
Introduction to the Special Series on Psychological Reports

▼
Gary Groth-Marnat

Private Practice and the Pacifica Graduate Institute

Psychological assessment is one of the core activities of professional psychologists. The endproduct of assessment is usually a psychological report. Whereas there is extensive research guiding most aspects of psychological assessment, there is an overall paucity of research on the psychological report itself. As a result, clinicians usually rely on precedent, sample reports, folklore, habit, and intuition. This series has been organized to present a summary of what is known regarding research and issues related to psychological reports. The intended result is that clinicians will have more solid, empirically based guidance on how best to write their reports. It is also hoped that an agenda for research will be clearly articulated.

Approaching this topic has been difficult. Decades ago, it was possible to discuss what "a" psychological report should look like. The modal report in the 1950s and into the 1960s was a personality evaluation requested by a psychiatrist to assist with diagnosis and treatment planning. The early surveys by Tallent and Reiss (1959) provided some help in this process. Currently, however, there is far more diversity. Clinical psychologists are called on to write reports in medical, forensic, psychiatric, organizational, or educational settings. Within these settings, there is considerable diversity due to the many questions that might be asked as well as the numerous specific instruments available to help answer these questions. For example, within forensic settings there are guidelines on how to proceed with and write up child custody evaluations (American Psychological Association [APA], 1994, 1999). There are quite different procedures and new instruments that have been designed to address comprehension of Miranda rights, competency to stand trial, capacity to make legal decisions, and techniques to detect exaggeration of psychiatric symptoms. These referral questions and new technologies raise technical, ethical, and procedural issues that all need integration into a report. There is also considerable diversity in length of reports, how they are organized, inclusion of raw data, use of everyday (vs. technical) language, and the degree of organization.

Another difficulty in approaching this topic has been minimal research. Many of the types of surveys done by Tallent and Reiss several decades ago need to be repeated but

Correspondence concerning this article should be addressed to: Gary Groth-Marnat, Hollister Ranch, Parcel 98, Gaviota, CA 93117; e-mail: ggrothmarnat@pacific.edu

using new designs related to current issues (i.e., use of computer-based technology) and for various settings. Whereas some surveys have been done for child custody reports (i.e., Ackerman & Ackerman, 1997) and neuropsychological contexts (i.e., Donders, 2001), there is still a need for far more research. For example, nothing has been done to ask clients themselves what they think about reports done on them. This is despite the fact that they are now quite likely to be reading these reports. The result of this paucity of research has been that authors are often tempted to give recommendations for report writing based on their own biases or experiences rather than based on empirical grounds.

The following special series is an effort to extract core and central issues that relate to most reports. Whenever possible, authors have been encouraged to rely on available research or to conduct their own research. At the same time, they have been encouraged to take into account the tremendous diversity inherent in current report writing. The range of topics includes the clarity of reports, the optimal use of computer-assisted assessment, balancing pathological with positive aspects of the person, ethical issues in report writing, guidelines on writing forensic reports, and a summary of current controversies.

The first article in this series addresses the issue of clarity in report writing. Presumably, psychologists all believe the reports they write are clear. In contrast, Harvey (this issue, 2006, pp. 5–18) points out that this is seldom the case. She not only provides evidence to support this, but also investigates the reasons for the lack of clarity and includes recommendations on how this can be corrected. The major reason for why reports lack clarity is that their reading level is too advanced for the “typical” reader. If the reader is a psychologist or another health care professional, then the report might indeed be understandable. However, the report’s readership has now extended to a much larger audience. As a result, psychologists must now challenge themselves to try to reach this larger audience. Hopefully, the recommendations given by Harvey will translate into techniques for increasing the clarity of their reports.

Over the past two decades, the use of computer-assisted assessment has increased. This trend is almost certain to continue in the future. Professional psychologists as well as software developers are thus confronted with learning how the cognitive processes of the clinician can optimally interact with information derived from computers. The result of this interface must then be incorporated into the psychological report. In the second article in the series, Lichtenberger (this issue, 2006, pp. 19–32) first clarifies the appropriate uses of computers and then provides a comparison of computer-based versus clinician-based predictions. She then considers common errors that clinicians make and challenges them to develop strategies on how to counteract these errors. She then discusses methods for training and recommends strategies that software developers might incorporate into future programs. We hope that psychologists reading this article will take a more active approach toward working with computers, more accurately integrate the results of computer-assisted assessment, and clarify their expectations for future software.

The increasing prominence of positive psychology over the past decade has had an impact on conceptualizations of the person, strategies for promoting happiness, designing assessment instruments, and altering what the public expects from psychologists. Much of this contrasts with the frequent accusation that psychological assessment primarily focuses on client pathology rather than client strengths. Snyder, Ritschel, Rand, and Berg (this issue, 2006, pp. 33–46) argue for the inclusion of both strengths and weaknesses in the psychological report. Part of their rationale is that including strengths promotes hope. Assessing client strengths also highlights qualities that can be used to facilitate change and clarify what the client and therapist are striving towards (rather than what they are working against). Including strengths in reports also means that the impact on the client who is reading reports about himself or herself is likely to be more positive

thereby promoting greater rapport with the psychologist and support for the assessment process. The authors not only provide a rationale for such an approach, but also include a structure for integrating results based on internal (client) versus external (environmental) assets and internal (client) versus external (environmental) weaknesses. This structure will prove useful when organizing psychological reports.

A number of ethical issues relate primarily to writing psychological reports. It is essential to be aware of these given not only the importance of providing high-quality care, but also due to the relatively recent update in the APA code (APA, 2002), legal guidelines, and the fact that we live in a litigious society. Michaels (this issue, 2006, pp. 47–58) outlines considerations related to confidentiality, clinical judgment, harm, labeling, release of test data, and use of computer-assisted assessment. Clinicians writing reports should both be aware of these issues as well as know how to reason through them. Thus, Michaels provides information on how to resolve ethical issues when they arise.

Clinical psychologists have become increasingly involved in legal issues. This can vary from reluctant encounters in which the professional psychologist receives a subpoena, to practices that rely mainly on legal referrals. Given that nearly every practicing psychologist at some time will need to work with the legal system, it is crucial to have information on how best to present forensic psychological reports. In the fifth article in the series, Ackerman (this issue, 2006, pp. 59–72) provides information on report structure, length, audience, diagnostic considerations, ethics, record keeping, release of test data, test security, computer generated reports, and report content. He also highlights special considerations related to civil reports, custody cases, personal injury, civil commitment, and criminal cases. Although this covers an extremely broad range, it should nonetheless provide numerous guidelines and suggestions on how to develop a forensic report. It also covers a number of ethical issues; hence, it also provides a nice complement to Michael's article on ethics.

The topics approached in these five articles raise a wide range of issues and controversies. In the last article, which I co-authored with Leah Horvath, we summarize and expand on the most important of these controversies. We also introduce some additional controversies and issues. Included are discussions of length, readability, acknowledgment of the limited validity of some assessment devices, use of computer-based narratives, inclusion of test scores, degree to which reports are integrated, inclusion of client strengths, and developing feedback reports. It was felt that it was important to provide an integration of previous work, expand on this material, and set an agenda for future research.

Over the past decade, there have been internal and external challenges to clinical assessment (Groth-Marnat, 1999). The psychological report is often at the "frontline" of these challenges because the psychological report communicates the results of assessment. It is where the outcome of assessment interfaces with the client and often where major decisions regarding a person's psychological status are made. In many instances, the content, tone, and recommendations of a psychological report will affect the client for many years to come. Thus, we have a significant responsibility to present a report that exemplifies the best of what we as practitioners can provide. My hope is that this series will help fellow practitioners to meet these challenges as well as to highlight strategies for providing optimal services to our clients.

References

- Ackerman, M.J., & Ackerman, M.C. (1996). Child custody evaluation practices: A 1996 survey of experienced professionals. *Family Law Quarterly*, 30, 565–586.
- Ackerman, M.J. (2006). Forensic report writing. *Journal of Clinical Psychology*, 62(1), 59–72.

- American Psychological Association. (1994). Guidelines for child custody evaluations in divorce proceedings. *American Psychologist*, 49, 677-680.
- American Psychological Association, Board of Professional Affairs. (1999). Guidelines for psychological evaluations in child protection matters. *American Psychologist*, 54, 586-593.
- Donders, J. (2001). A survey of report writing by neuropsychologists. II: Test data, report format, and document length. *The Clinical Neuropsychologist*, 15, 150-161.
- Groth-Marnat, G. (1999). Current status and future directions of psychological assessment: Introduction. *Journal of Clinical Psychology*, 55, 781-785.
- Groth-Marnat, G., & Horvath, L.S. (2006). The psychological report: A review of current controversies. *Journal of Clinical Psychology*, 62(1), 73-81.
- Harvey, V.S. (2006). Variables affecting the clarity of psychological reports. *Journal of Clinical Psychology*, 62(1), 5-18.
- Lichtenberger, E.O. (2006). Computer utilization and clinical judgment in psychological assessment reports. *Journal of Clinical Psychology*, 62(1), 19-32.
- Michaels, M.H. (2006). Ethical considerations in writing psychological assessment reports. *Journal of Clinical Psychology*, 62(1), 47-58.
- Snyder, C.R., Ritschel, L.A., Rand, K.L., & Berg, C.J. (2006). Balancing psychological assessments: Including strengths and hope in client reports. *Journal of Clinical Psychology*, 62(1), 33-46.
- Tallent, N., & Reiss, R.J. (1959). Multidisciplinary views on the preparation of written psychological reports: III. The trouble with psychological reports. *Journal of Clinical Psychology*, 15, 444-446.