Guidance for Improving Forensic Reports:
A Review of Common Errors

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Abstract: This study employed a national sample of forensic reports that had been critiqued by a panel of advanced forensic mental-health practitioners serving as reviewers for the American Board of Forensic Psychology. The study describes all of the discrete types of faults that reviewers encountered in the reports, and then converts them to prescriptive statements to guide forensic report writing. The study also identifies the most frequent report-writing problems in this sample. The results were not intended to describe the quality of forensic reports in the U.S., but rather to offer guidance for improving the quality of forensic reports.

Keywords: Forensic, Psychological, Reports, Assessments

Until the past decade, forensic mental-health examiners looking for guidance to improve their forensic report writing have had a limited number of resources. More recently, discussions of forensic report writing have appeared in a number of journal articles and chapters in forensic psychology or psychiatry handbooks (e.g., Ackerman, 2006; Felthous & Gunn, 1999; Griffith & Baranoski, 2007; Nicholson & Norwood, 2000; Silva, Weinstock & Keram, 2003; Simon, 2007; Weiner, 2006) and a book (Greenfield & Gottschalk, 2009). They tend to focus on the ways in which forensic reports place different demands on examiners than do general clinical reports, especially with regard to their very different uses.

Several authors have offered specific guides, tips or rules that writers might follow to improve their writing of reports in forensic cases. Some of these efforts have addressed forensic evaluations generally (rather than specific types of forensic cases). For example, *Psychological Evaluations for the Courts* (third edition: Melton, Petrila, Poythress, Slobogin, 2007) offers a chapter that includes an array of forensic report samples. An accompanying chapter discusses forensic report writing, describes a standard scheme for organizing the content of forensic reports, and describes four specific suggestions for improving forensic reports: (a) "Separate facts from inferences," (b) "Stay within the scope of the referral question" (including linking data to one's opinions), (c) "Avoid information over (and under) kill" (including avoiding irrelevant information), and (d) "Minimize clinical jargon".

Conroy (2006) discussed a number of key factors for good forensic report writing: (a) identify forensic reason for referral; (b) document confidentiality warning, (c) list all

sources of collateral data, (d) list procedures followed, (e) provide reasoning for forensic conclusions, (f) explain evidence that seems to contradict one's conclusions (entertain alternative interpretations), (g) avoid jargon, (h) avoid details not related to the forensic issue, and (i) avoid offering prejudicial or pejorative information.

Forensic Mental Health Assessment: A Casebook (Heilbrun, Marczyk & DeMatteo, 2002) offers a collection of "Principles" and "Teaching Points" explaining various important issues when conducting and reporting forensic assessments. The "teaching points" are amplified with sample forensic reports demonstrating the relevant principles, which were selected from among 29 principles described in Heilbrun's (2001) earlier *Principles of Forensic Mental Health Assessment.* Some of those principles (approximately a dozen) refer specifically to features of forensic report writing (e.g., "attribute information to sources," "identify the relevant forensic issues"). Most of them are similar to factors described by Melton et al. and Conroy.

Lander and Heilbrun (2009) asked a panel of forensic mental-health professionals (some legal, some clinical) to rate the "relevance," "helpfulness," and "quality" of 41 forensic mental-health reports. All reports were also rated by the research team on 20 of Heilbrun's 29 principles. Six principles manifested significant correlations with the panels' ratings of the reports' usefulness. Three of them are in the Melton et al. and/or Conroy lists: (a) use multiple sources of information, (b) include data that are relevant for the forensic issue, and (c) consider and explain alternative opinions. The other three do not appear in the prior lists: (d) obtain (identify) appropriate authorization to perform the evaluation, (b) attribute sources of information when describing facts, and (c) use a logical outline for organizing reports.

Advice offered in the published works cited at the beginning of this introduction suggests that a consensus has arisen about the general organization of a forensic report. It should begin with an introductory section that identifies the reason for the referral, the sources of data, and the manner in which the examinee was informed of the limits of confidentiality. A section that reports all relevant data that were obtained to address the forensic question should follow this. The final section should offer the examiner's interpretations that are relevant for the forensic referral question. This general outline allows (as it should) for considerable variation in subheadings within such sections, in response to local jurisdictional demands, different types of forensic questions, and the examiner's own preferences for the sequencing of content that best communicates a particular case.

Overall, however, there is nothing particularly "forensic" about this consensual approach to the organization of forensic reports. It is very much like the outline of most good clinical reports, and even bears a considerable resemblance to standards for organizing research reports in scholarly journals.

What makes forensic reports different from general clinical reports has mostly to do with content and style. The content is often different because of the need to address forensic questions that require different data than most clinical reports. The style differs

because forensic reports are written to meet the demands of legal forums, non-clinical readers and decision makers, and due-process constraints. Some reports for use by courts are indeed clinical reports in terms of their content, when the examiner is asked simply to address clinical issues rather than apply them to a forensic question. Even in those cases, however, the information must be conveyed in different ways than in general clinical reports because of the demands of a non-clinical audience and legal use.

For example, reports written for general clinical use can be offered in clinical language, whereas reports written for legal forums (even when they do not provide opinions about forensic issues) must avoid undefined clinical labels and terms. Clinical reports often base interpretations on the examinee's self-reported information, but several sources suggest that forensic examiners typically should offer important interpretations only when the data on which they are based are verified by two or more methods (e.g., examinee self-report, test data, collateral interviews, or past records). This reliance on multiple data sources and cross-method corroboration has arisen partly because of the increased likelihood of error in reliance on the self-report of examinees in forensic cases, which often involve circumstances that could motivate examinees to exaggerate, minimize, or falsify the information they provide.

Wettstein (2005) recently reviewed 10 studies that examined the nature and quality of forensic reports using empirical research methods. Six of those studies examined samples of forensic reports to identify the frequency of various strengths and weaknesses in their style and content. One general finding stood out in four of those six studies (Christy et al., 2004; Hecker & Steinberg, 2002; Robbins, Waters & Herbert, 1997; Skeem, Golding, Cohn & Berge, 1998). Examiners often reported relevant clinical data, and the forensic question was often addressed, but reports frequently failed to actually identify the examiner's reasoning about the connection between clinical data and the examiner's opinion about the examinee's legally relevant deficits. In other words, they failed to spell out how their data were related to their opinions or the logic that connected them. In a national survey, Borum and Grisso (1996) did not find a consensus among forensic mental-health experts at that time as to whether it was essential to fully explain in a report the reasoning for one's opinion. In recent years, however, report-writing commentators have made it clear that forensic reports must describe how one's opinion is supported by one's clinical data, and the logic with which the evidence leads to the forensic opinion (e.g., Conroy, 2006; Heilbrun, 2001; Melton et al, 2007; Wettstein, 2010).

Past studies, therefore, have identified some common errors in forensic reports. However, they have not provided a comprehensive view of the types and frequency of short-comings found in forensic reports. This was the purpose of the present study. The study used a national sample of forensic reports that had been submitted to the American Board of Forensic Psychology by candidates for forensic board certification. A panel of advanced forensic mental-health practitioners had critiqued the reports, and the review process had resulted in non-acceptance of the reports. In this study, the reviewers' evaluations of these reports were used to create an inventory of all of the discrete

types of "errors," "faults," or "problems" encountered in the reports. This method also provided an indication of the faults that arose most frequently.

Materials and Methods

Sample

The study used 62 forensic reports written by 36 forensic mental-health professionals. Each professional was a candidate in the national evaluation process for becoming a diplomate (equivalent to board certification) in forensic psychology through the American Board of Forensic Psychology (ABFP). Part of this process (discussed later) required them to submit two forensic reports as "practice samples" for review. The 62 reports in the present sample constituted all of the reports that were (a) reviewed by ABFP during January 2007 through June 2009 and (b) were not approved for use in the final step of candidacy, the oral examination. Some candidates had two reports disapproved, and some had one approved and one disapproved. Reports that were approved for use in the examination were not included in the sample. The 36 candidates whose reports were not approved constituted 39% of the candidates whose samples were reviewed during the study period. (That does not constitute a final "fail" rate for the ABFP practice sample review process, because many of these candidates later submitted new samples that were approved to proceed to oral examination.)

Forensic referral questions in these reports included both criminal and civil forensic issues. Criminal forensic questions included adjudicative competence (25% of the total sample), criminal responsibility (19%), general or sexual risk of violence/recidivism (18%), sentencing and amenability to rehabilitation (7%), and capacity to waive *Miranda* rights (4%). Civil forensic questions included child custody and abuse cases (8% of the total sample), evaluations for personal injury, disability, workers' compensation, fitness for duty (14%), and other civil issues (5%). The candidates were from throughout the U.S.

Context

A brief explanation of the ABFP review process and its reviewers is important to provide the context for the reviews that constitute the data in this study. Requirements for admission to, and completion of, candidacy for ABFP certification are posted at www.abfp.com. As a threshold matter, candidates for ABFP certification must meet certain requirements regarding proper doctoral degree, years of post-doctoral forensic practice (four to five, depending on relevant pre-doctoral supervised hours), supervision and continuing education. Then they must pass a written examination, a review of their "practice samples," and finally an oral examination.

All candidates must submit two practice samples for review. Practice samples are forensic reports that were written and used in actual practice (although a scholarly document such as a recent journal article by the candidate may be substituted for one

of these). The report must represent a forensic evaluation that was neither supervised nor conducted jointly with other professionals.

When the chair of Practice Sample Reviews receives a candidate's two reports, the chair submits both reports to two reviewers for their comments and recommendations. During the period of time when the present sample of reports was reviewed, the author of this article was the chair of ABFP Practice Sample review process. (He performed no reviews but recorded and summarized the comments of the reviewers.) At the beginning of the study period in question, ABFP had re-developed its practice sample review process, refining its procedures and establishing an "ABFP Faculty" of reviewers. The ABFP faculty during the period of this study consisted of a national panel of 10 to 14 ABFP diplomate forensic psychologists chosen for their advanced practice in forensic psychology and their willingness to volunteer their service as reviewers. They serve on two- or four-year rotations, although all were serving their first term during most of this study period.

The purpose of the practice sample review is to decide whether both, one, or neither of a candidate's reports is appropriate for use in the future oral examination. If both reviewers agree that they are appropriate, the candidate is notified and oral examination is scheduled. (The oral examination uses the reports as the primary focus of the oral examination.) If either or both of the reports are not considered adequate for use in the oral examinations, the chair of the ABFP Practice Sample review process develops an individualized letter to the candidate based on written comments of the reviewers. It describes each of the specific concerns raised by the reviewers, and the candidate is provided an opportunity to submit new reports for a second review. If both of the candidate's reports have not been approved, the feedback letter identifies the faults for both reports separately.

The reviews during the study period did not employ specific criteria or any scoring mechanism. Initial training of the faculty late in 2006 included a review of some "common problems" encountered in forensic reports, but reviewers were free to raise any concerns that they felt were important as they proceeded to perform their reviews. After this process had been in place for about one year, one of the faculty members constructed a template for doing reviews. The template offered some structure (Introductory Information, Organization, Data, Psychological Testing, Interpretation, etc.), and provided brief questions under each of these categories to cue reviewers to attend to certain common concerns. Reviewers were still free, however, to raise any faults or problems they wished within this semi-structured format.

Throughout the period of these reviews, reviewers were instructed that they should *not* try to determine whether a report represented "adequate or advanced practice," or whether the candidate was likely to pass the oral examination. Instead, they were asked to determine whether the candidate's reports were so seriously flawed (contained "many and diverse" problems) that the candidate was highly likely to fail the oral examination, or that the reports were too poor to serve as a basis for the oral examination.

Pairs of practice sample reviewers did not communicate with each other while they were reviewing a set of reports. Nevertheless, across the 2.5-year review period, faculty members had substantial contact of a type that would allow a consensus to arise regarding review criteria. Specifically, after a candidate's reports had been reviewed, the two faculty members received copies of each other's reviews, as well as a copy of the chair's feedback letter to the candidate. Moreover, each faculty member was paired with a number of other faculty members across time as they were given their review assignments. Finally, the ABFP faculty met semi-annually to discuss and refine the overall practice-sample review process and to reflect on any unusual issues that had arisen in recent reviews.

Procedure

ABFP retains the records of all candidates' practice sample reviews. In those records, all non-approved cases within the time frame were located, as well the feedback letters to the candidates. Those feedback letters were the source of data for this study. Each discrete fault or problem described in the letter was identified for each of the one or two non-approved reports to which the letter referred, and these faults were tallied across all of the non-approved reports. This produced (a) a non-redundant list representing the domain of faults mentioned by the reviewers, and (b) a tally of the frequency with which each fault was mentioned across all reports.

When the domain of concerns or faults was completed, each of the entries was converted from the negative form (e.g., "Failure to list all sources of data") to a prescriptive form (e.g., "List all sources of data"). Thus, the product offers a potential domain of factors to guide the construction or evaluation of forensic reports.

Results

The review produced 30 discrete factors raised by the reviewers of the forensic reports. The factors are listed in Table 1 within five categories for convenience of review and discussion. Originally stated as faults by the reviewers, the factors as shown in Table 1 have been converted to prescriptive recommendations.

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Table 1. Factors Mentioned in Reviewers' Critiques of Forensic Reports (converted to prescriptive statements)

Introductory Material

Provide accurate information on the examinee's identity and dates of evaluation.

Describe the manner in which the examinee was informed of the purpose of the evaluation and limits of confidentiality.

List all sources of data for the evaluation.

Clearly state the legal standard that defines the forensic purpose of the evaluation, including the specific questions the examiner was asked to address.

Organization and Style

Organize the report in a manner that is logical and assists the reader's understanding.

Report only data, not inferences, in one data-based section of the report.

Report inferences and opinions in another section, which uses the earlier data but offers no new data.

Use language that minimizes the potential for bias or the appearance of gratuitous evaluative judgments.

Use language that will be understood by non-clinicians, taking care to simplify complex concepts and professional technical terms.

Attend to professional appearance of the document, avoiding typographical errors, incomplete sentences, and colloquialisms.

Data Reporting

Obtain and report all data that would be important when addressing the referral question.

Report *only* those data that are relevant for the forensic referral question.

Clearly identify the sources of various data as the data are described.

Avoid inclusion of self-incriminating data in pre-trial reports of evaluations involving defendants with open criminal charges.

Include multiple sources of data, whenever possible, when describing events, behaviors, and examinee attributes.

Report efforts to obtain data that ultimately were not obtained and may have been relevant for the case.

Psychological Test Reporting (Data and Interpretations)

When psychological test data are obtained from past records, report only those data that will be relevant for addressing the clinical or forensic questions in the case.

Employ psychological tests based on appropriateness for addressing the forensic and clinical referral questions.

When reporting test data, identify scores and offer explanations of their normative meaning, but do not describe them as attributes of the examinee.

Offer interpretations of tests only when the test is appropriate for the circumstances (e.g., examinee age and race; validity demonstrated in the forensic context in question).

Score and interpret psychological tests accurately and consistent with their empirical limits and values.

Interpretations and Opinions

Address the forensic question that was asked in the referral process.

Address *only* the clinical and forensic questions that were asked in the referral process.

Provide a clear explanation for every important opinion or conclusion that you offer, summarizing the relevant data and how they logically support the opinion.

Identify alternative interpretations that might be considered, and explain how the data were used to weigh these interpretations against the opinion you are offering.

Describe any important ways in which one's data or interpretations leave room for error or alternative interpretations.

Produce interpretations and opinions that are logical and internally consistent (not contradictory).

Use multiple sources of data to seek support for a hypothesis.

When opinions or recommendations require specialized knowledge (e.g., medical conditions or their treatment), express opinions only on matters for which you are qualified and competent.

When using examinee self-reported data as a basis for an opinion, offer the opinion only when other reasonably reliable sources of data offer corroborative or logically consistent support.

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Table 2 identifies the faults most frequently mentioned by the practice sample reviewers, as well as the percent of reports for which they were mentioned. Two of them ("Opinions Without Sufficient Explanations" and "Forensic Purpose Unclear") were identified in more

than one-half of the non-approved reports. Another three faults arose in about one-third of the reports.

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Table 2. Ten Most Frequent Faults in Forensic Report Writing
(Percent of Reports in Which They Were Identified)

1. Opinions without sufficient explanations (56%)
    Major interpretations or opinions were stated without sufficiently explaining their basis in data or logic (regardless of whether the report's data could have sustained the opinion)

2. Forensic purpose unclear (53%)
    The legal standard, legal question, or forensic purpose was not stated, not clear, inaccurate, or inappropriate

3. Organization problems (36%)
    Information was presented in disorganized manner (usually without a reasonable logic for its sequence)

4. Irrelevant data or opinions (31%)
    Data and/or some opinions included in the report were not relevant for the forensic or clinical referral questions

5. Failure to consider alternative hypotheses (30%)
    Data allowed for alternative interpretations, while report did not offer explanations concerning why they were ruled out (often response style/malingering alternative, sometimes diagnostic)

6. Inadequate data (28%)
    The referral question, case circumstances, or final opinion required additional *types* of data that were not obtained or were not reported, and for which absence was not explained in report

7. Data and interpretation mixed (26%)
    Data and interpretations frequently appeared together in section that reports data

8. Over-reliance on single source of data (22%)
    An important interpretation/opinion relied wholly on one source of data when corroborating information from multiple sources was needed (often over-reliance on examinee's self-report)

9. Language problems (19%)
    Multiple instances of jargon, biased phrases, pejorative terms, or gratuitous comments

10. Improper test uses (15%)
   Test data were used in inappropriate ways when interpreted and applied to the case, or tests were not appropriate for the case itself

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Discussion

The nature of the 30-factor domain (Table 1) should be interpreted in light of the review process that gave rise to the list. The factors are not the product of reviewers performing their tasks independently. As noted in the Method section, the reviewers did not communicate with each other while reviewing a set of reports, but they received feedback later regarding their colleague's reviews of the same reports. Moreover, the semi-structured template for providing comments on the reports, which arose midway in the study period, included suggestions regarding common faults that had begun to be apparent as the reviewing process matured. Therefore, it is best to interpret the domain of factors identified in this study as having evolved through a 2.5-year consensus-building process among a group of advanced, highly experienced forensic psychologists who practice nationwide, faced with the review of reports addressing many types of forensic questions.

The majority of the factors in Table 1 focus on the demands of forensic reports specifically rather than offering generic guidance for clinical reports in general. Many of these demands derive from the fact that forensic reports are written not for other clinicians, but for lay persons (professionals in law) who would use them as evidence in legal forums. A few examples of this logic will be provided.

- "List all sources of data for the evaluation." This requirement refers to the need for an actual detailed listing of all sources of data that were used by the examiner: for example, interviews and their dates and length, each record and file, every phone call and to whom, and all psychological tests. This is helpful (although not essential) in general clinical cases. However, it is essential in forensic reports, because legal cases require that all evidence, and the basis for (origin of) any evidence in the case, must be revealed in the event that it is needed for discovery and verification of evidence on which the examiner's opinions are based.

- "Report test data as scores and/or explanations of their normative meaning, but not as attributes of the examinee." Great care must be taken not to lead lay readers to suppose that a test's results, when first described, necessarily identify the examinee's actual clinical or cognitive characteristics. Often there are inconsistencies between scores on one test compared to another, or the meaning must be interpreted in light of other data.

- "Address only the clinical and forensic questions that were asked in the referral process." Clinical reports often will address questions that were not originally asked, when evidence arises that might be of benefit to the welfare of the

examinee. In contrast, similar reporting behavior by forensic examiners would exceed the bounds of their legal authority, potentially introducing information that is contrary to rules of evidence and due-process protections of examinees.

Caution is warranted in accepting the 30 entries in Table 1 as the universe of factors that are relevant for good forensic report writing. It is possible that other factors did not arise in this process because they were satisfied even by these reports that were not approved for use in ABFP oral examinations. Also, forensic examiners who are familiar with debates about report writing and testimony will notice that certain faults or problems they might have expected to see in this list did not arise. For example, no factor emerged that would encourage or restrict the reporting of one's opinion regarding the "ultimate legal question" (e.g., "In my opinion, the defendant is not competent to stand trial"). This might have been a function of the ABFP review context. Training of ABFP faculty reviewers at the beginning of the process excluded this factor as a "fault." There were two reasons for excluding it. First, accepted guidelines for forensic cases (Committee on Ethical Guidelines for Forensic Psychologists, 1991) neither prohibit nor encourage such opinions. Second, ultimate-opinion statements are required by some courts and prohibited in others.

Regarding the list of the ten most frequent faults or problems (Table 2), six of them are mentioned in two or more of the earlier references that prescribed specific guidelines or rules for forensic report writing (Conroy, 2006; Heilbrun, 2001; Lander & Heilbrun, 2009; Melton et al., 2007). Three others (3, 8, 10) are in Heilbrun's list of principles. Moreover, the top two—those faults that were identified in over one-half of the sample of reports—are highlighted by all of those commentators, and the most frequent error has been affirmed in several empirical studies of forensic reports (Christy et al., 2004; Hecker & Steinberg, 2002; Robbins, Waters, & Herbert, 1997; Skeem, Golding, Cohn, & Berge, 1998). Therefore, the top two deserve special comment.

"Opinions without sufficient explanations" refers to instances in which important conclusions of the examiner were stated without demonstrating how they were formulated. The necessary formulations involve both data and logic. Regarding data, reports sometimes lacked descriptions that identified the data supporting examiner's forensic opinion (e.g., inability to satisfy competence criteria, or an opinion about malingering). Sometimes the information that would have supported the opinion might have been described in the earlier Data section of the report. Nevertheless, in forensic reports, the critical data supporting the opinion must be laid out at that point in the report where the opinion is offered. The data do not all have to be reported in detail; for example, one might simply refer to "the results of the intelligence test," rather than repeating the actual scores and the details of the meanings. Regarding logic, examiners are expected to lay out the reasoning that knits the data together to reach the conclusion. For example, "Evidence regarding the examinee's high level of functioning at work, which was inconsistent with his very low IQ score in this evaluation, supported the conclusion that he was attempting to appear less capable than he is."

"Forensic purpose unclear" refers to a failure to establish, in the introductory part of the report, the forensic and clinical referral question. This is of utmost importance. This statement of purpose drives everything that follows in a forensic evaluation and its report. It guides the data collection and the interpretations that eventually answer the referral question. Moreover, this statement demonstrates to the court (as any testimony will require) that the examiner understood the forensic question and the legal purpose of the evaluation. The statement is easily made by reporting the definition of the legal question (for example, providing the specific wording of the state's statutory definition of competence to stand trial) and citing the relevant statute or case law that provides this definition. In addition, it is often helpful to explain, in a few words, how the examiner identified the types of data that would be needed to address the forensic question. For example, after reporting the state's definition of competence to stand trial, an examiner might further state, "Therefore, the evaluation focused on obtaining relevant information about the defendant's clinical and psychological condition, his functional abilities associated with participation in his trial, and, if these capacities were limited, the likelihood that they could be remediated."

The top ten faults have several potential uses. They are endorsed not only by the ABFP-experienced forensic reviewers, but also in earlier publications by authorities in forensic psychology. Therefore, they provide an authoritative "short list" of factors on which less-experienced forensic examiners—and, of course, candidates in the ABFP examination process—can focus as they seek to refine their report-writing skills. For educators, the list offers a way to prioritize one's curricular outline of forensic report-writing errors to correct and avoid. One should recognize, however, that the fact that these faults are in the top ten, or that some of them are positioned high on the list, does not necessarily refer to their degree of "seriousness." The method used in this study simply indicates the relative frequency with which they arose. Further research could offer insight into experienced forensic examiners' perceptions of the relative importance or "egregiousness" of these forensic report-writing factors.

Acknowledgements

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