical records) (APS). In addition, consent should be sought from the third party to provide this information.

### ***Release of test data (APA, 9.04)***

Test data refers to the raw scores and scaled scores, individual client responses to test questions or stimuli and psychologist's notes and recordings relating to a specific client (APA). Test data can only be released by psychologists to individuals named in a client/patient release (APA, APS). However, should the psychologist deem that releasing test data would lead to harm, or risk their misuse or misrepresentation, the psychologist can refrain from releasing the test data. Psychologists also need to be aware of, and work within, relevant data protection legislation that may apply to the disclosure of personal or confidential information.

### ***Interpreting assessment data (APA, 9.06)***

The interpretation of assessment data needs to be contextualised with regards to the purpose of the assessment, the reliability and validity of the approach undertaken, as well as test factors and the test-taking abilities and other relevant characteristics of the client being assessed. These characteristics may include language and linguistic abilities, cultural factors, motor/mobility limitations and personal factors. Any limitations to their interpretation of test data need to be clearly reported.

### ***Assessment by unqualified persons (APA, 9.07)***

The only circumstances under which unqualified individuals may conduct assessments is when they are engaging in training and assessments are undertaken under the supervision of someone who is appropriately qualified (BPS). When reporting the results of assessments, the qualifications of the assessor and whether the assessment was undertaken whilst under supervision should be explicitly reported.

### ***Obsolete test and outdated test results (APA, 9.08)***

Should old test data be available this should not be used to form professional opinion. Moreover, obsolete tests should not be used.

### ***Test scoring (APA, 9.09)***

When psychologists engage in the administration of psychological and/or psychometric tests, they must accurately describe the purpose, test norms, validity, reliability and application of the procedures and also any unique qualifications needed to administer the test (BPS). In addition, the decision to adopt a particular test needs to be justified on the basis of the evidence concerning its validity. Ultimately, even when tests may be computer administered and scored, or administered and scored by a third party acting on the instruction of the psychologist, the psychologist takes responsibility for their appropriate application, interpretation and use.

### ***Explaining assessment results (APA, 9.10)***

Psychologists should take all reasonable steps to ensure that the explanations of results are given to the individual or a designated representative, unless the relationship precludes this from happening as may exist within forensic evaluations. In some forensic contexts the results of assessments are not disclosed directly to the individual, but are disclosed to a third party acting on behalf of the individual. In other instances, the findings of assessments such as risk assessments may well be disclosed to the individual. This practice may vary depending on the setting and the nature of the assessment undertaken.

### ***Core principles in writing reports***

Forensic reports have intrinsic value to forensic decision makers. Poor quality assessments and poor quality reports lead to poor and/or detrimental outcomes for our clients. It is therefore imperative that we undertake good quality assessments and write good quality reports (Duits et al., 2012); but what constitutes a ‘good quality’ report? The process of conducting and writing up individual assessments is analogue to the process of conducting and writing up a piece of empirical psychological research, although the participant pool in assessments is typically much smaller, most often a single case, but potentially increasing to a small number of family members. However, the same principles of writing apply to both contexts. A good report will answer the questions that have been asked, be written in clear language using a coherent style and will be appropriately structured.

### ***Answer the question(s)***

Assessments are conducted by instruction; that is, a third party has a question or questions about the current or likely future functioning or behaviour of an individual. Good reports will directly address the questions that are posed by this third party. It is imperative that should there be any ambiguity about the question(s) being asked, the forensic psychologist contact the third party for clarification.

Linked to this are the ethical requirements forensic psychologists have to undertake an appropriate assessment that is tailored not only to the questions asked but to the individual client. Consensus between authors presented in this volume is that developing professional opinion, or formulating client behaviour, is the most challenging aspect of conducting forensic psychological assessments. Such opinion must be based on information gathered in a systematic, empirically informed way, and where at all possible, triangulated across informants. Opinions must be defensible based on the critical evaluation of a range of information, gathered through multiple methods.

### **Writing style**

Report writers need to be considerate in the language used when writing reports (Griffith et al., 2010). The majority of readers of forensic reports are not forensic psychologists, but may include legal professionals (e.g. judges, lawyers), clinicians, lay representatives and the individual themselves. As noted in Chapter 2, the individual may be cognitively impaired or have low intellectual functioning, and consequently the written report must be written clearly enough to enable them to understand it. The codes of conduct and ethics referred to in the previous section are also relevant to the writing of reports. The basic ethical principle most relevant to this reflects the requirement of assessment report writers to use language that conveys respect for the dignity of others (NZ). As Fortune notes (Chapter 8), it can be easy to adopt a writing style that promotes biased thinking about a client, and professionals need to ensure that they do not use inflammatory or sensationalist language, or language that exaggerates the relevance of specific factors to the case. It is recommended that neutral language is used, but that clear logical arguments are made to illustrate the relative importance of specific factors and that these arguments are supported with reference to the evidence reviewed.

Consequently, forensic psychologists need to ensure that they adopt an appropriate writing style. This means that reports should be written in a **jargon-free** way, with key concepts clearly explained. In addition, although the legal question or instructions may require a comprehensive report to be written based on a lengthy assessment, it is important to write as **concisely** as possible. The length of the report needs to be appropriate to meet the requirements of the third party for whom it is written, and not simply reflect the amount of time the assessment took to complete.

It has been acknowledged that factors outside of the content of reports can also diminish the effectiveness of the report. In particular, grammatical errors and typographical errors have been isolated as reducing a report's effectiveness (Resnick, 2006). Moreover, Resnick guards against using words such as 'suspect', 'possibly', and 'supposedly' as they are deemed to weaken the report. Although applied to the writing of forensic psychiatry reports, Resnick's four principles of **clarity**, **simplicity**, **brevity** and **humanity** are also relevant to the writing of forensic psychology reports. Humanity refers to the fact that the use of direct verbatim

quotes can make the subject of the assessment appear human and facilitates the report authors' attempts to directly address the reader (see Example Report 3 in Appendix 3).

### ***Format and structure of reports***

It is typically expected that reports are presented with a clear structure with subheadings identifying subsections, and with paragraphs that are numbered relative to each subsection (e.g. 1.0, 1.1; 2.0, 2.1, 2.1.1). There are no absolute rules for structuring forensic psychology reports, although it has been suggested by Grisso et al. (2010) that there exists consensus concerning the main sections to be included. These are broadly described as 'Introduction', 'Data', and 'Opinion'. However, authors should adopt flexibility in their approach to structuring reports to ensure that the structure best reflects the requirements of the assessment and instructions. The authors of each individual chapter within this book provide suggestions concerning the key content of reports based on the question, client group or setting for which the report is prepared. What follows therefore is an outline of the basic requirements of forensic reports, but the order in which they are presented is something that will likely vary depending on the nature of the assessment conducted and the individual practitioner. This variation is evident by examining the three sample reports reproduced in Appendices 1 to 3. Psychologists should strive, however, to produce a coherent report that has a clear logical progression of content, as it has been previously noted that not all reports achieve this and that incoherent reports are judged to be poor quality (Grisso et al., 2010).

- Title page:  
The title page will include the date, a title describing the content of the report, details of the client who was subject of the assessment, including name, date of birth and any case/client identifiers (e.g. prison number, case number).
- Contents page:  
If the written report is lengthy with many subsections, then it is useful to have a contents page that identifies these subsections in the order in which they are presented. This will help to orient the reader to the contents of the report.
- Referral information:  
A paragraph should be included which describes the reason for and origin of the referral for assessment.
- Biographical statement:  
This should include details of who was involved in conducting the assessment, his/her relevant professional qualifications and experience. This statement should serve to reassure the reader that the practitioner who undertook the assessment was working within their competence and that there were no conflicts of interest (APA, 2013). In addition, should someone assist with an assessment or part of an assessment, his/her details, qualifications and experience

also need to be reported, including a statement explicitly identifying the component of the assessment to which he/she assisted. This is likely to be relevant to individuals who are in the process of training to be fully qualified forensic psychologists, working under supervision. Individual practitioners differ in their opinion of where this statement is best to be placed. Some advocate early on in the report; others place this information in an appendix.

- Sources of information:

For complex assessments for which a number of sources of information are considered (e.g. prior psychiatric assessment reports, criminal history, medical records, previous probation pre-sentence reports, previous social work reports across the client's lifespan as well as the new assessment, which may involve interviews with more than one person, and the administration of psychometric tests), then it would be appropriate to identify the main documents and interviews that were used to inform the current opinion. Clinicians differ in opinion regarding whether this list should be at the start of the report or in an appendix, but the documents and interviews should be listed chronologically with the identified author/participant and date.

- Context:

This section should include details of the environment in which the assessment was conducted as well as the legal questions to be addressed.

- Consent process:

It is a requirement that the process of consent is described for each client. This means a paragraph describing how the client was briefed on the assessment and whether written or verbal consent was obtained. In circumstances where the client was a juvenile, or lacked capacity to give informed consent, the procedures used need to be clearly described.

- Summary of pre-existing information:

For some reports, for example reports for family court, it is expected that a summary of the existing information will be provided. This may take the form of a documented history informed by previous psychiatric or social worker assessments. Such a history will likely be broken down into early family history, education, relationship and sexual history, medical history, forensic history and summary of current events. The aim should be to document salient and relevant experiences and patterns of behaviour and to support each claim with reference to the document from which it was drawn. Specifically, reference should be made to documents examined that contained information that was material to the professional opinion you express (APA, 2013). It must be noted, however, that some practitioners will only provide one such summary, drawing upon the client's self-report, and will cross-reference issues that seem to vary between accounts documented in previous reports rather than duplicating the documented history with a summary of self-report which does not vary from the earlier accounts. This approach will undoubtedly reduce the overall length of the report.

Other reports may not need so detailed a summary, or may draw upon this information in a different way. For example, when conducting structured professional judgement risk assessments (see Chapter 5), this information will need to be summarised in relation to the specific risk factors that are being determined as present and relevant within an individual case. In this instance, it would not make sense to summarise the person's psychosexual and forensic history, and then duplicate this in relation to each of the risk factors. In contrast, actuarial risk assessments (see Chapter 2) will likely only need the identification of specific historical risk factors and will not need a lengthy narrative report. Moreover, reports of assessments of single constructs (e.g. personality) based on psychometric tests only (see Chapter 1) may need no personal history summary, but instead focus on describing current functioning as determined by the scores on the assessment used.

- Assessments used:

Forensic psychologists have an ethical obligation to use appropriate assessment procedures and tools that have been validated on the population from which the individual client is drawn (see previous section on ethical requirements). In this section of the report the approach to assessment needs to be described and justified with reference to the scientific literature. In the case of using specific psychometrics or risk assessment tools, these need to be described along with their properties and more specifically, details of their reliability and validity when used with the client's population need to be reported. This section of the report is akin to the 'materials and procedure' section of an empirical report and should provide a well-justified defence of the methods used. Where new or emerging approaches are used, the limitations of these need to also be clearly stated (APA, 2013).

- Observations of client engagement and presentation:

Some insight into an individual's motivation for assessment and mental state can be gleaned through observing their demeanour during the assessment process. Clients will vary in the extent to which they cooperate and comply with the requirements of the assessment process, and this may be more or less relevant to personality or current psychopathology. It can be useful to reflect on how the client is reported to have engaged with other professionals and whether there is consistency or inconsistency in their presentation, and what this might reflect that is relevant to the content of assessment. In addition, discrepancies between self-reported functioning and overt presentation may reflect underlying capacity concerns (see Chapter 2).

- Current functioning/interpretation of test scores:

This is a key section of the report as it is where you interpret the results from the assessment methods employed and provide an account of current functioning. When psychometric tests are used, these should include accurate interpretation in relation to population norms.

- Factors influencing reliability/validity of assessment:  
This section should provide details of the limitations of the assessment conducted. For example, was there evidence of faking good in the client's responses? Was a key informant missing from the assessment process? Is there evidence to suggest that the client's comprehension was not as good as expected, or that second language issues may have impacted on the validity of responses?
- Formulation:  
Depending on the nature of the assessment, if it concerns risk of future violent offending, then some form of formulation will be required, unless of course only an actuarial risk assessment approach has been undertaken (see Chapter 2). In this section you need to draw together salient issues from the individual's personal history with the results of the assessments undertaken in order to develop a narrative account of how risk works for the individual client. The closer the links between evidence and formulation, the greater the coherence of the report (Guerreiro, Casoni and Santos, 2014) and the better quality reports are judged to be (Grisso et al., 2010). Chapters 4 and 5 provide further guidance on reporting formulations from two different perspectives: clinical judgement and structured professional judgement.
- Response to legal questions/opinion:  
In this section, each question raised by the referring third party needs to be explicitly addressed, drawing on the evidence reviewed and assessment conducted. Authors in this volume agree that the integration of all relevant information from which to derive expert opinion is considerably challenging. Efforts should be made to make reference to the evidence that underpins the opinion formulated in response to each question. Some report authors provide a summary of their main conclusions at the start of their report before the evidence review in order to provide easy access to their opinion.
- Limits of conclusions:  
It is necessary to provide the limits of the conclusions drawn. These limits may reflect factors such as relying purely on the self-report of the individual client in the absence of other informers, including previous self-report documented in historical third party reports (e.g. previous social worker, psychiatrist, probation officer reports). Threats to the validity of responding on individual measures may also have broader implications for the confidence of your overall conclusions, and these need to be described plainly.
- Next steps/intervention plans:  
When writing reports that lead to recommendations for intervention, treatment or new risk management strategies, the recommendations need to link clearly to the formulation and the evidence reviewed, and also be realistic in terms of what is locally available. In addition, they should reflect interventions that the client is likely to engage with.