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In earlier times lawyers, juries, and judges could resolve criminal and civil issues cases, relying on their general knowledge and common sense both in preparing and in deciding a case. This is no longer so. As described in their work, Writing Forensic Reports: A Guide for Mental Health Professionals, Professors Daniel P Greenfield and Jack Gottschalk address one discipline—psychiatry—in the vast array of disciplines in which forensic techniques are employed to assist legal practitioners and the courts.

The federal and state courts of the United States have established rules for the admission into evidence of otherwise inadmissible opinions of experts. Federal Evidence Rule 702 provides that if specialized knowledge “will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training or education, may testify thereto in the form of opinion or otherwise.”

The United States Supreme Court has mandated that federal trial courts exercise a gatekeeping function when determining the admissibility of proposed expert testimony under Rule 702, Daubert v. Merrill Dow Pharm, Inc., 509 U.S. 579 (1993). The court must scrutinize with care the proposed expert testimony to ensure, first, that the expert is qualified, that is, that he is truly an expert in the field about which he proposes to report or testify; and second, that the process or techniques the expert used in formulating the opinion are reliable, that is, that the expert’s process or techniques are based on the methods and procedures of science rather than on subjective belief or unsupported speculation.

The courts have articulated many criteria by which qualification of the expert and reliability of the opinion may be judged. Although expressed in different ways, similar rules are applied in the federal state courts.

Usually the first comprehensive exposure a lawyer or a judge will have to an expert’s opinion is through his or her report. It is at this point that Greenfield and Gottschalk address the role of the forensic psychiatrist, advising how to prepare an effective psychiatric report. The authors assume that the preparers of these reports are qualified as psychiatrists or other mental health experts, and they assume that the opinions are based on recognized principles of psychiatry. The purpose of the book is to suggest how to communicate these opinions and the reasons for them effectively.

The role that psychological/psychiatric factors play in resolving a wide range of legal problems can hardly be overemphasized. This book is a guide to the preparation of reports that may shape the lives and fortunes of individuals and upon which the safety of the community will often depend. During approximately 26 years in private practice and 28 years as a federal trial judge, I have
relied (or not relied) on many hundreds of such reports. One example illustrates the three time frames that Greenfield and Gottschalk address.

A young man entered Fort Dix and with a knife eviscerated his mother, an army sergeant. Successive psychiatric reports addressed (1) the past: What brought this now defendant to this point in his life, and was he not guilty by reason of insanity? (government and defense psychiatrists found he was not guilty by reason of insanity); (2) the present: Should this person be civilly committed? (not surprisingly, government and defense psychiatrists recommended civil commitment); (3) the future: Has this person’s psychiatric treatment rendered him safe to be released to a halfway house or the community? (Psychiatric reports differed from time to time in their recommendation.)

As the authors explain, “The term ‘forensic’ was meant to include information that assisted the courts of justice, or the ‘forum’ of justice.” The book provides many examples of criminal and civil issues in which forensic psychiatry is of indispensable assistance to the courts, but a principal contribution is its guidance in the manner in which a civil and criminal forensic psychiatric report should be prepared for clarity and ease of communication. By way of example, numerous criminal and civil reports are included. Were these formats to be followed generally, the tasks of lawyers and judges would be greatly facilitated and the judge’s gatekeeping function would be eased.

Most intriguing are the summaries and opinions of a number of criminal and civil psychiatric reports that are included in this volume. They are enlightening because they illustrate the wide range of subjects that forensic psychiatry must address. In the criminal field this includes the insanity defense, competency to stand trial, the risk of repeat sex offense, and intoxication. In the civil field, forensic psychiatry extends to questions of ability to return to work, depression, posttraumatic stress disorder, posing danger in the workplace, appropriate treatment of psychiatric disorder, foreseeability of repeat sexual offenses, mental competency to manage affairs, mental competency to execute a will, competency to carry on a profession, and contract duress.

These summaries are informative not only because they suggest the range of subjects that forensic psychiatrists must address; they are intriguing because they provoke the reader to decide if he or she would reach the same opinion that is arrived at in the example. Each example summarizes very briefly the problem presented and then sets forth the opinion of the psychiatrist. Of course, the summaries provide only the barest information, and the opinions were hardly based solely on such a limited foundation. But in a number of instances the reader can enjoy second-guessing the opinion.

Although forensic psychiatrists and other mental health professionals will be the primary beneficiaries of this book, lawyers and judges will also benefit from it.

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June 2008
In Chapter 1 (“Modelling English”) of his wonderful and arcane *The Cambridge Encyclopedia of the English Language* (1995), the author, Professor David Crystal, gives the following six answers to the question, “Why study the English language?”: “Because it’s fascinating . . . important . . . fun . . . beautiful . . . useful . . . there” (Crystal, 1995, p. 3).

We contend that all of these reasons apply to this volume—to writing effective forensic mental health expert reports—and for the following reasons:

- **“Because it’s important.”** As the Honorable Dickinson R. Debevoise, Senior USDJ, points out in his foreword to this volume, “Usually the first comprehensive exposure a lawyer or a judge will have to an expert’s opinion is through his or her report.” Given that fact, given that first impressions are lasting ones, and given the potential usefulness of forensic reports in negotiating and arriving at resolutions of cases, these reports are important and should be well structured, well reasoned, and well presented.

- **“Because it’s fascinating.”** Both authors of this volume have commented to friends and colleagues innumerable times over the years that we “don’t make these stories up. We couldn’t. They’re too weird . . . Truth is stranger than fiction.” Many of the stories—the history underlying the cases presented in this volume—make for fascinating reading, and have the additional benefit of being true.

- **“Because it’s fun.”** This goes along with “Because it’s fascinating.” For the forensic mental health expert (whether psychiatrist, psychologist, or any other stripe) who likes to write, recording in written form the fascinating tales that the expert learns in consulting a particular case is not only important and required for the consultations, but it’s fun and useful, as described next.

- **“Because it’s useful.”** As lawyers so often say, “If it isn’t in writing, it didn’t happen,” and as prehistorians and historians point out, the written record has enabled humanity to proceed from generation to generation without having to reinvent the wheel every 30 years or so (Feder, 2004). In forensic mental health experts’ roles in legal cases, the act of organizing information and thoughts and presenting them persuasively not only provides a potentially useful negotiating tool, but is also useful in helping counsel and the expert prepare for testimony (at trial, deposition, or hearing) in cases that go that far.
“Because it’s beautiful.” While it may be a stretch to say that any given forensic report ranks with Shakespeare or Hemingway as a literary work of art, a well-written report should certainly tell a good story, and may well be the basis for a beautiful work of literary art later on. Indeed, in the case of this volume, the authors hope that its readers find these stories interesting and compelling, if not beautiful.

“Because it’s there.” Finally, as a practical matter, many jurisdictions and venues require a written record—a report—of the forensic experts’ findings, impressions, and opinions as part of the litigation process. The expert may not want to have to write such reports, and may prefer other aspects of the litigation process, such as testifying. But often, if a written report for the litigation record is not produced, the expert may not be part of the game. Forensic reports are there, as an integral part of the litigation process.

We have written this volume as a handbook, with multiple examples of reports and parts of reports, to assist the neophyte, novice, apprentice (trainee), reasonably experienced, and very experienced forensic mental health practitioner with forensic expert report writing.

In the first chapter of this book (“The Importance of Forensic Reports”), we present a rationale and proposed structure and format for clear, detailed, and persuasive report writing, recognizing that such reports are and should be clinically based. We also present a taxonomy of criminal and civil types of cases in which forensic mental health experts may be called to consult. We assert that the usefulness of persuasive forensic expert reports may occur from the very beginning of the expert’s consultation (negotiation between counsel in the pre-indictment phase in criminal matters and in the pretrial phase in both criminal and civil matters) to the end of that consultation (testimony at hearing or trial), or anywhere in between (at deposition testimony, for example). We draw an analogy between the expert’s written report and trial counsel’s trial notebook (a collection of records, materials, and documents, with commentary, for use at trial, in guiding counsel through the various phases of a trial). The expert’s written report is an effective way of helping the testifying expert organize anticipated testimony and keep track of records, materials, and other such documents to which referral may be needed during testimony.

Chapter 2 (“Forensic Reports and the Law”) presents a brief overview of the history, goals, and (most important) evidentiary aspects of English and American common law relevant to the forensic mental health expert. This chapter is not intended as an “Introduction to Western Law,” or “A Summary of Everything You’ve Learned in Three Years of Law School in the United States,” or the like, but rather as a brief discussion of the rationale and scope of the use of forensic psychiatric/psychological information, input, and opinions—offered through mental health professionals qualified as experts—in the legal process. The reader should consult with counsel (which is always strongly advised) on any given case, and/or with any of a number of legal and forensic treatises, tests, journals, and so forth (as listed, for example, in Appendices B1, B2, and B3 of this book) to expand their database of the basic legal concepts presented in this chapter.
Preface

Using the format suggested in Chapter 1, numerous full criminal reports of actual cases, fictionalized and redacted for privacy and confidentiality purposes, illustrative of the points raised and discussed in Chapter 1, are provided. We walk the reader through the several steps and parts of these reports with discussion of each part in the context of the full report. We conclude with the "Summary and Opinions" of the forensic mental health expert's evaluation in each case. By following the chronological format and flow of such a report, both the forensic expert, and counsel or court, can comprehend the expert's findings, impressions, and opinions effectively and concisely at all phases of the expert's involvement in the case, pretrial, and at trial (if the case goes that far). We begin each full case with a case overview to familiarize the reader with the salient features of the case, and we conclude each full case with a commentary to review the important points made in the report from the forensic mental health perspective.

Following from Chapter 3 ("Full Criminal Reports"), Chapter 4 ("Criminal Summaries") gives a series of redacted and fictionalized "Summary and Opinions" sections of forensic psychiatric/psychological reports dealing with such topics in criminal law as reduced criminal responsibility (legal insanity, diminished capacity, intoxication), competency to stand trial, and others. These discussions are keyed to the types of criminal law psychiatric evaluations presented in Table 1.2 ("Criminal Issues as the Subject of Forensic Mental Health Evaluations and Reports").

Next, in Chapter 5 ("Full Civil Reports") we present numerous complete civil reports of actual cases also fictionalized and redacted, and also illustrative of the points raised and discussed in Chapter 1. As with Chapter 3, we provide a case overview for each full report; walk the reader through the several steps and parts of the report with discussion of these steps and parts; conclude the report itself with the "Summary and Opinions" section of the forensic psychiatrist's evaluation in the case; and give a commentary of the salient points and opinions of the forensic mental health expert. As with the criminal reports in Chapter 3, by following the chronological format and flow of this report, the forensic expert, counsel, and the court can comprehend the expert's findings, impressions, and opinions effectively and concisely at all phases of the expert's involvement in the case, pretrial, and at trial (again, if the case proceeds that far).

Like Chapter 4 for criminal matters, Chapter 6 ("Civil Summaries") presents a series of redacted and fictionalized summaries and opinions on forensic mental health expert reports. These reports deal with such topics in civil law as professional liability (medical malpractice), psychiatric effects in personal injury and workplace sexual harassment materials, civil competency to handle one's affairs, and other civil topics that forensic mental health experts are often asked to evaluate. As in Chapter 4, these discussions are keyed to the types of civil law psychiatric evaluations given in Table 1.3 ("Civil Issues as the Subject of Forensic Mental Health Evaluations and Reports") of Chapter 1.

Finally, Chapter 7 is the epilogue for this book. In it, we reiterate the rationale and salient areas addressed in this volume, emphasizing the importance of the written report in many aspects of a forensic mental health practice and in the related forensic mental health activities of forensic mental health experts.
The several appendices of this book consist of (a) a glossary of acronyms used in forensic mental health practice that are used in this book (Appendix A); (b) lists of four sets of references and suggestions for further reading in forensic mental health areas, presented in four appendices (B1, B2, B3, and B4): (i) books and monographs in forensic mental health, (ii) selected periodicals in this field, (iii) useful Web sites in this field, and (iv) selected professional literature references concerning report-writing in forensic mental health practice; and (c) Appendix C, entitled "Adjunctive Use of Tests, Inventories, Surveys, and Other Instruments and Assessment Tools in Forensic Mental Health Evaluations," discussing the instruments and assessment tools used in many of the cases and reports in this book.

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Jack A. Gottschalk, JD, MA, MSM
Millburn, New Jersey
June 2008

References
Both authors acknowledge the help and encouragement of friends and colleagues over the years too numerous to list. Dr. Greenfield particularly thanks his students, professional colleagues and friends, attorneys, judges, and administrators who have referred cases and advised and consulted with him over the years, and the many individuals whom he has evaluated and sometimes treated over the years, who have made up what might be termed his experiential database for this book.

We both also thank Judge Debevoise for his insightful foreword to our book; the Springer Publishing Company (especially Sheri Sussman, senior vice president, editorial, who has been an exacting but realistic and delightful taskmistress in the publishing process, and her assistant, Deborah Gissinger) for taking on this project and moving it from an idea to a book; and to Tara LeGates, Dr. Greenfield’s principal manuscript typist, who put the book’s words into print.
Introduction
Why read (or write) a book specifically about writing forensic reports?

In forensic (unlike clinical) mental health practice, one of the two main products created is the report containing the evaluation of the individual or topic on whom or on which the legal case is based. The other product—not nearly as common as the written report—is live or videotaped testimony at trial, hearing, or deposition. Each of these will be further discussed.

Returning, however, to the written report, the evaluating (forensic) mental health professional (typically a psychiatrist, psychologist, or social worker) must generally prepare a written opinion report about the forensic psychiatric/neuropsychiatric/addiction medicine/other issues involved in the case evaluation. That report is a critical and primary element in terms of the forensic practitioner’s participation in the case. By contrast, for the clinical surgeon, for example, the operative report and hospital discharge summary are secondary to the surgical procedure and treatment themselves. These reports are necessary for documentation, statistical, and medicolegal purposes, and (in our experience) are often considered a necessary evil by most surgeons who must prepare them.
For the mental health professional, reports are also vital because of the wide range of cases with which they must deal in terms of forensic consultation. These cases are clearly far greater in terms of number and variety than is true in other medical specialties, and involve such diverse subjects as mental state, motivation, emotional condition, and other psychological/psychiatric factors.

In criminal law, for example, the forensic mental health clinician is generally asked to address issues that go to the heart of the alleged offender—the mens rea (evil intent)—in terms of mental state and psychiatric/neuropsychiatric/addiction medicine condition during one (or more) of three time frames: the past, the present, and the future. These time frames will be discussed now.

- **The past:** This time frame is explored with regard to which of the criminal responsibility-reducing defenses (as of the time of the offense) may potentially be available to the defendant: legal insanity, diminished capacity, intoxication, or variants of these. Additionally, the question may be raised in criminal forensic mental health evaluations of whether the alleged offender, when first interrogated by law enforcement authorities, was competent to waive or surrender constitutionally guaranteed rights against self-incrimination (Miranda rights) as provided under the Fifth Amendment.

- **The present:** This time frame is concerned with the individual’s involvement with the legal process, that is, when pretrial motions, trial, plea negotiations, and related matters are under way. Here such issues as competency to stand trial or to proceed to trial, or a determination of potential dangerousness, are the major considerations.

- **The future:** Once a criminal case has been resolved, such issues as “future dangerousness” of the adjudicated offender often arise, for example, after a finding of not guilty by reason of insanity. At that point, the placement of the individual must be addressed. Depending on the underlying criminal offense, this can mean placement in a highly restrictive and secure setting, such as a high-security psychiatric hospital. In the case of individuals who (after completion of their custodial sentences for sex offense convictions) are civilly committed as sexually violent predators (SVPs), or sexually dangerous persons (SDPs), their “likely” or “highly likely” potential to reoffend sexually is an example of the future dangerousness question that forensic mental health professionals are often asked to address. Addressing it, of course, requires a civil commitment to a high-security setting for treatment and concurrent isolation from society.

Table 1.1 presents these time frames and associated forensic psychiatric/neuropsychiatric/addiction medicine evaluations in criminal law, in a graphic format.

Turning to civil law, forensic mental health evaluations, in our experience, generally address two areas in which inferences about evaluated individuals’ underlying mental state and psychiatric/neuropsychiatric/addiction medicine conditions are relevant to the case at hand. These correspond largely to the past and present time frames in criminal law, and include the following
applications: (a) the past: as of the time an individual entered into a contract, consented to an invasive medical procedure, made a will, or otherwise engaged in activities requiring the cognitive ability to have done so in an informed and knowing way; and (b) the present and future: as of the time of an individual’s mental health evaluation, in terms of that individual’s response to a physical or psychological injury (such as from an automobile or slip-and-fall accident; from alleged sexual harassment or wrongful discharge from a job; and from alleged toxic workplace exposures, to name only a few examples).

In some instances, both criminal and civil aspects of the same case may be issues in different matters pertaining to the same facts and circumstances. In the famous case, for example, of California v. O. J. Simpson, Simpson was found not guilty of criminal charges using the applicable criminal standard “beyond a reasonable doubt” likened to 95%, the burden of which to prove is borne by the state. However, based on the same facts in a later civil case, Simpson was found liable for civil charges by a jury, using the lower “preponderance of the evidence” standard likened to 51%—a civil standard of proof, the burden also to be borne by the plaintiff.
Once the forensic mental health professional’s report is done, it may be used by counsel or the court in negotiating, as a basis for different types of motions, or as bases for the professional’s testimony at a deposition, hearing, or trial, if testimony occurs in the case. In the first two contexts, a well-reasoned and persuasively written report can be extremely useful in the negotiating and motion practice process. In the last context, the professional’s report can be useful in testimony, as a guide to testimony, and for reference to records reviewed. The structure of forensic reports, as well as these elements in reports, will be discussed at length later in this chapter.

The Subject Matter

Pulling together the points about the nature and types of forensic issues that can be the subject of forensic mental health evaluations and reports, Table 1.2 and Table 1.3 list examples of these issues in criminal and civil law, respectively, presented by the subject matter of the legal issues involved.

<table>
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<th>1.2</th>
<th>Criminal Issues as the Subject of Forensic Mental Health Evaluations and Reports</th>
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<td>Traditional Criminal Responsibility-Reducing Psychiatric Defenses:</td>
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<td>Legal insanity</td>
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<td>Irresistible impulse</td>
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<td>Community notification (Megan’s Law registrants)</td>
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<td>Competency to Stand (Proceed to) Trial</td>
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<td>Mitigation issues (death penalty)</td>
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<td>Embezzlement</td>
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<td>Battered Woman (spouse) Syndrome (syndrome evidence cases)</td>
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<td>Miranda (constitutional rights) waiver</td>
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<td>Mitigation of penalty (federal sentencing guidelines)</td>
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<td>Suicide</td>
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<td>Transfer (waiver; referral issues for juveniles)</td>
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The common thread of all of these types of evaluations pertains to the assessment of psychiatric and psychological aspects of individuals who have committed (or who may commit) offenses, or have been involved in traumatic situations, whether civil, criminal, or familial. These aspects, may, in turn, pertain to the individual’s mental state (cognitive capacity, emotional state, motivation, or other such psychiatric/psychological factors) at the three different periods of time presented in Table 1.1 for criminal matters, for civil matters, and for matters including overlap between the two.

The Structure of This Book
In the course of 20-plus years of psychiatric practice, the first author of this volume (Dr. Greenfield) has been called on to evaluate hundreds of individuals in forensic contexts, has examined almost all of them, has prepared detailed reports on almost all of those actually seen, and has testified (at trial, hearing, or deposition) in many of those cases. Whether or not those cases were resolved or settled before the evaluating mental health professional’s testimony was taken, the importance of the forensic report in these cases cannot be underestimated.

In our experience, notwithstanding the extensive technical literature in forensic mental health, practical materials specifically concerning writing clear and persuasive forensic mental health reports are lacking. To address this dearth of material in this important aspect of forensic mental health practice, we offer this text as a practical handbook for approaching and writing clear, useful, and persuasive forensic mental health reports.

We have divided this book into four major sections:

1. In the first section we present basic information about both the nature and scope of mental health evaluation reports, and the law. We specifically intend

### 1.3 Civil Issues as the Subject of Forensic Mental Health Evaluations and Reports

- Employment law (sexual harassment; discrimination; others)
- Personal injury (including sexual abuse)
- Professional liability (malpractice)
- Mental health law (civil commitment, including SVPs/SDPs)
- Toxic exposure
- Professional regulation
- Will contests
- Dram-shop liability
- Competency (civil)
- Divorce
- Custody and visitation
to give an overview of the principles and practice of forensic mental health issues and of the law for the readers of this book who are mental health professionals at all levels of training and experience.

2. In the second section of this book, beginning with Chapter 3, we present numerous full-length criminal reports that illustrate several types of criminal matters in which forensic mental health evaluations may be done. Each of these reports is preceded by a brief case overview summarizing the case and describing its salient features. We then guide the reader on a step-by-step basis through the report parts, showing how each section of the report is constructed, and how the professional opinion of the evaluator is presented in the report (Chapter 3). We conclude each report with a case analysis and outcome and a discussion of forensic aspects of the cases. This analysis is intended to convey to the reader how the report served in helping to resolve its case.

In Chapter 4, we then present examples of reports summarized from the summary and opinions (Table 1.4) sections of the actual reports, corresponding to the types of cases listed in Table 1.2.

Following the criminal case summaries, we continue the format of the second section of the book, by presenting several full-length civil reports, showing on a step-by-step basis how the report is done (Chapter 5). As with the criminal chapter (Chapter 3), each case is preceded by a case overview and followed by a case analysis and outcome.

In Chapter 6, we present a number of sample reports, summarized from the “Summary and Opinions” (Table 1.4) sections of the actual reports, corresponding to the types of cases listed in Table 1.3.

3. In the third section, the epilogue, we reiterate a number of salient points previously raised in the text that bear repetition and reinforcement. These include such practical points as explicitly articulating and listing, or describing, the forensic mental health issues to be addressed in the evaluation and report; writing the report in a clear, direct, and succinct way; using jargon-free language and avoiding psychobabble; and other such take-home practical points.

4. Finally, in the last section of the book, we present three appendices that supplement materials in the body of the book. These appendices are:
   A: Glossary
   B: References
      1: Books and monographs
      2: Journals and periodicals
      3: Internet resources
      4: Supplemental materials concerning the nature, scope, purpose, and writing of forensic reports.
   C: Assessment Tools Discussions of frequently used psychological, chemical dependency, and related tests, inventories, surveys, and other such instruments used in forensic mental health practice.

We recognize how bewildering the vocabulary and acronyms used by mental health professionals can be, especially to those not accustomed to their use. To assist the reader in that area, the glossary (Appendix A) defines acronyms commonly used.
The Importance of Forensic Reports

The Reports

Next, a few words on the format of the reports presented in this book are in order.

The format for most of the reports in this book is derived from clinical report formats, such as hospital discharge summaries, in which the individual evaluated is presented as a clinical case starting with the identifying information (including forensic issues to be addressed), then proceeding through the clinical history, to the mental status/psychiatric examination (including testing), to diagnostic considerations, and finally to a discussion of the forensic mental health opinion(s) of the evaluator in response to the forensic issues presented early on in the report. Table 1.4 summarizes this format. (We are referring here to those reports involving clinical evaluations of living persons, but obviously not involving will contest evaluations or other caveat proceedings, and not necessarily involving dram-shop cases.) Appendix B4 presents references and articles specifically about forensic report writing.

Throughout the book, we use the same format for each of the eight full reports. That format involves (a) a brief introduction to the report through a capsule summary (case overview) of the case and of the forensic mental health issues addressed in the report; (b) the full report itself, following the full or modified clinically based format described in Table 1.4; and (c) a commentary following each full report, reviewing and highlighting the forensic mental issues raised and addressed in the report.

Essential Communication Skills With Counsel

At this early point, we list a series of practical pointers that have evolved during the authors’ practices and collaboration on this book. We will make periodic references to these pointers throughout the book, and will recapitulate them at the end of the book, in the epilogue.

The importance of these pointers, we believe, is that if they are carefully and consistently followed by forensic mental health practitioners, counsel, and the courts who retain these practitioners, the interaction, communication, and

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### 1.4 Format of Forensic Reports

I. Introduction (evaluation questions; records reviewed)
II. History (past history; history of the forensic incident and its aftermath; family history)
III. Mental Status/Psychiatric Examination (including psychological/chemical dependency testing)
IV. Clinical Diagnostic Impressions (in *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, or DSM-IV-TR format)
V. Summary and Opinions (responses to evaluation questions; psychiatric/psychological/neuropsychiatric/addiction medicine opinions)
cooperation among all of these professionals will be easy, productive, efficient, and harmonious. These pointers are:

- Maintain contact with other professionals involved in the case. In our experience, it is rarely true that too many cooks spoil the broth. Ongoing professional cooperation and communication are always a plus.
- Always be ready to listen to other views. Nobody has a monopoly on knowledge. The acquisition of knowledge and new and different perspectives, and the vetting of new ideas, are all activities encouraged among experts, retaining counsel, and the courts.
- Be attentive. Focus on the subject at hand. Despite the modern interest in multitasking, its value is not always practical or professional. For the forensic mental health practitioner, there must be only one point of focus, which must be the individual(s) being evaluated, and the forensic mental health issues raised in that evaluation.
- Avoid unnecessary delays and take responsibility for them if they occur. Appointments must be kept on time, reports provided with care and diligence, and all other responsibilities fulfilled. But, bad things do happen. When they do, admit to them, and learn from them.
- Communicate clearly. Avoid clouding of communication with needless professional jargon. Think about how your communication will be received and perceived by the intended audience, even if that audience is only one person. Make messages simple with as little room as possible for misunderstanding and obfuscation.
- Return telephone calls and related communications promptly. You must assume that when someone calls you, e-mails you, or otherwise communicates with you, that person believes it was important and necessary to do so. Within reason, close the communications gap and return the call as soon as possible. If a particular mode of communication is not to your liking (such as e-mail), make your communication preference clear to others at the beginning of your professional relationship, and try to accommodate your communicator’s preference as well.
- Time is precious. Don’t waste it. Time management is a skill that comes more easily to some than to others. Wasting time costs resources, both your own and those of others in the professional community. Spend some time learning to manage it.

In Conclusion

We conclude this introductory chapter with two caveats. First, this volume is intended to be a practical, hands-on book about writing clear and persuasive forensic mental health reports. It is not written as a scholarly or technical treatise on the subject. To address the needs of readers for more theoretical and technical information about forensic mental health issues, Appendices B1–B4 list selected articles, books, and Internet sites that the authors have found useful and informative over the years. The reader is referred to these works for further information and for questions raised by the cases presented in this volume. Beyond that, we do not cite specific references, cases, or other such documentation referable to specific cases and issues presented.
Second, we acknowledge that forensic mental health reports can be written effectively and usefully in many different ways. Here we present one approach to forensic mental health report writing by reviewing sets of examples that have been useful for one particular practitioner of forensic psychiatry. We do not intend to suggest that these samples are the only way to structure and write forensic mental health reports. Rather, we do suggest that these sample reports reflect an effective, useful, and tried-and-true approach to that essential aspect of forensic mental health practice, the writing of clear, persuasive, and compelling reports. Appendix B4 lists a number of articles and references that discuss the writing of forensic mental health reports.

Conveying to the reader the importance of the written mental health expert report in the forensic arena, and helping that reader to write clear, persuasive, and compelling reports are the two major goals of our book.