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The use of test instruments in forensic report writing – Explorative research in Flanders

Machteld De Clercq[a,*], Freya Vander Laenen[b]

[a] Forensic psychologist, Psychiatric Centre Sint-Jan-Baptist Zelzate, Belgium.
[b] Institute for International Research on Criminal Policy (IRCP), Faculty of Law and Criminology, Ghent University, Belgium.

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ABSTRACT

Background: Forensic psychiatric reports have a profound impact on the life of a defendant, on society and on the mental health system. Good-quality reports are essential but are often criticized for their lack of thorough substantiation. The use of multiple methods to obtain information, test instruments (psychological and/or risk) and third-party information are recommended.
Study purpose: To explore the use of test instruments and third-party information, as part of a multi-method approach, in forensic psychiatric evaluations. We examined 151 court-ordered expert reports in Flanders (Belgium).
Results: A psychological test instrument was used in 61% of the cases, and a risk taxation instrument in 19% of the cases. Third-party information was used in 43% of the cases.
Conclusions: A multi-method approach is not common practice in forensic psychiatric evaluations. The use of validated test instruments and third-party information can be improved. The quality of forensic reports could be improved by the establishment of a forensic observation centre and the use of a standardized approach.

1. Introduction

If a court wishes to establish the level of a defendant's criminal responsibility, legal actors can order a forensic psychiatric evaluation (Kooijmans & Meynen, 2017). The main purpose of this evaluation is to examine and describe in a forensic psychiatric report the defendant's capacities and deficits caused by mental disorders or defect, as they relate to the person's criminal competencies. These evaluation reports are extremely important as they have a profound impact on the life of the defendant, the mental health system and the safety of society (Edworthy, Sampson, & Völlm, 2016). They also have a considerable impact on criminal proceedings and a defendant's liberty and can affect whether someone is convicted of an offence or is ruled not responsible due to a mental disorder or defect. In the latter case, these reports are a gateway to a particular section of the mental health system, as they provide a diagnosis and information on which treatment can be based. The risk of re-offending is a determinative consideration in deciding which type of care the person should receive. Multiple studies have shown that, in most cases, the court accepts the forensic psychiatric report recommendations and follows its conclusions (Gowensmith, Pinals, & Karas, 2015; Grondahl, Stridbeck, & Gronnerod, 2013; Kacperska, Heitzman, Bąk, Leśko, & Opio, 2016; Robinson & Acklin, 2010; Sanschagrin, 2005; Warren et al., 2006).

Data on the number of forensic psychiatric evaluations are scant, so we have to rely on partial data from a few countries. In the United States, for instance, competency to stand trial evaluations are the most common form of forensic evaluations, with around 60,000 defendants evaluated annually. In states such as Hawaii and Virginia respectively around 747 and 841 competency evaluations take place annually (Robinson & Acklin, 2010; Warren et al., 2006). Sharing overall European data would have to go through ethical approval processes (B. Völlm, mail correspondence, 17 January 2019). In Poland approximately 600 forensic (screening) reports are submitted annually (Grondahl, 2005). In Belgium a total of 201 people were interned and found not responsible for the crimes they committed in 2017 (Seynaeve, Goyens, & Dheedene, 2018).

In view of the importance and impact of forensic psychiatric reports, it is clear that the assessment, which results in a final conclusion on competency, should be firmly and objectively substantiated (Stridbeck, Grøndahl, & Grønnerød, 2016; Völlm et al., 2018). National medico-legal authorities and the World Psychiatric Association have provided guidelines on how a solid conclusion can be reached (Völlm et al., 2018). Many books provide guidance on how to write a report for the court (Borum & Grisso, 1996; Heilbrun, DeMatteo, Marczyk, &

* Corresponding author.
E-mail address: machteld.de.clercq@gmail.com (M. De Clercq).

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Goldstein, 2008; Melton, Petrila, Poythress, & Slobogin, 2007). Several studies have attempted to identify experts' (from the medical profession as well as from the criminal justice system) views on what is important or recommended in order to produce a good-quality forensic psychiatric report (Archer, Buffington-Vollum, Vauter Stredny, & Handel, 2006; Grondahl et al., 2013; Gronnerod, Grondahl, & Stridbeck, 2016; McLaughlin & Kan, 2014). These studies use interviews as the most common research method to establish how experts write their reports.

Current international guidelines and empirical studies agree that different sources of information should be used. These include: studying the criminal file and carrying out a clinical evaluation; the use of test and risk instruments; and the use of third-party information.

Archer, Wheeler, and Vauter (2016) and Grisso (2010) suggest that using a variety of multiple sources of information can ensure that results are accurate and confirm the defendant's self-report. The use of a variety of sources is particularly important in view of the extraordinary situation in which the defendant is usually examined, which can affect their cooperation and the accuracy of the information they provide. Therefore, Archer et al. (2016) and Taylor, Frueh, and Asmundson (2007) believe cross-referencing is necessary because defendants participating in forensic evaluations may provide inaccurate information, feigning, exaggerating or minimizing symptoms of cognitive deficits and psychopathology of functional abilities, in order to obtain some external advantage, they would otherwise not be granted (e.g. lesser sentence, mental health treatment). It is also possible that they lack self-awareness, rather than consciously intending to be dishonest or to malinger. Regardless of the intent of the person under observation by the expert, the potential consequence of misclassifying and misevaluating is far-reaching. It could lead to a seriously mentally ill person being sent to prison without proper treatment, or a sane defendant unnecessarily entering the mental health system (Vandevelde et al., 2011).

It seems to be common practice for forensic psychiatric experts carrying out forensic examinations to hold a clinical interview with the defendant and read the criminal report in order to gather the first basic information about the case.

Other possible sources of information are empirically supported instruments such as psychological tests (Heilbrun, 1992; Melton et al., 2007; Zapf & Roesch, 2008) and risk assessment instruments (McLaughlin & Kan, 2014). Formal assessment tools should be used to reach a diagnosis and to predict the likelihood of re-offending (Völlm et al., 2018). Valid diagnostic and risk assessment instruments can be used in combination with multiple sources to collect information and objectify the conclusion (Grondahl, 2005; Heilbrun, 2001; Melton et al., 2007). A forensic psychiatrist is the expert in diagnosing mental disorders or deficits based upon the clinical picture that is presented. This picture can be substantiated or refuted by psychological tests (Glabeke & Evers, 2001). In terms of assessing the risk of re-offending, research has shown that specific risk taxation instruments that estimate the likelihood of future violent behaviour are the most effective (Konrad & Völlm, 2014; Lofthouse, Golding, Totsika, Hastings, & Lindsay, 2017; McLaughlin & Kan, 2014; Monahan et al., 2001; Pham, Ducro, Marghem, & Réveillère, 2005). As human judgement is limited in its ability to take multiple factors into account, risk taxation instruments provide a reliable, objective and valid estimation (Blok, De Beurs, De Ranitz, & Rinne, 2010; Hurducas, Singh, de Ruiter, & Petrila, 2014; Lofthouse et al., 2017; Quinsey, Harris, Rice, & Cormier, 2006). The use of psychological tests is common in current general psychiatric practice (Glabeke & Evers, 2001). However, the use of psychological tests and risk assessment instruments is far from standard practice in forensic psychiatric evaluation, and in fact one of the most common problems that is cited in literature is their limited use in supporting the diagnosis or final conclusion in the forensic psychiatric reports that are provided to the courts (Gowensmith et al., 2015; Grondahl et al., 2013; Gronnerod et al., 2016; Kacperska et al., 2016; Wettstein, 2005).

As a recent review of literature by Völlm et al. (2018) about the key principles of psychiatric reports summarized, '*The report should be based on sufficient information and all relevant information on which the conclusions rely upon should be disclosed. It is desirable to obtain third-party information*' (Völlm et al., 2018, p. 61). Interpretation bias on the part of the assessor can be reduced by including different viewpoints from significant others (Buchanan & Norko, 2013; Grisso, 2010; Sanschagrin, 2005). By involving the social network of a defendant, not only does the expert obtain a variety of viewpoints on the case, but possible strengths and sources of support can also be uncovered. The involvement of significant others alongside information about positive elements in the life of the defendant can be seen as protective factors, which can influence an individual's responsiveness to treatment and treatment goals and may contribute to a desistance from crime (Rowaert, 2018; Vander Beken et al., 2016; Völlm et al., 2018; Wanamaker, Jones, & Brown, 2018). Earlier health care evaluation reports can also support the diagnosis or provide information about the life (course) of the defendant.

These recommendations and good practice guidelines are mostly based on studies in which experts are asked how they think evaluations should be performed, and/or how they actually perform evaluations themselves. However, even if the majority of experts recommend a particular action this does not mean that it is common *practice* (Hurducas et al., 2014; Nicholson & Norwood, 2000). Only a few studies didn't use interviews but studied the actual forensic reports. Each of the latter studies was carried out in the United States (Virginia, Arizona and Hawaii) (Heilbrun & Collins, 1995; Neal, 2018; Robinson & Acklin, 2010; Warren et al., 2006; Warren, Murrie, Chauhan, Dietz, & Morris, 2004). These studies revealed, for instance, that psychological and neuropsychological tests were used in approximately 20% of the forensic evaluations. In approximately 60% of cases psychiatric/medical records were obtained as a source of information (Warren et al., 2004, 2006). Heilbrun and Collins (1995) found that only a minority of reports included psychological tests (36%). They also concluded that, depending on the setting where the evaluation took place, about 30–70% of the reports contained mental health evaluations and approximately 17–70% of the reports mentioned consulting with jail staff. In the study by Robinson and Acklin (2010) forensic assessment instruments, psychological tests and/or structured clinical or forensic interviews were the least utilized sources of information; medical records were used in 81% of cases. Chauhan, Warren, Kois, and Wellbeloved-Stone (2015) studied over 5700 forensic evaluation reports and found that less than 20% of the reports involved psychological testing (16.4%), and 62.7% used information from psychological and medical records. In a recent study by Neal (2018) on court-ordered evaluations in capital cases, 25.41% of the reports cited the use of testing as a source of information. None of these authors mentioned the use of other types of third-party information (such as contact with family) or risk taxation instruments in the forensic reports they studied. The fact that no risk taxation instrument was stated in the forensic reports can be attributed to the fact that risk is not directly relevant to the legal question of whether or not an individual is (not) guilty by reason of insanity in the United States. It would be unethical and inappropriate to assess risk in these circumstances (*Committee on the Revision of the Ethical Guidelines for Forensic Psychology*, 2008).

To sum up, only a few studies have reviewed forensic psychiatric reports, and none have focused on the use of risk taxation or third-party information in this particular field.

1.1. The Belgian legal context

In Flanders, if there are any concerns regarding a defendant's mental health and ability to stand trial, the court or public prosecutor can request a forensic psychiatric evaluation. A forensic psychiatrist is appointed to evaluate the defendant's mental condition. This expert must be a physician and can choose to cooperate with a (forensic) psychologist or with any other discipline he/she believes is necessary to fulfil the task (Vandevelde et al., 2017). In the report, the forensic

psychiatrist has to answer three statutory questions about 'the state of mind' of the defendant (Cosyns & Casselman, 2005; Vandevelde et al., 2011): (1) whether he/she was in a state of insanity at the time of the offence, whether in a serious state of mental disorder, making him/her unfit to control his/her actions; (2) whether he/she is still in one of these mental states at the time of the evaluation; (3) whether the current mental state of the suspect endangers him/her or poses a risk to society. Defendants who are affected by psychiatric illness, mental disability or other disorders in psychological processes are not held criminally responsible if they are unable to recognize the meaning of their actions or control their behaviour when they appear before the court. The forensic report provides advice to the court about the defendant's criminal responsibility capacity, and the ultimate decision about whether or not the insanity law applies rests with the court, although the court usually follows the forensic report's conclusion (Cosyns, Koeck, & Verellen, 2008; Heimans, 2016). In Belgium, a defendant who is found not to be criminally responsible due to mental illness is 'interned'. Internment is an indeterminate measure with a twofold goal: protection of society and provision of appropriate treatment and care. In December 2017 approximately 3500 people were interned (Seynaeve et al., 2018). People who are subject to the internment measure can be given various types of mandatory treatment in penitentiary services, secure forensic-psychiatric facilities or general mental health care settings (inpatient as well as outpatient), depending on the degree of protective measures and support needed (Aga, Rowaert, Wuyts, & Vanderplasschen, 2017). In October 2016 the Belgian internment law changed drastically, so that only crimes that affect the physical and psychological integrity of others could lead to internment. The execution of the internment decision is now in the hands of the multidisciplinary Court for the Implementation of Sentences (Chamber of the Protection of Society). The new law also states that a forensic psychiatric evaluation is a mandatory requirement before an internment decision can be made, and that the responsibility for this evaluation lies with the appointed psychiatrist, although he/she can cooperate with a psychologist (e.g. to carry out tests). The new law also stated that guidelines will be issued on writing a forensic report. By the end of September 2018 a model containing guidelines on how to write the forensic psychiatric report and questions regarding how the assessment took place, was published (Department of Justice, 2018). The new law also makes provision for a forensic evaluation observation centre. The implementation of this specific article is planned for 2020. Until then, forensic psychiatric examinations can still take place in prison, which may influence the defendant's mental condition (Vander Laenen & De Cauwer, 2011).

1.2. The current study

Despite the importance of forensic psychiatric reports, empirical research into the practice of forensic report writing is generally sparse. Research that focuses on the use of multiple sources, in particular the use of third-party information and objectifying instruments as psychological and risk assessment instruments, is even less common (as it is in Belgium, see De Clercq & Vander Laenen, 2013, 2017). In Belgium, the expert gives advice on the possibility of future criminal behaviour or risk as well as about the criminal responsibility of a defendant. The aim of the current study is to obtain more insight into the content of forensic psychiatric reports and the use of third-party information, including psychological tests and risk taxation instruments, during forensic psychiatric evaluations in Flanders, Belgium.

2. Method

2.1. Procedure

The first stage of the research involved a study of forensic court-ordered[1] report evaluations. In order to include the most recent reports we examined those within the new case files for the Chamber of the Protection of Society in 2017. On 23 February 2018 the Belgian Privacy Commission approved this study. On 26 March 2018 the Ethical Commission of the Law and Criminology Faculty of the University of Ghent gave permission for the research.

Forensic psychiatric reports are stored in the archives of the Chamber of the Protection of Society. Following the implementation of the new law there are three Chambers in Flanders – in Ghent, Antwerp and Brussels. Every Chamber of Protection had granted us access by 29 March 2018. First, we obtained a list of the new files of internments for the year 2017. These reports could be accessed digitally (in Ghent and Antwerp) or as paper files (in Brussels). If files were not found in the digital archive, a paper file was consulted.

Each new report was carefully read and information was collected about specific topics: gender, age, the task of the expert (and the impact of professional secrecy); index offence; appointing party; expert; whether or not a party-appointed report is mentioned; involvement of a psychologist; use of test instruments (psychological testing and/or risk taxation instrument); type of tests; location of evaluation; other type of third-party information/type of sources used to obtain information; diagnoses mentioned; and substantiation of conclusion.

2.2. Sample selection

In total, 145 individual case files were studied (77 files in Ghent, 52 in Antwerp and 16 in Brussels). In one case file we found an expert report that was very old (1991). This case file was not included, so all the reports studied are from forensic examinations carried out between 2013 and 2017. Within these case files, seven contained two separate court-appointed expert reports and both reports were included in the analysis. A party-appointed expert report was present in one file, which was not used in the analysis of this study. In total 151 reports were examined.

2.3. Description of the sample

The sample consisted of 126 men and 18 women. The average age was 37; the youngest person was 18 and the oldest was 74 (SD = 37). During the period covered by the research 48 of the individuals who were interned were staying in a residential forensic care facility (33%), and 37 were in prison (27%). Thirty-eight (26%) were living at home with some form of community mental health care (e.g. contact with a mental health worker at regular times, having a mobile team worker call in). Seventeen had been admitted to a regular residential mental health care institution (Fig. 1).

Within the total sample, 244 index offences were mentioned. The most prevalent index offences were intentional assault, sexual offences and (attempted) murder. More than one index offence was mentioned in 49 cases (two index offences = 28, three index offences = 11, four index offences = 8, five index offences = 1 and eight index offences = 1). Fig. 2 shows that most individuals were interned for intentional assault, attempted murder and murder.

More than half of the forensic psychiatric examinations took place in prison (54%), and 24% were carried out at the expert's office (Fig. 3).[2]

Sixteen experts were identified within the total sample of 151 reports. In five reports, multiple psychiatrists, who were all court-appointed, carried out the expert examination. Three experts filed reports for two Chambers of the Protection of the Society, the other 13 experts

[1] The study was limited to the court-ordered expert reports; party-appointed expert reports were excluded from the study (Schipaanboord & van Mulbregt, 2016).

[2] It is not always clear from the reports whether the expert's office is located in a (forensic) hospital or in the psychiatrist's private office.

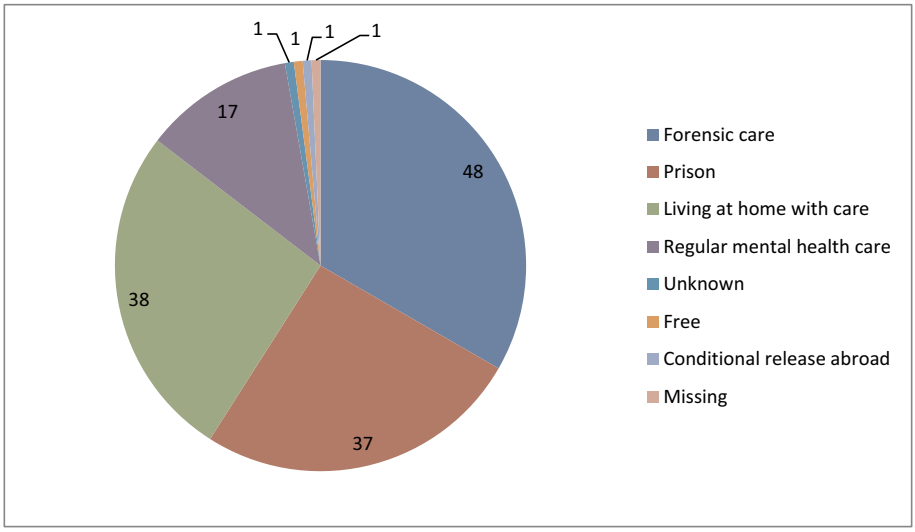

Fig. 1. Current place of residence.

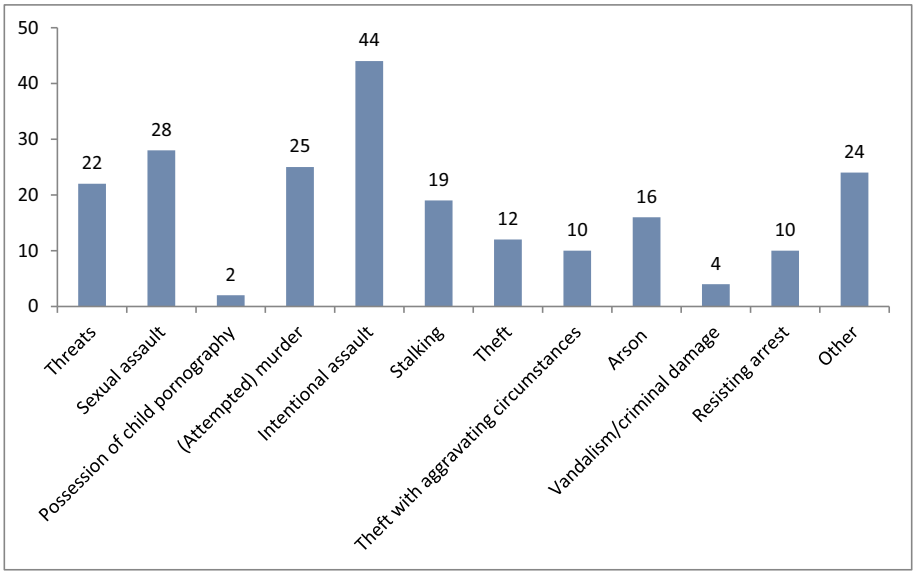

Fig. 2. Index offence.
Note: Other = prohibited possession of weapons, drug assaults, kidnapping, and hit-and-run.

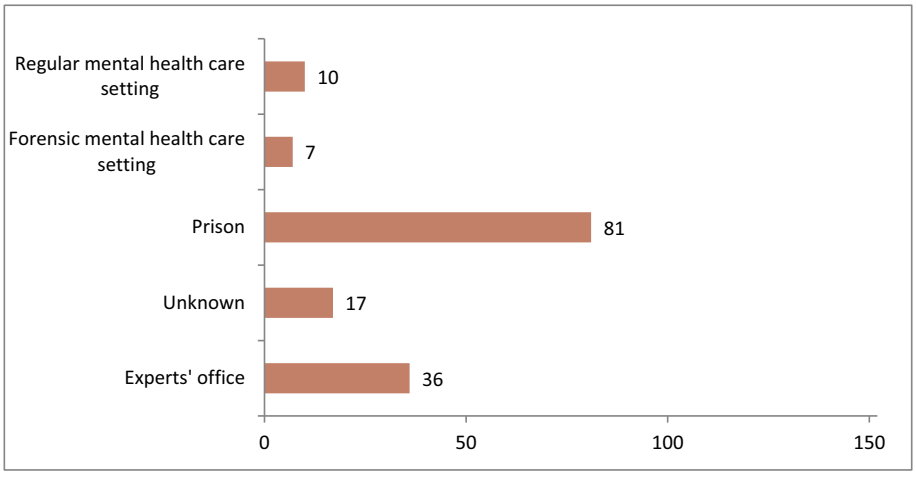

Fig. 3. Location of the examination.

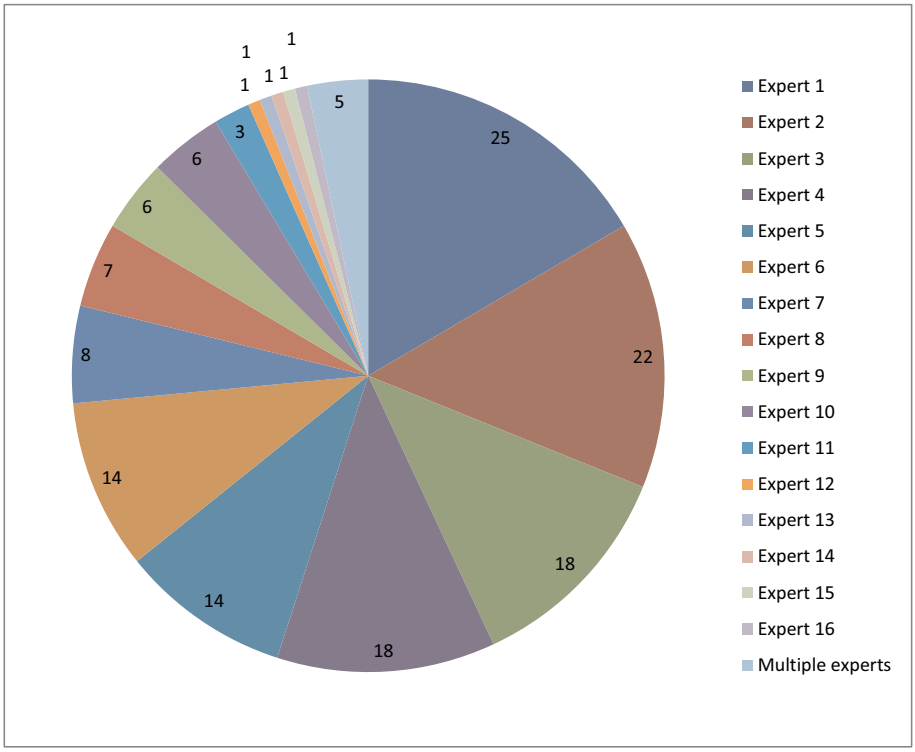

Fig. 4. Number of reports for each expert.

wrote reports exclusively for one Chamber. Four experts wrote more than half of the expert reports (Fig. 4).

In over half of the reports, the experts clearly stated that during the examination they told the person being examined what their mission entailed and the scope of the examination.

In 48% of the reports the court-appointed expert (who is always a psychiatrist) carried out the examination without cooperation from any other discipline. In all other cases, the expert worked with a psychologist. Eleven expert psychologists were identified, one of whom was appointed directly by the court. In 26% of the 151 reports studied, one particular psychologist/expert was consulted and assisted the psychiatrist expert. This psychologist worked with three psychiatrists on a regular basis. All but one psychiatrist cooperated, during at least one expert examination, with a psychologist.

In 99% of the cases the court decided to intern the defendant based on the psychiatric forensic conclusion that he or she was incapable of controlling his or her actions. In two cases the expert stated that the defendant was capable of controlling his actions, yet the court ordered internment.

3. Results

A diagnosis of 'schizophrenia' or 'psychotic disorder' was reached in over half of the forensic expert reports ($N = 80$). In two reports only an addiction problem as diagnosis was mentioned. More than one psychiatric diagnosis was mentioned in half of the reports ($N = 76$). We could not find a DSM[3] diagnosis in three reports (Fig. 5).

3.1. Reading the criminal file and carrying out a clinical examination

In almost every forensic psychiatric examination (149 out of 151) the expert had read the criminal file and mentioned carrying out a general clinical examination; it is unclear from the reports what this examination entailed exactly and how long it took. In one case it is unclear if the criminal file was read, in another case the expert indicates that he did not receive the criminal file. In one case the expert was unable to examine the person because of his mental health condition. In one case the person involved, refused the psychiatric examination. In one case the examination consisted solely of psychological testing; the expert assigned was a psychologist.

In 27 cases (18%) the forensic psychiatric report consisted solely of a study of the criminal file and a clinical examination of the defendant; no third-party information was used. In one report the expert stated: "*Didn't try to obtain third-party information because it could interfere with my objectivity.*"

3.2. The use of psychological tests and risk taxation instruments

A psychological test and/or risk taxation instrument was used in 61% of the expert reports studied, and the results were mentioned ($N = 92$). No testing instrument was used in 28% of the reports, and no explanation for this was provided.

Testing was reported to be impossible in five cases because of the mental or physical condition of the person involved. One person did not have sufficient mastery of the Dutch language to complete test forms. When the expert was able to obtain test results from earlier expert reports or from previous mental health care settings, these results were mentioned, and the person was not re-tested. One person did not consent to participate in the psychological examination. One expert mentioned that, in his opinion, testing did not seem appropriate or necessary (Fig. 6).

3.3. The types of test executed

In the 92 cases that mentioned the use of tests, 49 different psychological tests were used. Fig. 7 shows the psychological tests that were most frequently used.

Within the total sample, 29 expert reports contained one (or sometimes more) risk taxation instrument(s) (19%). Six different types

[3] Diagnostic and Statistical Manual of Mental Disorders

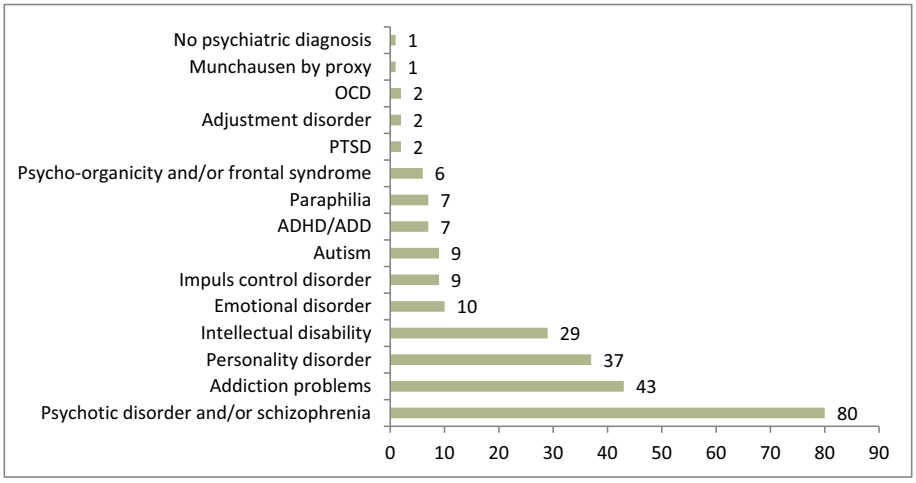

Fig. 5. Diagnosis.

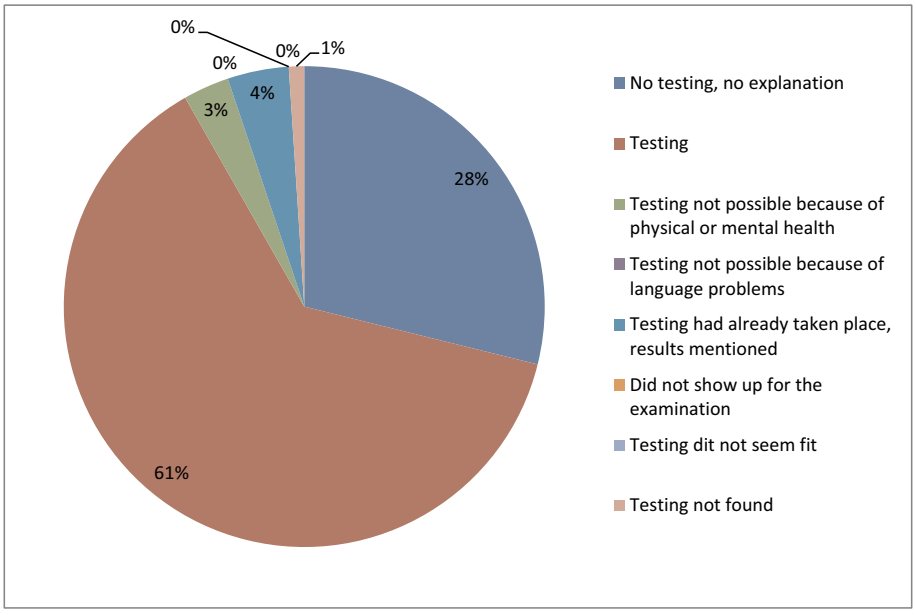

Fig. 6. The use of psychological tests and risk taxation instruments.

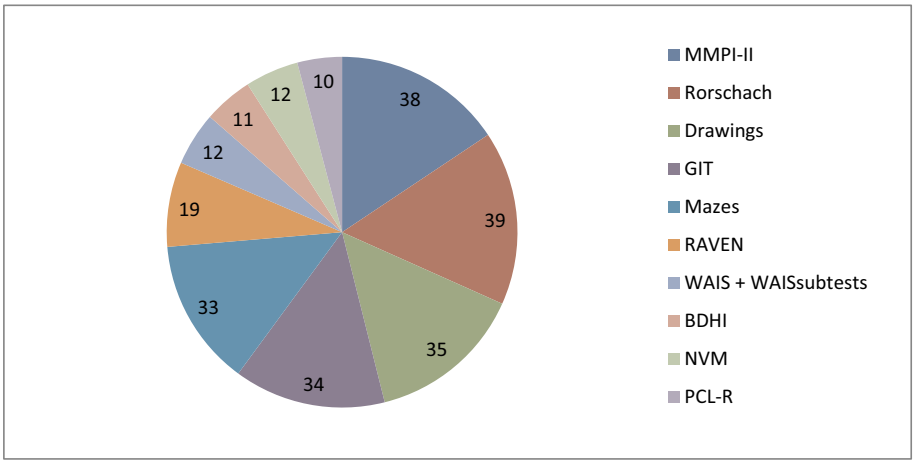

Fig. 7. Frequency of psychological tests used.
Notes. MMPI-II = Minnesota Multiphasic Personality Inventory-*2* – *it was* not possible to use this test in 14 cases, because the mental health of the person meant a lengthy test was not possible or because the individual's intelligence capabilities were not sufficient to participate in the test. GIT = Groninger Intelligence Test. The RAVEN was refused once. WAIS = Wechsler Adult Intelligence Scale. BDHI = Buss-Durkee Hostility Inventory. NVM (Dutch short MMPI-II) – it was not possible to use this test on two occasions. PCL-R = Psychopathic Checklist-Revised – it was not possible to use this on one occasion, because the criminal case file was missing.

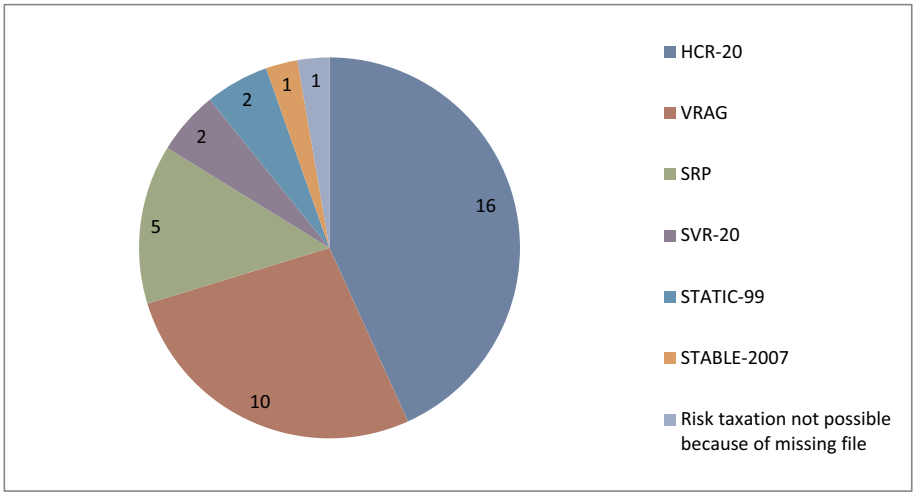

Fig. 8. Risk taxation instruments used.
Note. HCR-20 = Historical Clinical Risk-20; VRAG = Violence Risk Appraisal Guide; SRP = Stalking Risk Profile; SVR-20 = Sexual Violence Risk-20.

of risk taxation instruments were used. The most frequently used instruments were the HCR-20 and the VRAG. No instrument that maps protective factors (combined with a risk taxation instrument) was used. One report stated that "*the defendant did not possess any protective factors*"; no instrument to assess them was used (Fig. 8).

3.4. The use of other third-party information

Most expert reports were a resume of different kinds of information (mostly from the criminal file and the general clinical examination) without an explicit indication of the source of the information. Consequently, it was difficult to filter out the different sources. The information had often been copied directly from the criminal file into the expert report. Parts of the criminal file that were copied into the expert reports were: testimony from victims, testimony from eye-witnesses, earlier police reports, declaration(s) from the person involved, information/declaration from significant others given to the authorities, and morality research.[4] When a source was explicitly mentioned in the report – other than the criminal file and the general clinical examination – we considered this as additional third-party information. The third-party information most frequently used was from (previous) health care providers or medical records ($N = 53$) and from family members (N = 11).

At least one type of additional third-party information was present in the expert report in 66 cases (43%). More than one type of third-party information was mentioned in 16 cases (Fig. 9).

3.5. The use of third-party information: expert impact

In the final part of our analysis we focus on the use of third-party information by each expert separately, to find out if there is a link between the 16 different experts and the use of test instruments and third-party information.

Six experts always used psychological test instruments in their forensic psychiatric examination, while five never used any kind of psychological test instrument. The remaining five experts used psychological test instruments in some cases and no psychological test instruments in other cases. Two psychiatrists – who always included the results of psychological testing in their reports – worked with a psychologist in all cases. One of these two psychologists always used a standard test battery (GIT, MMPI-II, Rorschach, mazes and drawings), adding, when necessary, specific tests. One of the four experts who had written most of the expert reports always used psychological test instruments and, to this end, worked with a psychologist. Among the reports prepared by the four experts most represented in this sample, 75% (62 out of 83 reports) of the forensic psychiatric examinations included the use of psychological test instruments.

Five experts mentioned the use of a risk taxation instrument. One expert always tried to use a risk taxation instrument (in one report he stated that it was impossible to carry out a risk taxation because of the missing legal file). Three of the four experts that carried out most of the expert reports never used a risk taxation instrument. One expert only used a risk taxation instrument when he worked with a psychologist.

Only one of the 16 experts always used some kind of third-party information. There was no consistency in the use of third-party information among the other 15 experts. The psychiatrist who is most represented in this sample is also the one who used the most third-party information, although not in every case (16 times out of 25 reports). It became clear from the reports that this expert used third-party information when and if it was readily available during the general clinical examination. This was the case when a relative was present during the examination, when a defendant brought medical or previous psychological reports to the examination, and when a defendant was in prison and the expert had the opportunity to talk to a prison officer who knew the defendant (Table 1).

4. Discussion

Studying forensic psychiatric expert reports is important, as the conclusions of the forensic psychiatric examination have a far-reaching impact on the life of the defendant, the mental health system and the management of risk in our society (Edworthy et al., 2016; Iudici, Salvini, Faccio, & Castelnuovo, 2015; Völlm et al., 2018). This study of 151 forensic court-ordered report evaluations found that the court followed the final conclusion of the psychiatric expert in 99% of the cases, confirming international research (Gowensmith et al., 2015; Grondahl et al., 2013; Kacperska et al., 2016; Sanschagrin, 2005). This finding re-affirms the importance of good-quality reports (Edworthy et al., 2016; Goodman-Delahunty & Dhami, 2013). Regarding the characteristics of good-quality reports, international literature and guidelines from medico-legal authorities agree on the importance of using multiple sources in forensic psychiatric examinations when obtaining information and forming a conclusion (Grondahl, 2005; Heilbrun, 2001; Melton et al., 2007). More specifically, the use of

[4] Research ordered by the court and carried out by the police to obtain more information about the defendant.

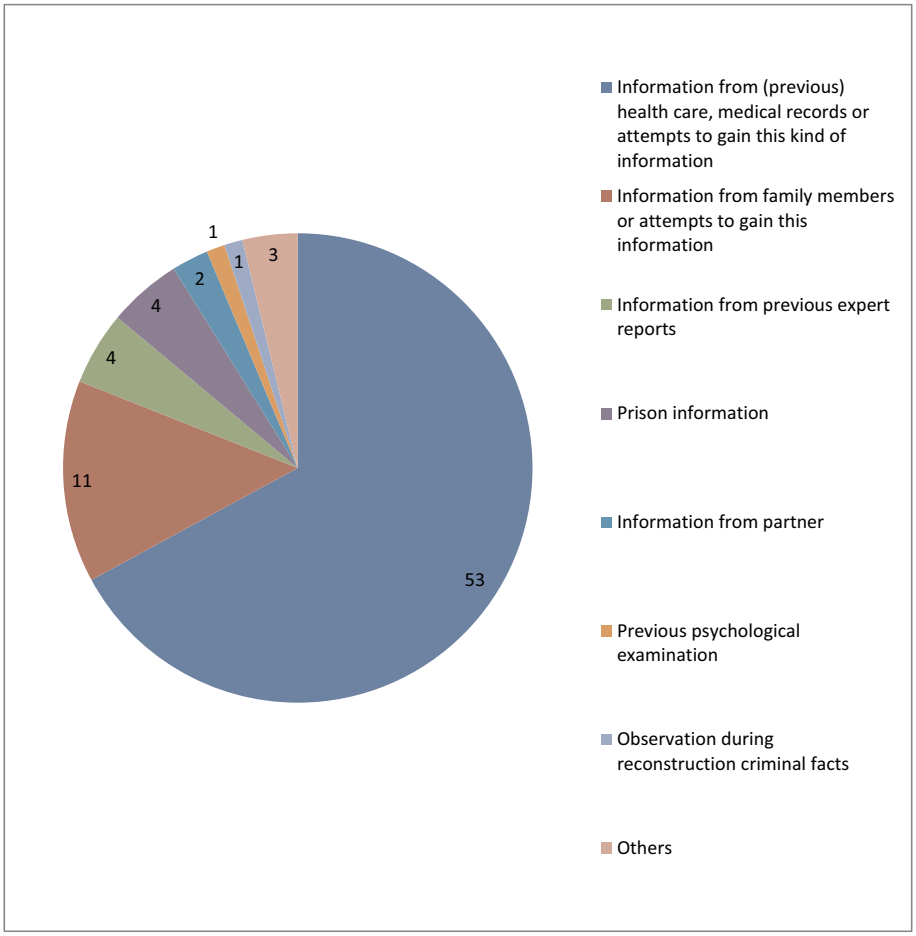

Fig. 9. Third-party information.
Notes. Others = information from a university professor, attempt to gain information from an employer, letters from the victim. Previous medical records were obtained after informed consent from the person involved. Two reports contained information about failed attempts to obtain third-party information; this was the case when the report explicitly mentioned failed attempts (e.g. the expert received invalid contact information).

Table 1
The use of third-party information: expert impact.

The use of psychological test instruments	Number of experts
Always used test instruments	6
Often used test instruments	3
Sometimes used test instruments	2
Never used test instruments	5
The use of risk taxation instruments	
	Number of experts
Always used risk taxation instruments	1
Often used risk taxation instruments	1
Sometimes used risk taxation instruments	3
Never used risk taxation instrument	11
The use of third-party information	
	Number of experts
Always used third-party information	3
Often used third-party information	4
Sometimes used third-party information	6
Never used third-party information	3

psychological test instruments to substantiate the clinical diagnosis and the use of risk taxation instruments are highly recommended (Glabeke & Evers, 2001). The use of third-party information (information from different sources) is also recommended. Using multiple sources of information allows information to be cross-referenced (Archer et al., 2016; Grisso, 2010).

With these recommendations in mind, in this study we focused our analyses of the 151 court-ordered reports on the use of third-party information and test instruments (psychological and/or risk taxation) (Grondahl, 2005; Heilbrun, 2001; Melton et al., 2007).

4.1. Study limitations

One important limitation of this study is that it examined the experts' written reports, rather than their actual evaluation process. It is likely that the experts did not include a full account of their evaluation process in their reports. Notwithstanding this limitation, the court's decision is also based on the written report and not on the evaluation process (Heilbrun & Collins, 1995). A study of written reports could be supplemented by interviews with the experts or observing the clinical examination process. Combining different research methods could provide a more nuanced insight into the quality of the psychiatric examination.

Another limitation of this study is that some of the 16 experts in the total sample are only represented by one or two reports. This may have an impact on the results, as one expert in our sample who wrote several reports (e.g. not systematically using third-party information) has a significant effect on our overall results, compared to another expert who only wrote one report.

Next, we studied expert reports based on a list of new case files provided by each Chamber of Protection of Society. The system of data storage was different for every Chamber and may not be complete; it may be possible that some new case files were missed.

4.2. Setting

Outside the direct scope of this study, but worth mentioning, is that more than half of the forensic psychiatric examinations took place in prison (53%). As can be expected, this setting may have an impact on the defendant, which can influence observations during the psychiatric examinations. Being incarcerated can be stressful and can affect a person's mental health and general functioning (Dressing & Salize, 2009; Favril, Vander Laenen, Vandeviver, & Audenaert, 2017; Grondahl, 2005). The World Psychiatric Association's Forensic Psychiatry Consensus Paper (2015) does not provide a clear guideline on the preferred location for a forensic evaluation, apart from the recommendation that '*the assessment should be undertaken in person and in a setting that provides the greatest practical confidentiality*'. We recommend carrying out forensic psychiatric examinations in a clinical setting, because it will allow for extensive observation. During an observation in a clinical setting the influence of supporting medical treatment, the effect of the disorder(s), the connection between various influencing factors and the possible relationship with the offence can be investigated in depth. Cultural background and environmental influences can also be mapped; this further improves understanding of a mental disorder and a possible connected crime. Finally, observations in a clinical setting benefit from having a multidisciplinary team in place that can evaluate the defendant, with multiple viewpoints and different methods that are specific/typical for each discipline.

4.3. The use of test instruments

In all of the reports in our study, the forensic examination included a study of the criminal record and a general psychiatric examination (except for one case, where the criminal record was missing). The forensic psychiatric examination included the use of formal assessment tools (psychological and/or risk taxation) in 61% of cases. Even though the court only appoints the psychiatrist as the expert, in most of the cases where formal assessment tools were used the psychiatrist consulted a psychologist when carrying out the psychological research. In 28% of the cases no test instruments were used. The most frequently used psychological tests found to be used in this study were the MMPI-II, Rorschach, drawings, GIT and mazes. The Minnesota Multiphasic Personality Inventory II is a standardized test of adult personality and psychopathology. This self-report questionnaire provides scores on ten clinical scales. International literature states that the use of the MMPI-II is valid within the forensic setting, and it is the most widely applied forensic assessment instrument (Grondahl, 2005; Lally, 2003; Pope, Butcher, & Seelen, 1993). The Rorschach consists of ten multiple inkblots that are interpreted; a person's responses give an insight into personality characteristics and emotional functioning. The standard method for interpreting is the Exner scoring system, which has been extensively validated and shows high inter-rater reliability. Regardless, the use of projective tests such as Rorschach has been criticized as subjective and pseudoscience. Despite this criticism, surveys of professional test usage have documented that the Rorschach is one of the most frequently used clinical assessment instruments in forensic evaluations of adults (Archer et al., 2006; Borum & Grisso, 1995; Lally, 2003). As the issue of deception and malingering is of great concern in assessments in forensic settings, studies have shown that it is more difficult to conceal psychological disturbances and psychopathology or to malinger psychosis on projective tests (Di Nuovo & Castellano, 2016; Grossman, Wasyliw, Benn, & Gyoerkoe, 2002; Weizmann-Henelius, Kivilinna, & Eronen, 2010). Nonetheless, the use of projective tests remains controversial. Drawings, or house–tree–person tests, are designed to determine the main personality traits of the person who performs it. This test is very useful in case of language barriers. The nonverbal psychological test 'mazes' requires a person to complete a maze. The number of errors made gives an insight into impulsivity and the capacity to plan. Contrary to international literature, in which the WAIS-IV is most commonly used within forensic assessment (Neal, 2018; Warren et al., 2004, 2006), we found in our study that the Groninger Intelligent Test (GIT) was used most frequently. This test consists of nine different subtests, with a shorter administration time than the WAIS-IV. This intelligence test can only be used within Dutch speaking areas and is considered to be reliable, although its reliability cannot be checked within international literature. A risk taxation instrument was used in only 19% of the cases in this study. This is surprising, as one of the explicit tasks of experts in Belgium is to provide an insight into the possible risk of future criminal behaviour. When no instrument was used, we could not assess how the expert substantiated his statement about risk. The instruments that were used have relatively good validity within the forensic setting in Dutch speaking areas (Cartwright, Desmarais, Hazel, Griffith, & Azizian, 2018; De Vogel, De Ruiter, van Beek, & Mead, 2004; Pham et al., 2005). However, some studies have raised questions about the accuracy of these instruments. It is preferable to use any type of instrument and substantiate the conclusion about risk than to use no instrument at all without clarifying what this conclusion is based upon (Ramesh, Igoumenou, Vazquez Montes, & Fazel, 2018). We noticed that not one instrument focusing on protective factors or on defendants' strengths was used. Recent literature puts great emphasis on these characteristics of a defendant, as it counterbalances the risk items and provides information on which a treatment can be based (Kewley, 2017; Vandevelde et al., 2017; Wanamaker et al., 2018).

The limited use of test instruments could be partly explained by the fact that most forensic evaluations were performed by a psychiatrist working alone. As previous research has shown, psychiatrists use or order tests less frequently than psychologists (Gronnerod et al., 2016; Robinson & Acklin, 2010; Singh et al., 2014; Warren et al., 2004, 2006). In principle, in Belgium the court could appoint a psychologist too, although in our study this only occurred in one case. Another, important, explanation for the use of test instruments (or the lack thereof) could be the applicability of psychological tests. When there is a mismatch between the defendant and the requirements for completing the test (minimal degree of intelligence, understanding of the language, motivation to cooperate, etc.), the test cannot be applied. Also, most clinical psychological tests are validated in a non-forensic population sample to obtain standardized norms. The decision on which tests to use, must be taken with care. The test must, next to being relevant, be translated into Dutch, and be validated and reliable (Boccaccini & Brodsky, 1999; Martin, Allan, & Allan, 2001; McLaughlin & Kan, 2014). The use of (psychological and risk) test instruments has been criticized because of the possibility of misinterpretation and incorrect use. Regarding the use of any instrument, including risk, it is essential that the tests are used accurately and that they are interpreted in the context of the overall clinical picture and with other information obtained from different methods, and interpreted within a broader context (Podboy & Kastl, 1993; Völlm et al., 2018; Wakefield & Underwager, 1993). We reaffirm the recommendation from literature to always use formal assessment tools, not as a sole determinant for the conclusion, but as one method among many others.

4.4. The use of third-party information

We found that in 66 cases (43%) third-party information was used. As was the case for tests, previous research has shown that psychiatrists use third-party information less than psychologists in forensic examinations (Gronnerod et al., 2016; Robinson & Acklin, 2010; Warren et al., 2004, 2006). Most third-party information (38%) was gathered from pre-existing data: the information came from (previous) health

care workers or from (previous) medical records. The forensic expert gathered new information in only 19 cases (13%), mostly from contacts with family members, the defendant's partner and prison staff. Sometimes, new information was gathered when the expert was present during a reconstruction of the crime. Based on these findings, we can conclude that there is room for increasing the use of third-party information. However, we are aware of the difficult circumstances in which Belgian forensic experts have to carry out their examinations: 53% of the examinations took place in prison, and experts receive little compensation for their work. Still, even if experts are limited in the methods they can use, ethical and professional practice standards clearly emphasize the obligation to communicate these limitations in their report (American Psychological Association, 2002; *Committee on the Revision of the ethical Guidelines for Forensic Psychology*, 2008). The circumstances in which a forensic psychiatric evaluation takes place could be optimized by (establishing) specialized observation facilities. Using specialized facilities, where defendants reside for a considerable time and where defendants can be observed, provides experts with sufficient time to clarify info and obtain information from defendants' significant others (third-party information). The Netherlands, where specialized observation facilities are established (at the Pieter Baan Institute) (Schipaanboord & van Mulbregt, 2016), can provide evidence of good practice. Currently, however, it is not possible in Belgium to carry out forensic psychiatric evaluations in an observation centre and with a multidisciplinary team. Until such a centre is established, we recommend that the assigned experts work with a psychologist, not only to provide test results and third-party information but also to supply a cross-referencing viewpoint in the assessment of the case.

4.5. Differences between experts

Within this study we identified 16 different experts who in total wrote 151 reports that were used by courts when making decisions about internment. This research data shows that there are big differences between the reports, depending on their author. Experts have their own way of working and fulfilling their task; the format of the reports, the topics that are discussed and the way in which they form and substantiate their final conclusion all differ. In this study we focused on the use of third-party information in general and the use of valid test instruments in particular. Whether or not an assigned expert uses valid psychological test instruments and/or a risk taxation instrument and/or works with a psychologist depends solely on the expert. Whether or not an assigned expert makes the effort to obtain third-party information is also a decision made by the expert. Overall, we found that little or no extra third-party information from relevant others is obtained to objectify or cross-reference information from the criminal file. As there is also no opportunity for observation, the forensic psychiatric assessment is based on the criminal file and a psychiatric examination. As a result of our findings, we support the Belgian 2018 model on writing a forensic report. By this model, Belgium follows suit of the Netherlands and in several other countries (Völlm et al., 2018). Using a report format will promote thoroughness and consistency, which will enhance the quality of the report itself (Heilbrun et al., 2008; Heilbrun & Brooks, 2010; Robinson & Acklin, 2010).

In addition to using guidelines, it might be even more important to provide sufficient specialized training for forensic experts. This training may have multiple aims, underscored by the need to increase experts' awareness of (the ethical challenges linked with) their multiple roles as an expert: writing for legal purposes and legal actors; substantiating the link between a psychiatric disorder and the defendant's crime/functioning; carrying out a risk taxation; using specific forensic test instruments and interpreting them correctly, etc. (Dressing & Salize, 2009; Hurducas et al., 2014; McLaughlin & Kan, 2014; Paradis et al., 2016; Robinson & Acklin, 2010; Vandevelde et al., 2011; Völlm et al., 2018). Based on our findings, we recommend that training should pay specific attention to how to obtain third-party information, and how to use this information to objectify and cross-reference it with other information from the criminal file and the clinical examination.

5. Conclusion

We can conclude that forensic psychiatric reports in Belgium, as in other countries, are open to improvement. In current practice, the use of psychological and risk taxation instruments is sparse, as is the attention given to obtaining third-party information in addition to information from the criminal file and the clinical examination. Several recommendations can be made to improve the quality of these reports: carrying out observation in a clinical setting and in a multidisciplinary team; obtaining more third-party information; using a standardized format; considering the use of formal test instruments and instruments on risk and protective factors; and providing experts with specialized training.

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