## HOW TO WRITE A PSYCHOLOGICAL REPORT

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The following job breakdown is intended to help the beginner in psychological report writing who has trouble "getting started", and is patterned after one provided by the Industrial Training Service of the San Francisco Unified School District. It is to be hoped that the trainee will shortly outgrow the need for this kind of a crutch. But experience has shown us that at least some beginning students can be aided materially by such a step-by-step guide until they have had sufficient opportunity to develop their own methods and standards for reporting interviews in the field situation. Some details of the outline will doubtless require changes to adapt it to the needs and policies of other institutions.

It is to be assumed before starting to carry out Operations I and II that the student has completed the administration of a battery of psychological tests to a patient. The student is to be imagined as at his desk confronted by the seemingly insurmountable problem of having to extract significant information from his collection of filled-in forms, etc., and to communicate this information in a written report to other intelligent but non-psychologically trained persons. How may he organize an effective attack upon this problem? Here is a procedure that has assisted some

over such a hurdle:

## OPERATION I: Preparation of Psychological Summary.

Materials needed:

Examiner's own 'feel' of the interview experience—not yet clothed in words.

Behavior notes, marginal jottings on test sheets, etc. 2.

(a) Records of actual responses to specific items of the various tests. 3. (b) Recorded direct quotes from conversations with the patient.

Notes from case-history, medical record, school history, military history, etc. 4.

Reason for referral to psychologist.

5. Scores from the various tests and subtests, e.g.

W-B weighted scores and IQ's

Various Rorschach ratios

MMPI "T"-scores

Etc.

Observations based on various combinations of the above and study of profiles. (i.e., low level inferences such as: "Block Design scores grossly inferior to arithmetic scores"; "Vocabulary usage is out of line with form-level on Rorschach"; "Why has this man worked 5 years as a soda fountain clerk when he has a W-B IQ of 140?" etc.)

While organizing this raw material, try to avoid high-level inferences and interpretations, e.g. references to such abstract concepts as "intelligence", "basic personality", "motivation", "id", "ego", "reality", "guilt feelings", "homosexuality", "hostility", "anxiety", "delusions", "hallucinations", "maladjustment", "deterioration", "schizophrenia", etc.

Important Steps in Operation (Step: A logical segment of the operation.)	Key Points
I. Review the available raw material.	<ol> <li>Don't attempt any writing yet.</li> <li>Try to assume a reasonably relaxed, contemplative attitude.</li> <li>Thirty minutes, or longer, is not too long for this step.</li> </ol>
II. List tentatively any significant notions to be covered in the report.	<ol> <li>Use scratch paper.</li> <li>Disregard grammar, phrasing, order or importance, etc.</li> </ol>

Steps	Key Points
III. Formulate the above notions into a series of sentences.	<ol> <li>Use scratch paper.</li> <li>Keep the sentences short.</li> <li>Break up complex sentences into two or more shorter ones.</li> <li>Disregard order of sentences.</li> </ol>
IV. Arrange the sentences into some sort of logical sequence.	<ol> <li>Use scratch paper.</li> <li>Strike out sentences that seem irrelevant or trivial.</li> <li>Retain those that help to differentiate this patient from others; exclude those that tend to classify and categorize.</li> <li>The number of sentences to be retained should range, perhaps, from 3-12.</li> <li>At this stage a few interpretations, or even speculations may be incorporated — if it is made clear that these are viewpoints of the examiner and not statements of objective fact.</li> </ol>
V. Clean up the sentences.	<ol> <li>Strike out superfluous wordage.</li> <li>Add necessary qualifiers.</li> <li>Wherever possible, without sacrificing accuracy and specificity, substitute everyday words for technical or 'literary' ones.</li> </ol>
VI. Write down or dictate the summary thus prepared.	1. This summary may serve as an outline for the psychological report proper which is to be prepared as a subsequent operation.

OPERATION II: Amplification of Summary Outline into Detailed Psychological Report. Materials:

Summary outline. Notes used in preparing Summary.

Steps	Key Points
I. Write down first statement in the summary outline. This now becomes the key sentence for the first paragraph of the report pro- per.	1. Does it need elaboration or development in greater detail? If not, disregard steps II to IV and proceed to the second statement.
II. Elaborate or add whatever information will help to clarify the meaning of this statement.	1. Answer the question: "What do you mean?"
III. Indicate the nature of the evidence on which statement was based.	<ol> <li>Answer the question: "How do you know?"</li> <li>Methods:         <ul> <li>Narrative description of supporting observations, test behavior, data from case history, etc.</li> </ul> </li> </ol>

Steps	Key Points
	<ul> <li>b. Inclusion of illustrative responses quotes from conversation, etc.</li> <li>c. Parenthetical notes.</li> <li>d. Reference to appended notes.</li> </ul>
IV. Review the resulting paragraph and reorganize if necessary.	1. Check (a) organization (b) clarity of expression (c) readability
V. Repeat steps I-IV for each statement of the summary.	<ol> <li>The key sentences may be rephrased they need not duplicate those in the summary.</li> <li>Key sentences may be placed any where in the paragraph, but usually at the beginning or end.</li> <li>Combine or break up paragraphs according to taste.</li> </ol>
VI. Review and edit the rough draft of the report as a whole.	Check the following:  1. Utility: scientific soundness:  a. Has referral purpose been served b. Is report predominantly factual and concrete?  c. Are inferences and interpretation adequately supported by explicit evidence?  d. Significance of content for  1. Further treatment of patient?  2. Research studies?  e. Does it serve to individualize the patient?  (Patient-centeredness vs. Test centeredness.)  f. Has all "padding" been stricker out?  2. Effectiveness as a written communication:  a. Overall organization.  b. Strike out cliches, platitudes, and remarks that might apply to any body, e.g., "This man cannot stand too much stress".  c. Reword any technical jargon.  d. Can repetitiousness, if present, be reduced?  e. Are there any unintentionally ambiguous expressions?  f. Last and least: grammar, spelling punctuation.
VII. Submit draft to supervisor for further editing and approval.	
III. Submit approved draft to secretary, or dictate, for typing.	

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