Before You Begin

- Why a report?
  - Answer referral question
  - Provide useful info
    - Structured
    - Objective
    - In-depth review of client
  - Clarifies behavior and explains why it occurs
  - Recommendations
  - Used by

Basic Guidelines

- Need for structure
- Do not write report by “winging it”
  - Know the end before you begin
- Not all reports will be the same
- Consider your audience
- The referral question
- Include strengths
  - But don’t forget psychopathology
Basic Guidelines

- Do not write reports from just one test
- Don’t get tied down in social history or behavioral observations
- Don’t use jargon, codes or shorthand
- Data interpretation is imperative
- Don’t overwhelm with statistics
- Length and style of report
- Timeliness

Other Considerations

- The report writer
- Computerized testing
- Confidentiality and assessment

Organization of the Report

- In general:
  - Title and Demographics
  - Reason for Referral
  - Background information
  - Behavioral Observations/Mental Status Exam
  - Psychological Evaluation
    - Instruments/evaluative procedures
    - Visual-spatial functioning
    - Intellectual functioning
    - Achievement functioning
    - Personality functioning
  - Summary
  - Diagnostic Impressions
  - Recommendations
  - Signature
Before You Write

• Writing specifications
  • Use 10 or 12 point font
  • These are acceptable fonts:
    • Arial, Times New Roman (the old reliable), Verdana, Lucida Bright (my new favorite), Book Antiqua
  • These are unacceptable fonts:
    • Broadway, Brush Script, Chiller, Courier, Freestyle Script, Giglio, Old English Text, etc.
  • Use laser printers to print your reports
  • Ink jet printers at a minimum.
  • Your reports should be in pristine condition when they are turned in
    • No frayed edges or coffee stains (front OR back)

Before You Write

• Single space the body of the report; add a return between headers
  • Bold important headers; italicize the rest
  • Use 1” margins
  • Try to keep your reports under 8 pages
    • For class, under 11 pages

Title and Demographics

• Reports begin with appropriate title and adequate demographic information
  • Title
    • Centered at top of page
    • Confidential Psychological Evaluation
  • Demographic info
    • Varies from report to report
    • Dates, though, are very important
Reason for Referral

- First narrative section
- Includes:
  - Who referred the client
  - The reason for the referral
  - This is where the referral question is articulated
  - Do not change the referral question to meet the findings of the evaluation

Background Information

- Here is where you include information from the clinical interview:
  - Family history
  - Social history
  - Sexual history
  - Physical health
  - Developmental history
  - Education history
  - Employment history
  - Alcohol and drug use
  - Legal history
  - Financial history
  - Psychological/emotional History
  - Suicide Assessment

Background Information

- Length of section
- Organization of section
- Writing style
  - "Client reported"
- Use of other reports
Behavioral Observations/
Mental Status Exam
- First description of client
- Use Behavioral Observations when the report is short; use Mental Status for longer reports
- Only use one or the other
- Length:
  - B.O.: 1 paragraph
  - M.E.: 6 to 7 paragraphs (plus MMSE)

Psychological Evaluation
- List all tests given (e.g., Wechsler Adult Intelligence Scale, Third Edition) and procedures used (e.g., clinical interview with client)
- Visuospatial functioning
  - Results of the Bender
- Intellectual functioning
  - Results of IQ tests
  - Do not separate tables across pages

Psychological Evaluation
- Achievement Functioning
  - Results of achievement tests
  - See IQ tests re: tables across pages
- Personality Functioning
  - Start with broader measures and go to finer ones
  - Interpret all of the measures you have administered
  - Be sure to discuss validity of the measures; if applicable
  - Do not over-interpret, but be sure to include important information
  - Especially if it supports your diagnosis
  - Numbers in this section, especially, can overwhelm people
Summary

- One (1) paragraph
- No longer than 1/3 of a page
- Can go to 1/3 of a page in a pinch
- Major findings of the report are reiterated here
- Not copied
- Nothing in the results that has not been presented in the body
- Can use to synthesize and draw conclusions
- Summary is brief and highlights client's psychological state
- If the reader wants more, he/she can look in the body of the report
- Serves as a preamble to the Diagnosis and Recommendations sections

Diagnostic Impressions

- DSM-IV-TR 5 Axial Diagnosis
  - You can use R/O
  - If there is no diagnosis:
    - V71.09 No Diagnosis on Axis I (or Axis II)
  - Do not split across two pages

Recommendations

- Addresses
  - REFERRAL QUESTION
  - Immediate needs of the client
  - Hospitalization for suicidal/homicidal ideation
  - Psychological Interventions necessary
    - Individual, group, family therapy
    - Include goals for each type of intervention
    - Be as specific as possible
    - Though try to avoid saying one type of therapy is better than another
    - Evaluate for medication
    - You are not physicians, cannot make medical diagnoses or prescribe medications
  - Other services needed
    - Classroom modifications (big for next year)
    - Occupational Therapy, Recreational Therapy, Tutoring, Assertiveness Training, Vocational Rehabilitation, Study Skills Classes, etc.
  - Anything else
Recommendations

- List from most important to least important
- Answering the referral question is always the most important
- Try to keep them short and sweet
- Should be explicit, specific, realistic and, when possible, written in behavioral terms