Chapter 5
General Guidelines on Report Writing

5.1 Overview

Chapter 5 offers a general discussion of psychoeducational assessment reporting writing guidelines. This chapter offers a panoramic perspective with more specific guidance provided in Chaps. 6–10. Specific conceptual issues to improve report writing will be presented.

5.2 Structure of the Psychoeducational Report

A psychoeducational report has several components. The following table presents a broad overview of the contents including the generalized structure of a report.

Title
Identifying Information
Referral question
Assessment methods and background information
Assessment results
- Cognitive and academic
- Behavioral and social emotional
- Adaptive

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- Interview results
  - Student
  - Parent/caregiver
  - Teacher
  - Other personnel
- Observations
  - Classroom-based
  - School-based
  - Testing-based

Conceptualization and classification (or diagnostic impressions)
Summary and recommendations

Forthcoming chapters will discuss each of these report components in greater detail. The purpose of psychoeducational assessment and report writing is to gather information about a child and convey that information so that parents, teachers, and other caregivers will be able to help the child succeed (Blau, 1991). A second purpose of the report is to determine whether the child receives specially designed instruction (i.e., special education support) and to provide guidance as to how those supports are to be furnished. The report should be structured to appropriately convey this information.

5.3 Conceptual Issues in Psychoeducational Report Writing

Graduate students in school and clinical child psychology need to be mindful of selected report writing pitfalls and best practices. Some of these are addressed below. This listing is by no means exhaustive, but it will furnish the reader with a pathway for addressing commonly encountered report writing issues.

5.3.1 Address Referral Questions

The exclusion of referral questions within a report is considered by most texts and articles on report writing to be poor practice (Ownby, 1997; Tallent, 1993; Watkins, 2014; Weiner, 1985, 1987). All reports, whether psychological or psychoeducational, should contain referral questions that need to be addressed by the report (Brenner, 2003). This will help to focus the report and assure that issues of concern are addressed by the psychologist.

5.3.2 Avoid Making Predictive and Etiological Statements

Research within psychology is often associative, not causative, and therefore quasi-experimental. This makes the provision of predictive and etiological statements extremely difficult. The public and even the courts may seek simple, categorical descriptions of behavior. This is sometimes offered by health care providers, so the public and even the courts may come to expect a similar response style from the psychologist. For instance, when a child is taken to the pediatrician for a persistent sore throat the caregiver may wish to have strep ruled out by the pediatrician. The medical community has tools for such purpose and can determine etiology through the use of a rapid strep test and a culture-based strep test. In these situations the physician offers a direct causation for the sore throat and a specific intervention (e.g., antibiotics) to resolve the issue. A definitive test may be able to determine etiology (e.g., child has sore throat because of the streptococcus bacteria). With psychology, such definitive tools may not be as readily available and the psychologist must be left to infer possible causation. But this should be done extremely cautiously and only after exhaustive research and consideration, if it is done at all. As an example, suppose a child scores at the seventh percentile on a measure of cognitive ability. This same child was born at 31 weeks gestation. Although there is an association between reduced cognitive ability scores and gestational age (see Martin & Dombrowski, 2008), it would be inappropriate to conclude that the child's prematurity caused the reduced cognitive ability scores. There may be other similarly plausible explanations that are responsible for the IQ test score decrement.

As with the provision of etiological statements, it is inappropriate to make predictive statements about a child's functioning. One cannot state with certainty that a child who scores in the gifted range on an IQ test will be destined for an Ivy League education with a prosperous career on Wall Street. Nor can we conclude that the child with severe learning disabilities will ever attend college. Psychologists must be genuine in their statements of abilities and disabilities about children, but must make such statements tentatively based upon the empirical evidence. Of course, when we make such tentative statements, we are talking probabilities. There are always individuals who defy group level statistics. Do not dismiss group level statistics, however, in a Pollyanna fashion (Matlin & Gawron, 1979), but also do not be overly pessimistic in your conceptualization of a child.

5.3.3 Make a Classification Decision and Stand by It

Do not be timid when making a classification decision. You need to offer a classification, discuss your rationale for it, and stand by your decision. Of course, your decision should be predicated upon solid data and sound clinical judgment. Similarly, you need to rule out additional classifications and state why you ruled them out. Express your classification decision-making clearly, use data-based decision making, and then stand by your decision.

5.3.4 Rule Out Other Classifications and State Why You Ruled Them Out

A corollary to making a classification decision and sticking by it is to discuss the other classifications you considered and why they are not as appropriate as the one you decided upon. The classification decision is not as straightforward as it might appear at the outset. There are times when you weighed the data and decided upon one classification over another. In these circumstances you should state why you arrived at your decision and ruled-out the other.

5.3.5 Use Multiple Sources of Data and Methods of Assessment to Support Decision-Making

Gone are the days of using a single method of assessment (e.g., the WISC, Bender or Draw-A-Person) to infer that a child has an emotional disturbance or behavioral issue. Here are the days that require multiple sources of data to inform decision-making via an iterative problem-solving process. When multiple sources of information converge then we can be confident in a decision made about a child. These sources of data may include norm-referenced assessment, functional assessment, interview results, observations, and review of records as supported by clinical judgment.

5.3.6 Eisegesis

Eisegesis is the interpretation of data from a report in such a way that it introduces one's own presuppositions, agendas, or biases into and onto the report (Kamphaus, 2001; Tallent, 1993). Generally, this will entail overlooking the data and research evidence and instead applying one's own interpretation schema to the interpretation of the data. Tallent (1993) suggests that selected clinicians' reports can even be identified by the type of judgments that they superimpose upon the data. This is poor practice and should be eschewed.

5.3.7 Be Wary of Using Computer Generated Reports

Errors abound and mistakes are made when computer generated reports are freely relied upon. Be cautious about the practice of cutting and pasting computer generated reports. This is poor practice and should be avoided. Butcher et al. (2004) suggests that nearly half of all computer generated narrative may be inaccurate.

For this reason, the apparently sophisticated, well-written, and reliable computer generated interpretation and narrative should not supplant clinical judgment. It might be tempting to incorporate narrative from computer generated reports. Many programs incorporate computer scoring and interpretive statements in an organized format similar to what can be found in a psychological report. However, Michaels (2006) notes that simply cutting and pasting may be in violation of ethical principles.

While acknowledging some of these limitations, Lictenberger (2006) points out benefits of using computer generated reports. She notes that there is potential to reduce errors in clinical judgment (e.g., relying on data collected early or late in the evaluation; judgments influenced by information already collected; attending to information most readily available or recalled) so there may certainly be a place for computer assisted assessment and report writing. However, it should receive an ancillary emphasis and relied upon cautiously.

5.3.8 Sparingly Use Pedantic Psychobabble

Your report should be written at an accessible level to most parents/caregivers. You should avoid using psychology jargon and overly ornate language and terminology (Harvey, 1997, 2006; Watkins, 2014) whenever possible. Instead write concisely and in terms understandable to most readers. For example, you should avoid a sentence like the following:

> Jack display of anhedonic traits likely emanate from ego dystonic features related to a chaotic home life and rearing by a borderline caregiver.

Instead, indicate the following:

> Jack reported feeling sad and depressed. He explained that his parents are divorcing and this has been quite upsetting for him.

This second sentence is superior in that it uses more accessible language and avoids making etiological statements.

Although you are to use psychology jargon sparingly, please keep in mind that this guideline is not to be rigidly adhered to in all circumstances. Certain words or phrases cannot be adequately expressed parsimoniously without the use of a psychological term. In some situations it will be necessary to use psychology terminology. For instance, when describing a child with autism spectrum disorder who repeats a word or phrase over and over, it may be more parsimonious to indicate that the child displays echolalia (i.e., repeats the phrase "Hi Jack" after hearing it). Of course, you should provide an example of what you mean by echolalia. But it may be necessary to use this term as an example of how a child meets criteria for an autism spectrum classification. I also understand that this raises the possibility that neophyte psychologists will misinterpret what I am trying to convey and may be more apt to write using complex psychological terms. This would be inappropriate.

5.3.9 Avoid Big Words and Write Parsimoniously

This is similar to the above admonition about avoiding the use of psychology jargon. Do not write to impress. Unusually ornate language will obfuscate meaning and obscure the message in your report. Write clearly and succinctly and use accessible language (Shively & Smith, 1969). If a word conveys meaning more precisely and parsimoniously then by all means use that word. However, be cautious about using an extravagant word unless it enhances meaning or clarity.

Harvey (1997; 2006) and others (e.g., Wedding, 1984) conducted studies regarding the readability of psychological reports and found that they were beyond the level of most parents, the majority of whom read at about an 11th grade level. Harvey noted that the reports were rated at a readability level of anywhere from the 15th to the 17th grade! When these reports were revised to a more readable 6th grade reading level they were viewed much more positively and were better able to be understood even among highly educated parents. It is not entirely known why psychologists write using jargon and highly technical terms. It is suspected that this is done because we tend to write for other colleagues or our supervisors (Shectman, 1979). However, it is important to write at a level that is accessible to parents and other stakeholder's in the school.

5.3.10 Address the Positive

Much of psychological and psychoeducational report writing is focused on identifying areas of deficit and psychopathology (Brenner & Holzberg, 2000; Tallent, 1993). This is the nature of report writing where access to services is predicated upon a classification of psychopathology. When writing psychoeducational reports, it will be important to emphasize positive features of a child's background and functioning (Michaels, 2006; Rhee, Furlong, Turner, & Harari, 2001; Snyder et al., 2006). The inclusion of positive aspects of a child's functioning and a discussion of the child's resiliency is important to caregivers who intuitively understand that their children are not defined by a simplistic label.

5.3.11 Write Useful, Concrete Recommendations

The recommendation section within a psychoeducational report is arguably the most important section (Brenner, 2003). It offers parents, teachers, and others a way forward for the child. A recommendation that merely reiterates the concerns posed in the referral questions is generally less meaningful. For instance, if a child were referred for reading difficulties, and is found to struggle in this area, then resist a generic recommendation that suggests need for reading difficulties. Instead, provide more detailed, concrete, and empirically based guidance regarding how a specific

deficit in reading will be remediated. In studies asking parents, teachers, and other personnel what they wished to gain from a report the response is invariably recommendations on how to intervene or treat the difficulty (Musman, 1964; Salvagno & Teglasi, 1987; Tidwell & Wetter, 1978; Witt, Moe, Gutkin, & Andrews, 1984).

5.4 Stylistic Issues in Psychoeducational Assessment Report Writing

5.4.1 Report Length

Specific guidance in the literature is unavailable about optimal report length (Groth-Marnat & Horvath, 2006; Tallent, 1993). There is not general threshold for report length that is considered appropriate. More is not always better. Emphasize the presentation of important information that helps to conceptualize the child's functioning, classify the child, and understand the child. Do not include information just to fill space. Clarity is more important than report length (Wiener & Kohler, 1986). Favor parsimony over superfluity.

5.4.2 Revise Once, Revise Twice, Revise Thrice, and Then Revise Once More

The importance of revising your report cannot be emphasized enough. Keep in mind that a psychoeducational report written for public school districts in the USA is a legal document that becomes part of a student's educational records. This means that the report may be read by numerous stakeholders including other psychological professionals, teachers, physicians, caregivers, and even attorneys and judges. For this reason, an error free report is critical. One suggestion would be to write your report, put it down for 3 days, and then return to it on the fourth day. Obviously, time may be of the essence particularly with the IDEA mandated 60 day threshold, but the pressure to meet the 60-day deadline (or that prescribed by your state) should be balanced with the need for an error-free report. In the long run an error-laden report can pose greater problems than being out-of-compliance with the 60 day deadline. Save yourself considerable embarrassment and revise your report repeatedly.

5.4.3 Avoid Pronoun Mistakes

A rookie mistake that continues to plague veteran report writers involves mismatched pronouns. This emanates from the use of the search and replace button in word processing programs. For instance, suppose you use a prior report as a

template from which to write a new report. The prior report was based upon a female but you miss changing the /she/ to a /he/ in a few places. This is embarrassing and the psychologist needs to be vigilant about this type of flagrant error. For example, the following sentence is problematic:

> Rick scored in the 50th percentile on a measure of cognitive ability. This instrument evaluates her ability to reason and solve problems.

This error not only degrades the quality of the report, but undermines the credibility of the psychologist writing the report.

5.4.4 Use Headings and Subheadings Freely

The liberal use of headings and subheadings with underlined, bolded, and italics formatting is an effective way to organize your report. Without the use of such an organizational approach, the report may feel overwhelming, cumbersome, and disorganized. The reader will feel as if he or she is plodding through the document. An unorganized report loses its influence, utility, and credibility.

5.4.5 Provide a Brief Description of Assessment Instruments

Prior to introducing test results it is important to provide a narrative summary of the instrument whose results are being presented. This description should include the following information:

(a) Description of the instrument and the construct being evaluated including the age range and scale (e.g., mean = 100; std. dev = 15) being used.
(b) Description of index and subtest scores.
(c) Chart to follow the above description.
(d) Narrative description of results.

Over the years my graduate students have consistently asked me for verbiage regarding a new instrument that they used during the evaluation process. The above offered framework may useful for this purpose.

5.4.6 Use Tables and Charts to Present Results

Most psychoeducational reports contain tables of test results either within the body of the report or as an addendum to the report. These charts are preceded by an introduction that describes the instrument. This is followed by a chart of test results, which in turn is followed by a brief description of the results. The use of a chart to

present test results is good practice. On the other hand, reports that merely use a descriptive approach to the presentation of test results are less efficient and more cumbersome. This style of reporting test results is not recommended.

5.4.7 Put Selected Statements Within Quotations to Emphasize a Point

During the course of your interviews with the child, caregivers, or collateral contacts the interviewees will sometimes make statements that most efficiently and clearly describe the point they were trying to make. In such cases, it is a good practice to enclose those statements within quotation marks. For example, we could paraphrase a child who complains of sadness as follows:

> Jill notes that she is frequently sad and does not wish to participate in activities that used to interest her. She described suicidal ideation.

However, when we enclose direct remarks from Jill it emphasizes the struggles that she is facing:

> Jill explained that she "…no longer wants to play soccer, baseball or ride her bike." Jill stated that she does not understand why she does not want to participate: "I just lost interest and feel like crying all the time." Jill also described recent feelings of suicidality: "There are times when I wonder whether it would be better to be dead. I just feel so bad."

As noted above, the statements from the adolescent reveal an additional layer of perspective that does not come through without the direct quotations.

5.4.8 Improve Your Writing Style

By this stage in your education, you should have decent command of standard written English. If not, you have some work to do. I suggest reading thoroughly the APA Guide to Style and *The Elements of Style* by Strunk and White. You may also wish to review reports written by experienced psychologists and those offered in this book. You may have the best analytical skills the world has ever seen in a psychologist, but if your report is not clearly written than your analytical prowess is wasted.

5.5 Conclusion

The above report writing guidelines, combined with specific section-by-section report writing guidance, should assist the beginning graduate student in school and clinical-child psychology avoid many of the pitfalls of report writing that may be frequently encountered by the field.

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