

□ FORENSIC PRACTICES

PREPARING PSYCHOSEXUAL EVALUATIONS OF SEX OFFENDERS

Strategies for Practitioners

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ABSTRACT This article reviews strategies for preparing psychosexual evaluations of sex offenders. A report format is suggested, and writing style suggestions and ethical considerations are highlighted.

The written report often represents the final product of a mental health professional's evaluation of a sex offender. This document may be read and considered by the courts, attorneys, correctional personnel, parole boards, social service organizations, mental health professionals, and the offender. Influential not only at the time of submission, the report may become part of a permanent record that is referred to for years to come. Evaluation results can have a profound impact on the offender, and can influence decisions concerning incarceration, probation or parole conditions, and child custody and visitation agreements.

Several resources can help mental health professionals prepare psychosexual evaluation reports. For example, researchers have detailed the types of data that should be obtained from offenders and their collaterals (Barnard, Fuller, Robbins, & Shaw, 1989; Groth & Birnbaum, 1981; O'Connell, Leberg, & Donaldson, 1990) and have recommended specialized interview techniques for eliciting this information (McGrath,

1990). The critical task of analyzing evaluation data to assess offender risk and formulate disposition plans has also been reviewed (Knopp, 1984; McGrath, 1991). Unfortunately, however, there is little information on how to translate the raw data obtained during an evaluation into a written report. Effective evaluations rely on effective communication. Evaluators must decide what content to include in the report as well as how to present this information.

This article provides mental health professionals with practical recommendations on how to compose clear, unbiased, informative, relevant, ethical, and thorough psychosexual evaluation reports. The article is divided into two sections.

- First, a report format is recommended.
- Second, writing style and other practical strategies are suggested.

While providing direction and guidance to those who conduct and write psychosexual evaluations, this article is also designed to educate those who read these reports. Probation officers, parole board members, attorneys, judges, and others who utilize psychosexual reports can use this article to become better informed, critical consumers. Because most known sex offenders are males, male pronouns will be used throughout.

DECISION TO WRITE A REPORT

Before beginning an evaluation, the referral source, offender, and examiner must decide how the results will be communicated. In most situations, referral sources request a written report. However, referral sources who serve as advocates for their clients often instruct the evaluator to refrain from producing a written report. For example, attorneys who represent a client, be it defendant or plaintiff, attempt to enter into evidence only opinions and facts that strengthen their client's cases. They recognize that an evaluator's opinions only become evidence when a report is either voluntarily submitted or subpoenaed, or when testimony is presented under oath. If the evaluator's findings would likely damage the case, the attorney may request that a report not be written. Even though evaluators should remain unbiased, in the adversarial system of justice, attorneys are expected to further their client's own interests by whatever legal means available.

On the other hand, judges, parole boards, and those who represent the interests of the offender, the community and the victim want as much information as possible introduced into evidence. Their attempt at making unbiased decisions is better informed by a complete and balanced picture of the offender and circumstances of the offense. They are unconcerned about whether the information and opinions are favorable or unfavorable to the offender. Impartial referral sources generally request a written report.

If the referral source requests a report, the evaluator must decide whether to write a conclusory or self-sufficient one. A conclusory report provides only the concluding opinions of the evaluator. A self-sufficient report contains concluding opinions and the data necessary to support those opinions. Although more time consuming to produce, the self-sufficient report has many advantages over the conclusory report. Self-sufficient reports encourage the evaluator, through the writing process, to organize his or her thinking before committing to an opinion. They also enable readers to evaluate the facts as outlined in the report and reach their own conclusions about the opinion. The focus of this article is on the self-sufficient report.

PSYCHOSEXUAL EVALUATION OUTLINE

Although each evaluator will have his or her individual preferences about how to organize the report, a report format is suggested below. This format can be modified as circumstances or preferences dictate. What is generally important, however, is that each evaluator be consistent in using the same report format across evaluations. A consistent format that is thorough and well designed increases the likelihood that each examinee's evaluation will be comparable and comprehensive.

Headings and subheadings should be used to divide the report into several sections. This helps organize the report and allows the reader to find information easily. Each major section of the report outline will be reviewed briefly, except the particularly critical and influential Opinion and Recommendation sections. They will be critiqued more thoroughly.

Identifying Information

This section and the next three sections of the report serve as an overview to orient the reader to the offender, the reason for the referral,

and the procedures used during the evaluation. The Identifying Information section should include the offender's name, gender, race, marital status, and employment status. This section also should note the examinee's legal status and court docket number, if appropriate.

Reason for Referral

The referral source is named in this section. This section also outlines the specific questions that the examiner has been asked to answer. Typical and appropriate referral questions concern diagnosis, amenability to treatment, dangerousness, and disposition recommendations.

Notification of Rights

The report should clearly state that the offender was informed of his rights concerning the evaluation and the report. For example, a presentence, court-ordered psychosexual evaluation might state, "Mr. Smith was informed of and understood the limits of confidentiality regarding his interviews with me and understood that a report would be prepared for use in his sentencing proceedings." A written evaluation agreement, executed with the examinee before commencing the evaluation, can also document the provision of informed consent.

Sources of Information

A clear account of the information and procedures used to conduct the evaluation should be detailed in this section. All documents reviewed as part of the evaluation, and whether they were reviewed before or after meetings with the offender, should be recorded in this section as well. Contacts with the offender and relevant others should be described in terms of dates, length, nature, and locations. Finally, the report should list any psychological, medical, or psychophysiological tests that were administered to the examinee as part of the evaluation. Cataloging these data sources alerts the reader to either the thoroughness of the investigation or to the absence of potentially important and relevant information.

Mental Status

The mental status examination is the psychological counterpart to the physical examination performed by physicians. Besides describing the behavioral, psychological, and intellectual functioning of the offender

during the evaluation meetings, the written mental status gives the reader a "feel" for what it is like to be with the offender.

Evaluators who include a mental status section in their reports are documenting the offender's level of psychological and cognitive functioning at the time of the evaluations. This information is sometimes useful later in order to verify that the offender was in fact mentally competent to give informed consent to undergo the evaluation.

Personal and Social History

Most mental health professionals are well trained in eliciting a client's personal and social history, and the evaluator can find many resources for methods of gathering such information from sex offenders (e.g., Groth & Birnbaum, 1979; O'Connell et al., 1990). Therefore, a limited review of some common issues related to writing this section will be highlighted as opposed to a commentary on the content.

Because the Personal and Social History section can sometimes be lengthy, the use of subheadings is particularly helpful. Recommended subheadings in this section include Family History, Developmental History, Educational History, Military History, Employment History, Marital and Current Family History, Medical History, Substance Abuse History, Psychiatric History, Criminal History, and Social and Recreational History. It is also important to identify the sources of data contained in this section. If the primary informant is the offender, the introduction to this section might state, "Information in this section, unless stated otherwise, is as reported to me by Mr. Smith." Such a preface avoids the need for the frequent and cumbersome use of phrases such as, "Mr. Smith told me," "Mr. Smith stated," or, "Mr. Smith reported." Brevity, while laudable, should not be sought at the expense of important details. The evaluator's ability to identify the most relevant areas for inquiry depends on experience in interviewing and knowledge about sex offenders.

Sexual and Sexual Offense History

This is an important section of the report because the primary purpose of the evaluation is to examine the offender's sexual feelings, thoughts, and behaviors and to reach conclusions about the nature and extent of

his sexual deviancy. Three subsections commonly comprise the Sexual and Sexual Offense History section.

A Sexual History subsection should include data on the offender's first sexual memories, body development, masturbatory fantasies, sexual trauma, sexual orientation, and victimizations. Data should be reported about the types of sexual outlets used by the offender and the frequency of sexual behavior. Sexual dysfunctions, during offenses and with consensual partners, is another area for inquiry. Because many offenders have more than one type of paraphilia, questions should be asked about all types of sexual deviancies and age of onset.

Descriptions of sexual offenses can be divided into two subsections, the Defendant's Account of the Crime and the Witnesses'/Victim's Account of the Crime. Important topics that comprise this area include a detailed description of the victim's characteristics such as age, sex, relationship to the offender, appearance, and disabilities. The offender's mood state before, during, and after the offense should be described. How the offender achieved control over his victim, particularly the role of aggression, is another area for inquiry. The degree to which the offender has empathy for the victim and takes responsibility for his behavior are additional factors.

Where possible, the evaluator should quote the offender's own words in describing the who, what, when, where, why, and how of the offense. The examinee's description of the offense should be carefully contrasted with that of the victims and witnesses, with the report detailing the discrepancies between each principal's version.

Test Results

Testing can provide an objective assessment of the offender's functioning in several areas. Test results often corroborate findings from other sources. When there is no corroboration, such findings should be noted and explained in the report. Evaluators and those who read reports must remember that no psychological test can determine whether an individual has committed a sex offense. Testing can, however, assess the characteristics of known sex offenders.

At a minimum, testing should assess or screen for problems in personality and cognitive functioning, and sexual attitudes, knowledge, and behavior. Many of the personality and cognitive tests used with the

general mental health population can be used with sex offenders. These include the Minnesota Multiphasic Personality Inventory, Buss-Durkee Hostility Inventory, Michigan Alcohol Screening Test, and the Wechsler Intelligence Scales. Concerning sex offense and sexuality-specific testing, Hanson, Cox, and Woszczyzna (1991) have reviewed almost all the sexual questionnaires now in use with sex offenders. Evaluators can select appropriate instruments from this publication. Another important evaluation tool is the penile plethysmograph. Now used in about a third of sex offender programs in the United States (Knopp & Stevenson, 1990), the plethysmograph assesses sexual preferences among sex offenders. Plethysmograph and psychological test results along with pertinent medical findings should be contained in this section of the report.

Caution should be used when reporting test results. Findings should be written in terms that are easily understood by the lay person. Test findings must not foster misunderstanding. Testing conducted by other evaluators should be so noted in this section, appending the actual test reports if appropriate.

Opinions

In the Opinion section, for the first time in the report, the evaluator can speculate on the meaning of the data that has been collected. Each opinion should contain a detailed analysis of the reasoning used to reach that opinion. The regard accorded the report will be profoundly influenced not only by the clarity of the opinions stated but also by the strength of the reasoning outlined to reach those opinions.

No new information should be introduced in this section of the report. The conclusions reached should be based on information that has been well detailed and can be easily found in earlier sections of the report. Because many judges, attorneys, and others may read only this section and the Recommendation section of the report, important facts detailed earlier should be recounted. Each conclusion should be fully supported by examples. To be objective, the evaluator should note and discuss data that does not support his or her conclusions. Where the evaluator is unsure about a particular issue, this also should be stated. This section should also contain an assessment of the credibility of the offender's self-report and other data that has been reviewed.

Because of the critical nature of the Opinion section, the following three subsections commonly subsumed under this section are detailed below: Diagnostic Impressions, Amenability to Treatment, and Dangerousness. It is important to note that each of these three subsections and the final Recommendation section parallel the four typical referral questions previously listed.

Diagnostic Impressions

Applicable diagnoses from the *Diagnostic and Statistical Manual of Mental Disorders III-Revised* (American Psychiatric Association, 1987) should be identified in this subsection of the report. The evaluator also should be sure to specify all DSM-III-R criteria that supports each diagnosis.

Unfortunately, however, as Marshall and Eccles (1991) have pointed out, the DSM-III-R is generally unsuitable for diagnosing sex offenders. They suggest that its criteria allow only a small proportion of sexual offenders to be identified as having a disorder. The essential criteria for a DSM-III-R diagnosis of a paraphilia is that the person have "recurrent intense sexual urges and sexually arousing fantasies" (p. 279) of a deviant nature. Many men convicted of, for example, molesting children or exposing themselves do not meet this criteria for Pedophilia or Exhibitionism, and disorders displayed by men who sexually assault postpubescent children and adults are conditions not even listed in the manual. Of the offenders who actually meet DSM-III-R criteria, many are understandably reluctant to be truthful about their deviant sexual interests in the face of potentially severe legal and social sanctions. Moreover, objective psychophysiological assessment of an offender's sexual arousal patterns via plethysmography, while beneficial, is also not a foolproof diagnostic method since many offenders can fake their test results on this procedure (Rosen & Beck, 1988).

Sometimes psychiatric diagnosis is not a primary referral request, but whether the offender meets a certain legal standard. Most commonly this standard is related to one of several sexual offender statutes that have been enacted in about half of the fifty states. These special dispositional provisions exist for individuals who are designated under statute as "sexual psychopaths" or other similar classifications. Even though all of these statutes allow or actually mandate mental health professionals to

evaluate the offender (Brunette & Sales, 1980), there is considerable controversy surrounding the ethics of conducting such assessments as well as the nature of the legislation itself. For example, both the prestigious Group for the Advancement of Psychiatry (1977) and the American Bar Association (1989) have called for the repeal of "sexual psychopath" legislation. Much of the opposition centers on the fact the construct of sexual psychopathy as differentiated from other types of sexual deviancy lacks clinical validity. Evaluators who choose to assess offenders under these statutes should be well informed about these complex issues and can consult Pallone (1990; 1991) for recent reviews.

Legal definitions and psychiatric diagnoses aside, referral agents often want the evaluator to organize data about the offender in an understandable and coherent manner. Evaluators can accomplish this task by outlining the offender's supervision and treatment needs in the form of a psychological problem list. Sometimes the evaluator can also employ one of the typological schemata used to categorize sex offenders (e.g., Groth, Hobson, & Gary, 1982; Knight & Prentky, 1990; Matthews, Mathews, & Speltz, 1991; O'Brien, 1985). By identifying a cluster of offender and offense characteristics that are similar or dissimilar to such broad typological categories of offenders, the evaluator gives the reader of the report a framework with which to understand the offender and his offenses.

The potential problem with typological systems, as with DSM-III-R and statutory definitions, is that they are often clinical descriptions that have not undergone the rigors of empirical validation. The evaluator must be aware of the shortcomings of the typological system that he or she uses. Nevertheless, at a minimum, the Diagnostic Impression section should describe the offender's psychological, sexual, medical, and social problems. Ideally, this diagnostic information can inform assessments of treatment amenability, dangerousness, and disposition recommendations.

Another issue that is sometimes examined in the Diagnostic Impressions section is psychodynamic or other causative or explanatory formulations about the offender's behavior. Such formulations should be undertaken cautiously. This type of information is necessarily speculative and often does not contribute much to answering the referral ques-

tions. As much as possible, the evaluator's opinions should be based on empirically tested knowledge.

Amenability to Treatment

Amenability to treatment refers to an offender's ability, willingness, and motivation to enroll in treatment. But, it is neither a prediction about the effectiveness of treatment nor a judgement about the setting in which treatment should take place.

If the offender has a sexual deviancy problem for which treatment is indicated, then this should be clearly stated in the report. For individuals who need treatment, the next question is whether the offender is amenable to that treatment. The consensus among treatment providers is that the offender must first acknowledge he has committed a sexual offense and accept responsibility for his behavior to be considered amenable to treatment. Of course, interventions used to break down the offender's denial and prepare him for rehabilitation can be considered a form of treatment. Over time, however, acknowledgement of guilt and responsibility is critical because treatment interventions rely fundamentally on the offender's ability to identify and change the feelings, thoughts, and behaviors that were proximal to his sexually aggressive act.

Three other factors are important in determining amenability to treatment for sexual deviancy. The offender must consider his deviancy to be a problem. He must have at least some motivation to control the problem. And the offender must be willing to follow the requirements of any treatment program in which he enrolls. The evaluator often has knowledge of, and can inform the offender about, the requirements of available treatment programs. If so informed, a statement that the offender has reviewed and understands this information should be noted in the report.

Dangerousness

Perhaps the most critical request of referral sources is an assessment of the offender's dangerousness. What referral sources want most, unfortunately, is what evaluators are least able to furnish. Predicting future behavior is one of the most difficult and challenging tasks faced by mental health professionals. This section only highlights referral questions typically subsumed under the rubric of dangerousness assessment. It does not provide a detailed analysis of the dangerousness prediction

literature. The reader is encouraged to consult other sources for a review of this important literature (e.g., Clear, 1988; Grisso & Appelbaum, in press; Hall, 1987; Litwack & Schfesinger, 1987; McGrath, 1991; Melton, Petrila, Poythress, & Slobogin, 1987; Monahan, 1981).

Referral sources are typically interested in five components of an offender's dangerousness (McGrath, 1992). The first component is concerned with estimating the likelihood that an offender will commit a reoffense. It is important to note that the evaluator should never make an absolute prediction that an offender either will or will not reoffend. Instead, when base-rate data is available, the evaluator can discuss the offender's likelihood to reoffend in terms of a probability statement in the form of a range of mathematical certainty with accompanying legal terminology and definitions. Unfortunately, because the true base rates for most types of sexual offending are unknown, evaluators are seldom able to make these types of predictions. As an alternative to making probability statements, evaluators can often rank an offender's recidivism risk by comparing his severity of reoffense risk factors with those of other offenders that the evaluator has assessed.

Because the lack of reliable base-rate data makes it so difficult to estimate an offender's recidivism risk, often the most helpful service that an evaluator can provide is an analysis of the conditions that will likely increase or decrease the offender's risk to reoffend. This second factor acknowledges that each offender's risk to reoffend is influenced by a variety of internal and external factors (Laws, 1989). A risk factor such as access to potential victims pertains to all sexual aggressors, whereas variables such as loneliness, access to a car, and pornography use are more individualized risk factors that can influence the likelihood of reoffense.

The magnitude of harm that would likely result from a reoffense is the third dimension of dangerousness. Obviously, an offender whose deviant sexual behavior involved weapons, violence, or threats of violence should be scrutinized much more closely than an offender whose offense did not involve these elements. Unfortunately, predicting future violence is even more difficult than predicting a reoffense. The axiom that the best predictor of future behavior is past behavior may still be the most useful guideline.

Who would be the likely victim of a reoffense is the fourth area of concern. Data concerning this factor can sometimes be obtained from phallometric assessment, offender self-reports, and a review of the offender's past offense behavior.

Lastly, information about the time span during which a reoffense would most likely occur is an important dimension of dangerousness. Temporal risk can sometimes be evaluated by examining the typical reoffense curves of various offender groups when such base rate-data is available. More individualized assessments can be made in certain circumstances.

Given the complex technical as well as ethical dimensions of dangerousness assessment, the evaluator is urged to exercise care and caution in reaching a forensic opinion about future dangerousness. Even more care and caution must be used in communicating these opinions in the written report. It is imperative for those who conduct evaluations of sex offenders to keep abreast of the empirical literature in this area.

Recommendations

The recommendation section provides the referral source with information about disposition options. The evaluator should offer disposition recommendations that are realistically available to the offender. Discretion, however, must be exercised to not go beyond what should be the "limited" role of the evaluator. This article agrees with Melton et al. (1987) and takes the position that evaluators should educate the referral source but not directly prescribe a disposition plan. Especially in reports prepared for the courts, it seems important that the evaluator not usurp the province of the judge or jury. To illustrate, it is entirely proper for mental health professionals to diagnose an examinee as a pedophile and even conclude that he would be a high risk to reoffend if allowed to remain in the community. But, it would be a different matter and inappropriate to say that the offender should be ordered into treatment or that he should be incarcerated. These are issues for the court to decide.

Specific recommendations should be presented in the form of "if / then" statements for each likely disposition (Melton et al., 1987). This format provides the court with information about a range of disposition options, but leaves the final sentencing decision with the judge. For example, in a presentence psychosexual report the evaluator might write,

"If the court gives Mr. Smith a probationary sentence, then the following specialized probation conditions may reduce his risk to reoffend. . . . If a goal of sentencing were to provide Mr. Smith with treatment in an incarcerated setting, he would need to have at least a four year sentence in order to be eligible for entry into the Midstate Correctional Center's Sex Offender Treatment Program."

ADDITIONAL STRATEGIES

Beyond the suggestions presented in the previous sections of this article, several other strategies for conducting and writing psychosexual evaluations can be employed by the evaluator. These strategies are specified in brief below.

- Practice in your area of expertise. Almost every mental health discipline has a code of ethics that prohibits members from practicing outside their area of expertise. Assessment and treatment of sexual deviancy is a specialized field. Individuals who do not possess the requisite competency in this area should not conduct psychosexual evaluations. At a minimum, evaluators should have an advanced degree in a mental health discipline and documentable training and supervised clinical experience in evaluating sex offenders.
- Follow accepted standards of care. Evaluators should be knowledgeable and follow the accepted standards of care in the field. Guidelines for assessing adolescent sex offenders have been developed (National Adolescent Perpetrator Network, 1988) as have standards for use of the penile plethysmograph (Association for the Behavioral Treatment of Sexual Abusers, 1988). Coleman and Dwyer (1990) have reported on the development of standards for treatment and assessment of adult sex offenders and the State of Washington has recently enacted model legislation that regulates the provision of evaluation and treatment services to sex offenders. More recently, the Committee on Ethical Guidelines for Forensic Psychologists (1991) has developed standards that are applicable to forensic evaluations of sex offenders.
- Limit evaluations to known sex offenders. Because there is no evidence to suggest that mental health professionals can accurately differentiate sex offenders from non-offenders (Murphy & Peters, 1992; Peters & Murphy, 1992), evaluators are advised to accept for sex offender assessment only those cases in which there has been either an admission or an official finding of guilt. Evaluators must remember that it is the function of the criminal justice system, not the mental health system, to determine an individual's guilt or innocence.

- **Avoid dual roles.** If an offender is referred to an evaluator solely to conduct an evaluation, the evaluator should limit his or her role to evaluating the examinee and reporting the results to the agreed upon parties. The evaluator should not initiate treatment during the evaluation nor use the evaluation as a means to recruit clients into his or her treatment program. For an evaluator to recommend that an examinee enter treatment with him or her is not only a conflict of interest but undermines the integrity of the entire evaluation. The evaluator's conclusions should not be biased nor have the appearance of being biased in any manner which may be implied by such a dual role.
- **Use multiple data sources.** The use of multiple data sources serves to cross-check the validity of the offender's report. If data used to reach conclusory opinions is corroborated by multiple sources, then those opinions can be stated with more confidence. Important data sources include the offender's report, victim and witness reports, official records, and psychological and psychophysiological testing. Multiple interviews with the offender also serves these same purposes.
- **Avoid issuing preliminary opinions.** The process of writing a report is a critical problem-solving step in formulating opinions about the offender. Do not circumvent this step. Evaluators who issue evaluation opinions before they have organized, weighed, and evaluated the raw data in written form, are often surprised to find that their opinions may have shifted after writing the report. Such a change in position can understandably be upsetting to referral sources who were issued different opinions prematurely.
- **Be timely.** Referral sources appreciate receiving the final report soon after the evaluation has been completed. More importantly, reports should be drafted while the data and impressions about the offender are fresh in the evaluator's mind. It is, however, useful then to set aside the report and return to edit it a few days later. As time passes, the memory of what you intended to mean becomes dulled and you can edit with a more critical eye.
- **Avoid information overload.** Emphasis in the self-sufficient report is on thoroughness, not needless detail. Do not include so much information and detail that it overwhelms the reader.
- **Report both positive and negative findings.** Evaluators are accustomed to reporting positive findings. However, while guarding against presenting too much information, evaluators must remember that failure to report important negative findings may give the impression that the evaluation is incomplete. For example, if the report does not state clearly that an offender does not have a history of other criminal or violent behavior beyond his current offense, readers might wonder if the evaluator thoroughly investigated these important variables in the offender's history.

- Write for the layperson. Judges, probation officers, attorneys and others without mental health training rely on the results of psychosexual evaluation reports to make important disposition decisions. They must understand the report. Evaluators should write reports in clear, simple language that is understandable to the layperson. Avoid the use of jargon. Definitions of technical words should be contained in the report.
- Separate facts from opinions. The factual basis of the report should be presented first. Conclusions, speculations, and inferences follow and are contained in the Opinion section. This method of organization allows the reader to consider the facts of the case independently and possibly reach conclusions that are different from the evaluator. It also encourages the reader to follow along as the writer constructs a case for his or her ultimate conclusions.
- Avoid bias. Actual bias or even the appearance of bias has no place in the evaluation process or the report. The ethical examiner should form an independent evaluation opinion unbiased by the referral source. Use of biased language also must be avoided. For example, when attributing statements to the offender, the evaluator should avoid words such as "alleged," "denied," or "claimed." These words imply deceit. Unbiased substitutes include "reported," "said," and "stated." If the evaluator does not believe the examinee, then this should be stated directly, not by innuendo. How the examinee is referred to in the report also can show evidence of bias. Do not infantilize the offender. Use the title Mr. to refer to adult examinees. It is appropriate to refer to minors by using first names.
- Advocate for your opinion. Although the evaluator must remain unbiased, once he or she has formed an evaluation opinion, it is entirely permissible to articulate and advocate for that opinion (Resnick, 1986). Advocating for an opinion that is well supported by the evidence is different from advocating for an individual or referral source. The latter suggests bias.
- Write persuasively. The most persuasive reports are those in which evaluators clearly and powerfully communicate the logic by which they reached their conclusions. In addition, certain types of words and phrases can add or detract from the overall persuasiveness of the report. The frequent use of words such as "perhaps," "possibly," "tends," "may" and "seem" connote tentativeness and doubt. Where possible, more definite words should be used. The writer should avoid the passive tense as this also weakens the force of the ideas.
- Present the offender in a balanced manner. Rarely is the answer to any referral question clear cut. The evaluator's task is to examine complex issues, reach conclusions, and make recommendations. This process is enhanced when evaluators delineate competing hypotheses about the data they examine. For example, by outlining the mitigating and aggravating factors related to the

commission of a crime, evaluators reduce the risk of producing a biased evaluation. Moreover, presenting all sides of the issue provides clear evidence to readers that the evaluator has considered the complexities of the case.

- **Manage mood and countertransference issues.** How an evaluator feels about himself or herself and the examinee can exert a significant influence on the decision making process (Turk and Salovey, 1988). Evaluators must separate their emotional states and personal feelings toward the offender from the factual basis on which they make decisions.
- **Limit evaluation to referral questions.** All data recounted in the report should pertain to the major purpose of the report, answering the referral questions. Information that is not in service of this goal has no place in the report. Furthermore, the evaluator should not presume to answer questions not asked by the referral source. Including irrelevant data and conclusions can undermine the objectivity and usefulness of the report.
- **Employ multiple reviewers.** Colleagues can offer evaluators much assistance by being part of a team that reviews the appropriateness of the report's conclusions and recommendations. Ideally, prior to submission, a colleague familiar with assessing sex offenders and forensic reports should review and critique the content of evaluation. The evaluator also should be sure that grammatical and spelling errors are corrected. Carelessly written prose can undermine the credibility of even the most compelling report.
- **Keep raw data and notes.** The psychosexual evaluation report contains a record of the essential findings of the assessment, but does not represent the entire record. Good clinical practice dictates that mental health professionals maintain all assessment notes, test scores, and other raw data for several years after the evaluation. Mental health professionals who later become involved in the case can benefit by reviewing this information. If the report is later used as evidence in court or another adversarial process, lawyers from either side may subpoena and expect to review the evaluator's records. If the examiner throws away or alters evaluation records, he or she may jeopardize the usefulness or even admissibility of the report.

CONCLUSION

Psychosexual evaluation reports play an important role in influencing disposition and treatment decisions with sex offenders in a wide variety of contexts. There is no doubt that assessment of this population is a critical and challenging task. Those who take on this task, no matter how proficient they may be in conducting and writing evaluations in other areas of mental health application, require special expertise to meet the

unique demands evident in these cases. Evaluators must have specialized training in the area of sexual deviancy. In addition, the challenges of writing reports about these individuals is intensified because sex offenders who are referred for assessment are typically involved in the legal system. Because of the adversarial nature of the legal system, individuals who feel aggrieved by the evaluation results often assail the evaluator's written findings. In fact, challenging the findings of mental health professionals is the subject of a well known set of books for attorneys authored by Ziskin and Faust (1988). They write, "We have almost invariably found the clinician's report to be a gold mine of material with which to challenge his conclusions" (Vol. 3, p. 11).

When a mental health professional's conclusions are challenged, the professional must remember that the judgments he or she offers are not necessarily the truth, but represent one professional's analysis of the available information. What evaluators must strive to achieve is a competent and professional presentation of the available data and the logic by which the conclusions were reached. It is hoped that the suggestions outlined in this article will contribute towards helping mental health practitioners meet the important and often difficult professional challenges of writing unbiased, ethical, thorough, clear, and relevant psychosexual evaluation reports.

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