Diagnosis and Report Writing

PSY 660
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Assessment for Diagnosis

- When conducting a psychological evaluation, there is a need for:
  - Confirmatory Evidence
  - Disconfirmatory Evidence
    - Look at Differential Diagnoses
  - I complete Clinical Interview first
  - Then other assessments as come out of CI
  - Other people take a different approach

Diagnosis

- When making a diagnosis:
  - Look at symptom list from DSM-5
  - Ensure the client meets diagnostic criteria for the disorder
  - Look for objective support for the diagnosis
  - MUST have two data points to make a diagnosis
  - Write/craft report based on diagnosis
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 diagnostic reports from a single test
- 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
    - Visuo-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, Gigli, Old English Text, Playbill, etc.
  - 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 9 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 (usually in this order, regardless of what my template might have):
  - Psychological/Emotional History
  - Suicide Assessment
  - Medical History
  - Alcohol and Drug Use
  - Family History
  - Developmental history
  - Education history
  - Employment History
  - Social history
  - Sexual History
  - Financial History
  - Legal History

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.S.E.: 6 to 7 paragraphs (plus MMSE)
Psychological Evaluation

- List all tests given (e.g., Wechsler Adult Intelligence Scale, Fourth Edition) and procedures used (e.g., clinical interview with client)
- For each test, first give a description of the test and what scores mean.

Psychological Evaluation

- Visuospatial functioning
  - Results of the BVMGT
- Intellectual functioning
  - Results of IQ tests
  - Do not separate tables across pages
- Achievement Functioning
  - Results of achievement tests
  - See IQ tests re: tables across pages

Psychological Evaluation

- Personality Functioning
  - Start with broader measures and go to finer ones
  - e.g., MMPI/PAI first then BDI or BAI or CAT-C
  - 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
  - But can be more, if appropriate
- No longer than 1/3 of a page
  - Can go to 1/5 of a page in a pinch
- Major findings of the report are reiterated here
  - Not copied
- Nothing in the summary 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 Diagnostic Impressions and Recommendations sections

Diagnostic Impressions

- DSM-5 Diagnosis
  - You can use R/O
    - But I don't like it
      - Implies you did not do your job
  - If there is no diagnosis:
    - No Diagnosis at this time
    - Do not split across two pages

Recommendations

- Addresses
  - REFFERAL 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
  - Abstinence from drugs; limited alcohol
Recommendations

- Other services needed
  - Classroom modifications (big for next year)
  - Occupational Therapy, Recreational Therapy, Tutoring, Assertiveness Training, Vocational Rehabilitation, Study Skills Classes, A&D rehab, etc.
  - Anything else

- 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